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**LOCKED UP WITH THE PERPETRATOR! INTIMATE PARTNER VIOLENCE DURING THE COVID-19 PANDEMIC LOCKDOWN. A CASE OF SAKUBVA, MUTARE.**

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**ABSTRACT**

*The study's primary goal was to acquire a better understanding of the experiences of the victims who succumbed to Intimate partner violence (IPV) whilst they were locked up with their perpetrators during the confinement period, including the factors that exacerbated IPV during the lockdown period in Sakubva as well as to assess the effectiveness of the reporting structures/ways which were used by IPV victims to report their cases during the COVID-19 confinement period. An exploratory and descriptive qualitative approach was used to collect data and this included five participant in-depth interviews and a FGD with six men and three women, Together, 17 people participated in the study. The study borrows from the ecological perspective as the theoretical lens. The findings were presented and analyzed using three themes that emerged from the study. The research revealed fundamental causes of IPV during the lockdown period which are mostly social and economic factors (micro, meso and macro level factors). Most victims suffered more from emotional and physical consequences of the abuse that was inflicted on them by the perpetrators both females and males. Finally, it was concluded that most of the strategies/ways that were used to report IPV cases by victims during the lockdown period were somehow effective as they demanded physical movement and budgetary costs in terms of bus fare as well as airtime. As for recommendations, the Zimbabwean administration have to view IPV as a community health concern with an economic impact and providers of services in Sakubva should strengthen their coordination to prevent service replication and modest disintegration.*

**Keywords:** *IPV (Intimate Partner Violence), Victims, Perpetrators, COVID-19 and Lockdown.*

## LIST OF ACRONYMS/ABBREVIATIONS

ACEs – Adverse Childhood Experiences

CEDAW – Convention on Elimination of all forms of Discrimination against Women

FGD – Focus Group Discussion

GBV – Gender Based Violence

HIV/AIDS – Human Immuno-deficiency Virus/Acquired Immuno Deficiency Syndrome

IPV – Intimate Partner Violence

MWACSMED – Ministry of Women Affairs, Community, Small and Medium Enterprise Development

MYSAR – Ministry of Youth, Sport, Arts and Recreation

NGOs – Non-Governmental Organizations

UN – United Nations

VFU – Victim Friendly Unit

WHO – World Health Organization

ZANU-PF – Zimbabwe African National Union-Patriotic Front

ZDHS – Zimbabwe Demography Health Survey

ZIMSAT – Zimbabwe National Statistics Agency

ZRP – Zimbabwe Republic Police

## CHAPTER 1

### RESEARCH OVERVIEW

#### **1.1. Introduction**

IPV can be conceptualized as continual as well as regular use of power and control inside an intimate affiliation that ends in violence (Johnson, 2008). Physical, sexual, psychological as well as economic abuse are all examples of IPV (Larsen, 2016). Like past crises and humanitarian disasters, the COVID-19 epidemic has exacerbated IPV. Some of the factors that are frequently linked to a potential worsening of IPV cases throughout COVID-19 lockdown

include unemployment, short-term suspension of activity, closure of companies/businesses as well as restrictions on access to resources for IPV support joined together with obligatory confinement with perpetrators. As a result, managing IPV became extremely difficult for social welfare, law enforcement and health care services. This study focused on understanding the experiences of the victims of IPV in Sakubva Mutare who found themselves locked up with the perpetrators during the COVID-19 pandemic lockdown and it also focused on assessing the effectiveness of the reporting strategies/ways used by the victims of IPV to report their cases during the confinement period. An exploratory and descriptive qualitative approach was used to collect data through a FGD guide as well as an in-depth interview guide which targeted victims as well as key informants. Hence, this qualitative approach enabled a successful completion of this research study.

## **1.2 Background of the study**

The austere acute respiratory illness coronavirus (SARS-CoV-2) infection that caused COVID-19 was isolated and recognized in patients who had been exposed to a seafood market in Wuhan City, Hubei Province, China, in December 2019 as reported by Zhu et al. (2020). The coronavirus which is mainly transmitted from person to person, is believed to cross species to cause primary human infections (Zaki et al., 2012). As of March 15, 2020, COVID-19 had spread quickly to 34 Chinese provinces as well as cities, and more than 143 other countries on five continents had also reported infections (World Health Organization, 2020). Governments, people, and society as a whole faced serious challenges as a result of the COVID-19 epidemic, which led to successive lockdowns that served to halt the virus's spread.

IPV plus violence against teenagers have been called a “hidden pandemic” within the COVID-19 pandemic (Evans and Farrell, 2020). The COVID-19 pandemic caused quick changes in people's everyday routines as a result of the COVID-19-induced limitations, such as stay-at-home laws and the mandatory lockdown of social institutions like schools and health centers. Global concern has been made concerning the situation for victims of intimate partner abuse during the pandemic in the case of IPV due to lower capacity and more remote access to public institutions, such as the police, health- and social services (EIGE, 2021).

According to Peterman et al. (2020), IPV refers to a wide variety of actions taken by current or past intimate partners, including varied degrees of sexual, psychological, physical, and financial abuse. Male perpetrators and female victims are the most frequent pattern, however female perpetrators and male victims do occur occasionally (Hines and Douglas, 2009). Increased family violence, including abuse of romantic partners, has been connected to natural catastrophes, social instability, viral epidemics, and economic uncertainty (Peterman et al.,

2020). Anecdotal evidence suggests that violence against women and girls has increased because to the epidemic in numerous regions of the world (Peterman et al., 2020).

Globally, the media reported an upsurge in IPV cases when the limits took effect, though often with inconsistent information. Similar information was discovered in Norway and New York City of the United States of America, as well as a drop in calls to the hotline for intimate partner violence in Italy (Council of Europe, 2021). GBV cases have increased around the globe (Makan-Lakha, 2020). The African continent's IPV prevalence is estimated to be 35.5% in Sub-Saharan Africa (Muluneh, Stulz, Francis and Agho, 2020: 903). Sexual offenses increased by 35.8% in Kenya during the first quarter of the COVID-19 lockdown period (National Council for the Administration of Justice, 2020). Some non-governmental organizations in Malawi reported an increase in IPV cases during the COVID 19 containment lockdown (Malawi Press Release, 2020). In South Africa, there has been disturbing reports of increased levels of IPV since the lockdown began as men declared war on women (Ramaphosa, 2020). The major findings were that a higher percentage of male IPV victims suffered psychologically, financially and physically as a result of IPV (Chiriseri, 2021). Research indicates that, despite initiatives to economically enlighten women in an effort to battle poverty and, eventually, IPV, IPV against women is still on the rise in all nations, regardless of income levels (Muzavazi et al., 2022).

On 20 March 2020, Zimbabwe announced its first coronavirus illness case (COVID-19), and the nation's response mostly adhered to worldwide guidelines (Nyabeze and Chikoko, 2021). As a result of the pandemic, unemployment rates in Zimbabwe reached previously unheard-of levels (Kawohl and Nordt, 2020). IPV has been associated with financial strains and frequently exacerbates relationships with elements like alcohol consumption and emasculation (Peralta et al., 2010). Furthermore, financial difficulties decreased the victim's likelihood of leaving the abuser, and financial abuse may have been one of the many tactics employed by IPV offenders in Zimbabwe to prevent their victim from running away (Eriksson and Ulmestig, 2017). In comparison to pre-lockdown patterns, the Musasa project observed an overall average rise in IPV incidents of more than 40% (OCHA, 2021).

IPV is worth studying in Zimbabwe and around the world for the reason that regardless of age, economic standing, race, religion, nationality, sexual orientation, or educational background, IPV is a serious but preventable public health issue that affects both men and women, and can have negative health consequences for victims (Barbara et al. 2020: 1239). The COVID-19 pandemic lockdowns served as a breeding ground for IPV perpetrators to demonstrate their dominance and superiority over their victims. This was possibly exacerbated by the fact that

reporting structures or channels were unable to effectively provide services and social support to victims due to the Covid 19 restrictions (Poate, 2021). Therefore, it is crucial to comprehend the mechanisms underlying the rise in intimate partner violence during the COVID-19 pandemic where victims were imprisoned with the perpetrators in order to design effective intermediation and avoidance methods.

### **1.3 Statement of the problem**

Possibly the worst threat to human life in recent memory was COVID-19 epidemic. To contain the threat, governments including Zimbabwe's, imposed a variety of measures including travel restrictions and mandatory lockdowns. Although the measures appeared to be effective on a macro level, they had unanticipated consequences in micro interpersonal relationships. Instead of providing a safe haven from the pandemic's devastation, one of the regressive effects of the lockdown measures was to exacerbate IPV. During the COVID-19 pandemic lockdown, being locked up with the perpetrator increased the chances of intimate partner violence significantly because victims opted to avoid using emergency services due to the risk of infection (Matoori et al., 2020: 6933). Due to cases of staff contamination, hospitals and specialized facilities prioritized the admission and care of patients with COVID-19, which resulted in restricted admission to support facilities for IPV sufferers (Williamson, Lombard and Brooks-Hay, 2020: 289). This increased the risk of injuries, infectious diseases, mental health issues, reproductive health issues and non-communicable diseases among IPV victims. Furthermore, as people were confined in their homes with little or no economic activity, deviant behaviors such as alcohol and substance abuse during the lockdown period fueled IPV perpetrators to inflict violence on their intimate partners on a daily basis. The COVID-19-induced lockdowns/restrictions also rendered the reporting structures used by IPV victims to report their cases during the lockdown ineffective, as most service providers were also confined to their homes.

### **1.4 Research Objectives**

#### *Main objective*

In general, the goal of this study is to qualitatively explore the experiences of IPV victims in Sakubva Mutare who were locked up with the perpetrators during the COVID-19 lockdown period.

#### *Subsidiary objectives*

1. To identify the causes of IPV during the lockdown period.
2. To examine nature of IPV while COVID-19 lockdown was in effect.

3. To assess the effectiveness of reporting structures used by victims of IPV during the lockdown period.

## **1.5 Research Questions**

### *Broader Question*

What were the experience of living with a perpetrator of IPV in Zimbabwe during the COVID-19 lockdown?

### *Subsidiary Questions*

1. What are the COVID-19 pandemic factors that increased IPV in Sakubva during the lockdown?
2. What are the nature of IPV do partners suffer from in a COVID-19 lockdown context?
3. How did the service providers/support systems respond to reported cases of the victims of IPV during COVID-19 lockdown?

## **1.6 Justification of the Research Study**

This study seeks to understand how victims of IPV during Zimbabwe's lockdown periods dealt with being locked up with the 'perpetrators' as well as to investigate the effectiveness of support systems/service providers' responses to reported IPV cases throughout COVID-19 endemic. To improve outcomes for victims of IPV who were imprisoned alongside perpetrators, service providers must employ an intervention strategy that takes into account differences in ethnicity, age, matrimonial position, and socioeconomic position. As a result, understanding the fundamental causes of the environment in which IPV increases is urgently needed during natural disasters or pandemic outbreaks. This research will advance the body of knowledge by delving into COVID-19 pandemic risk factors and their impact on IPV victims who were 'imprisoned' alongside the perpetrators during the lockdown period. This research will also help in influencing the Midlands State University to in-cooperate IPV as module that will be done by students across all faculties as this type of violence has become a burden to Zimbabwe. This study will also help the researcher become a better social policy developer by improving his analytic and data collection skills.

## **1.7 Delimitations of the study**

In order to achieve this case study or research, an area of study located in Mutare which is Sakubva (a high density suburb) has been chosen. Sakubva has an estimated population size of 65 531 people (Fungurai, 2020).

The type of participants is both males and females (men and women).

The age range of men and women who are survivors of IPV after the lockdown period is 15-45 years and these are either married or cohabitating.

3 objectives have been formulated which governs this study.

A descriptive and exploratory qualitative study will be carried out.

The ecological approach was selected as the study's theoretical foundation.

### **1.8 Limitations of the study**

- The use of new technologies for example social media platforms like WhatsApp in conducting research makes it difficult to determine whether the participants are true representatives/victims of IPV experiences.
- The limitation and bias in research on IPV includes lack of consensus with regards to the past experiences of the COVID-19 pandemic lockdown.
- Due to increase in prices for goods and services, the research part of the study may turn out to be a resource constraint.
- The ZRP may refuse to participate in this research study because divulging sensitive information like IPV cases especially from the VFU might not be allowed.

### **1.9 Definition of key terms**

- **IPV** can be conceptualized as continual as well as regular use of power and control inside an intimate affiliation that ends in violence (Johnson, 2008).
- **COVID-19** can be taken to mean an austere acute respiratory illness (SARS-CoV-2) infection that can also be called 'coronavirus' (Zhu et al., 2020).
- The term '**perpetrator**' refers to a person who engages in domestic violence, dating violence or stalking of a victim. In simplicity, a perpetrator is a person who willfully harms someone else or permits someone to injure another person (Machisa et al., 2017).
- A '**victim**' is someone who has experienced financial loss, physical or mental suffering, or property damage as a result of a crime (Poate, 2021).
- **Lockdown** can be defined as a command to keep someone confined in one location, typically at home, in order to prevent certain threats to themselves or others (Moreira and Pinto da Costa, 2020).

### **1.10 Chapter Summary**

The above chapter was key in shedding light on the research topic's background or overview. It highlighted on the research gaps found in literature which thus brings justification and significance to the current study. The chapter presented the statement problem, research objectives and questions that are meant to guide the research throughout. It also extended to the justification of the study. The delimitations which acts as the research's boundary were also highlighted on. The research has limitations and these have been discussed in detail in the same chapter. Definition of identified key terms were also presented. The next chapter deals with literature review and this will be reviewed in line with the objectives presented above.

## CHAPTER 2

### LITERATURE REVIEW

#### **2.1 Introduction**

Chapter 2 serves to present an existing body of knowledge by discussing IPV dynamics using a funnel approach. This chapter also discusses the relationship between IPV and COVID-19. The ecological perspective is also discussed including how it theoretically informs this study.

#### **2.2 Sub-topics**

##### **IPV: An overview**

IPV can be taken to mean violation of an individual's rights through the use of force as well as control within a close affiliation (Klugman, 2017). Emezue and Bloom (2020) took a different approach and went on to conceptualize IPV as physical violence, sexual violence, stalking or psychological harm by a current or former partner or spouse and is a widespread communal health issue that affects people all over the world. Data collected from more than 80 countries serves as concrete evidence to the fact that almost one-third of all women in relationships have experienced both physical as well as sexual violence which was perpetuated by a bosom spouse (WHO, 2013).

On the other hand, it is necessary to intentionally take into account the part that gender and masculinities play in men's IPV encounters. Evidence suggests that men may not always view a woman's violence towards a man as abusive (Hogan, 2021). In addition to the challenges in recognizing IPV experiences, gender socialization may result in some men's propensity to minimize or trivialize IPV experiences when they are identified as victims (Holtzworth-Munroe, 2005). Men may find it difficult to report their experiences and seek support, in

addition to downplaying them (Barrett et al., 2020; Morgan et al., 2016). For fear of being ridiculed, chastised, or accused of being the violent one, several men have admitted to delaying seeking therapy for IPV (Brooks et al., 2017).

In Sub-Saharan Africa, IPV is so pervasive that it transcends borders related to culture, ethnicity, geography, religion, social class, and economic status (Fidan and Bui, 2016). IPV is a result of the pervasive gender inequality that exists in much of Sub-Saharan Africa, which prevents girls and women from having equal access to healthcare, education, equal career opportunities, and marriage, divorce, and reproduction (McCloskey, Boonzaier, Steinbrenner, and Hunter, 2016). Because many victims are reluctant to reveal violence owing to shame, fear, and social standards, IPV against women is considerably underreported. While some women recognize IPV as hurtful and unjust and believe it to be so (Chuma and Chazovachii, 2012), they do not see it as a crime.

### **Causes of IPV**

The causes of IPV can be grouped into micro, meso and macro causes.

#### **Micro level causes**

##### *Exposure to violence during childhood*

Generations may be exposed to the danger of engaging in or becoming a victim of IPV (Levendosky, Lannert, and Yalch, 2012). Adverse childhood experiences (ACEs) have been connected to adult perpetration of emotional, monetary, physical, and sexual IPV. For instance, childhood abuse and witnessing mother abuse were substantially associated with IPV perpetration in adulthood among Sri Lankan men (Fonseka, Minnis, and Gomez, 2015). According to research by Abramsky et al. (2011), “violent family events, such as seeing a mother being abused are linked to IPV victimisation among adult women.”

##### *Drinking and using illegal drugs*

Harmful drinking and illegal drug use are two additional risk variables that are frequently mentioned as being connected to both experiencing and committing IPV. Alcohol has been found to be a significant risk factor for IPV in numerous research (Devries, Child, Bacchus, Mak, Falder, Graham, Watts and Heise, 2014). According to Wilson, Graham, and Taft (2014), there is a connection between problematic alcohol consumption by one or both partners and the occurrence of IPV. While neither a necessary nor sufficient cause of partner violence, excessive alcohol use does contribute to its prevalence (Leonard and Quigley, 2017). Alcohol use was a risk factor for IPV in both men and women, according to other studies (Abeya, Afework, and Yalew, 2012).

### *Child marriages*

Due to early marriage or early sexual relationships with mature partners, such as in Southern Africa, where at least half of teenagers date men who are at least five years older than them, many African women are exposed to IPV at a young age (McCloskey et al., 2016).

### **Meso level factors**

#### *Poverty*

Intimate relationships are strained by poverty and socioeconomic disadvantage, which also encourage arguments and conflicts. For both partners in a relationship, financial difficulty and shortage of basic commodities or needs create a background for IPV (Ahmadabadi et al., 2020).

#### *Humanitarian emergencies and crisis*

A spike in violence against women is correlated with humanitarian situations (Fraser, 2020). Other recognized causes of IPV include uneven gender relations and patriarchal norms have the capacity to amplify and modify risk as well as protective factors during crisis situations (Gibbs et al., 2020). As an illustration, there was a huge rise in rape and sexual assault against women and girls during the West African Ebola outbreak, which mostly went undetected as collateral obliteration (Yasmin, 2016).

### **Macro level factors**

#### *Tolerant social and cultural standards*

Apart from many other factors, the occurrence of IPV can be attributed to societal norms and community history which can both cause and encourage IPV (Mahapatra, 2012). IPV is encouraged or discouraged based on societal factors. In order to create environments that encourage or enable IPV, specific cultural and social standards/norms are particularly crucial (Olayanju et al., 2013). The notions that a man is socially superior and has the right to exert power over a woman, that a woman's freedom should be restricted, that using physical force to resolve a disagreement in a relationship is acceptable, and that divorce brings shame to the family are some examples of the tolerant social and cultural standards that fuels IPV (Olayanju et al., 2013). Due to the fact that many of these standards are common in Sub-Saharan Africa, both men and women frequently defend IPV as a necessary component of an intimate relationship (Uthman et al., 2010).

#### *Bride's fee (lobola)*

Although the specifics and methods of the bride price differ from culture to culture, the basic idea is the same across all of them: the groom and his family transmit offerings, products, or money primarily to the bride's family (Corno and Voena, 2015). Giving a woman a price makes

her subject to debt and servitude and gives men the right and the authority to continue treating their female partners like purchased objects. Therefore, the bride price tradition may maintain and reinforce other established risk factors for IPV, such as societal notions of gender inequity and men's entitlement to treat women violently (UN Women, 2016).

### *Patriarchy*

One of the most prevalent hypotheses used to explain the commission, experience, and impact of IPV and sexual assault is the preservation of patriarchy or male supremacy within a culture (Sikweyiya et al., 2020). Women's unequal status in relationships and society (supported by male superiority ideals) and the customary use of violence to settle disputes (especially in political confrontations) appear to be two distinct risk variables that are closely linked to IPV. The use of violence is often justified by patriarchal social, cultural, and religious elements; for instance, beating the wife is accepted as a form of acceptable punishment (Sikweyiya et al., 2020).

### *Mental illness*

It has been discovered that men's mental illness predicts when they would commit acts of violence. Depression and post-traumatic stress disorder (PTSD) have been found to increase the incidence of male IPV in Zimbabwe (Machisa et al., 2017). Zimbabwe's poverty and economic downturn may be to blame for the societal backdrop of despair. According to Ridley, Gautum, Schilbach, and Patel (2020), economic stressors like unemployment, poverty, and job loss are significant predictors of depression.

### *Religion*

Some religious organisations support the subjection of women. Additionally, some men may misinterpret biblical principles, such as Ephesians 5:22's instruction for wives to submit to their husbands. These men abuse their wives and use religion, such as Christianity, to excuse their actions (Kambarami, 2006). Through religious teachings, particularly those of the Apostolic sects which commonly use them to excuse the exploitation and abuse of women, such religious tenets and practises have been passed down through the years and are ingrained in society's traditions.

### *Violent society*

Zimbabwe has a protracted history of oppression and violence. The ZANU-PF government used brutal force to put down uprisings by disgruntled former combatants of the Zimbabwe African People's Union (ZAPU) in an operation dubbed the Gukurahundi from 1982 to around 1987, after the country gained independence from Britain in 1980 (Catholic Commission for

Justice and Peace, 1997). It is sane to highlight that 'Gukurahundi' means 'early rain that washes away the chaff before the spring rains.' Following that, the nation enjoyed a period of largely calm conditions until the ZANU-PF lost a vote on constitutional revision in 2000. However, following the referendum's failure in 2000, the nation has seen tremendous political tyranny, political bloodshed, and a deteriorating socioeconomic climate. Hence, it is not a misnomer to posit that due to the mentioned facts above, Zimbabwe became a violent society which favors IPV in a subtle form (Damba et al., 2019).

Adding on to the above, the removal of all-inclusive shelters for underprivileged people in Zimbabwe made the country's precarious socioeconomic condition worse and raised the social and economic obligations placed on women (Zerai, 2014). Any effort by the populace to oppose the worsening socioeconomic situation is currently met with a harsh militaristic government response. As a social sickness resulting from the state's pro-violence apparatus, which has normalized violence, hyper-masculinity in male-female interactions in Zimbabwe has proved to be more than a personal attribute that shows personality of perpetrators (Henderson et al., 2017).

#### *Forms of IPV*

In numerous research, the three main forms of IPV that is physical, sexual, and psychological are widely cited (Devries et al., 2013). IPV can take the form of physical abuse which manifests in the form of striking, thrashing and thrusting, psychological abuse embedded with threats and embarrassment (Garcia Moreno et al., 2013), sexual abuse which may be comprised of sexual strong-arming, involuntary sexual contact and supplementary regulatory behaviours such as cutting off a partner's access to social and economic income (Larsen, 2016).

#### **Effects of IPV**

##### *Psychological effects*

IPV has a negative impact on victims' mental health as it causes depression, suicide thoughts, dishonor and PTSD symptoms such detachment, elevated provocation, prickliness, furious upsurges, hypervigilance as well as slumber problems (Beydoun et al., 2012). In response to IPV, African women exhibit a variety of psychological disorders. Both men and women in Botswana exhibited psychological symptoms after a physical confrontation, although symptoms in college-aged women were more enduring and linked to fear than in men (Jankey, Próspero and Fawson, 2011). According to Afifi, Hendriksen, Asmundson, and Sareen (2012), substance abuse, particularly the misuse of alcohol and narcotics, is usually linked to IPV victimisation.

##### *Reproduction well-being effects*

IPV poses a number of threats to reproductive health due to its association with STDs, which raises the risk of HIV transmission and acquisition in Africa (Seth et al., 2010). Research on urban obstetric patients in Zimbabwe portrayed that women who become pregnant against their husbands' desires are more likely to experience violence during prenatal period which therefore increases the risk of miscarriage and maternal mortality (Shamu et al., 2013).

### *HIV and AIDS*

Men who abuse their spouses physically are more likely to have other traits that make them vulnerable to STIs and eventually HIV. These include drinking, having several sexual partners, forcible sex, and condom rejection (Dunkle and Decker, 2013).

### *Illness and death associated with intimate partner violence*

In addition to causing bodily harm, IPV can also result in death. It is sane and just to note that more than forty percent of female homicide targets get slain by a close spouse, according to data from USA crime reports (Smith et al., 2011). IPV is also associated with chronic circulatory, digestive, multiplicative, musculoskeletal and nervous structure disorders that ultimately results in death if medical attention is not sought (Black et al., 2011).

### **COVID-19: An overview**

According to Zhu et al. (2020), ‘‘Patients who had been exposed to a seafood market in Wuhan city of China in 2019 had moderate lung sickness infection that gave rise to COVID-19.’’ Primary human infections are thought to be caused by the coronavirus, which mostly spreads from person to person (Zaki et al., 2012). By March 15, 2020, COVID-19 had rapidly spread to 34 Chinese provinces and cities, and infections had also been detected in more than 143 other nations across five continents (WHO, 2020). The COVID-19 epidemic caused significant problems for governments, individuals as well as the society as a whole and it resulted in a series of lockdowns that helped to stop the virus's spread.

### **IPV and COVID-19 globally**

As a result of the COVID-19 statutory instruments passed by governments, which required obligatory confinement, social/self-isolation, solitary confinement in homes, millions of people around the world changed their daily lives which ended up exacerbating IPV as a community wellbeing matter (Moreira and Pinto da Costa, 2020). According to research findings, IPV and inclusive violence tend to grow during humanitarian situations and crises (WHO, 2020). One in three women and girls IPV before to the coronavirus pandemic (WHO, 2020). The stay at home directives caused what may be known as ‘twin pandemics’ as countless number of

individuals were susceptible to IPV (Zero and Geary, 2020). Researchers found a decline in the definite figure of sufferers who sought assistance throughout COVID-19 lockdowns (Barbara et al., 2020). These results are troubling since it's possible that the offenders employed the preventive approaches to exert more dominance over their victims (Barbara et al., 2020).

### **IPV and COVID-19 in Africa**

Nearly 4 out of 10 plaintiffs to a Cameroon review on COVID-19 masculinity and femininity effect that was performed in 2020 during the month of May indicated an increase in violence in their respective families (UN Women, 2020). As a result of the lockdown brought about by the pandemic and all its confinement periods, 16.4% more psychological violence was reported by both men and women (ONUFEMMES-BUCREP, 2020). In Algeria, there have been multiple instances of femicide since the pandemic began and the number of crimes rose during the captivity, with a homicide taking place within four days (JDWS, 2020).

### **IPV and COVID-19 Sub-Saharan Africa**

Southern Africa also faced the Coronavirus (COVID-19) pandemic and implemented measures to limit the virus's spread. According to statistics, one in every four adult women in South Africa have experienced intimate partner violence (IPV), with 43.7% experiencing emotional violence and 37.7% experiencing physical, sexual or intimate partner violence (Brodie, 2020: 103). IPV cases increased by 30%, 14%, and 10% in Chad, Senegal, and Mali, respectively (Brodie, 2020: 107).

### **IPV and COVID-19 in Zimbabwe**

The Zimbabwean government, among others, imposed a national lockdown. Zimbabwe was already a hotspot for IPV prior to the COVID-19 pandemic (Shamu et al., 2013). In Zimbabwe and other nations, the vast majority of IPV incidents are committed by a person who is familiar with and close to the victim (Kruttschnitt et al., 2018). According to Nhlapo (2017), "IPV poses a hazard in settings where men and women ought to feel secure." Due to the continuation of preexisting gender inequality and harmful social norms, as well as the restriction on abusive partners' freedom of travel, IPV was tremendously amplified (UNDP, 2020). Because of this, past and potential perpetrators/abusers were given more time with their victims which led to strained relationships.

### **Enablers of IPV during the pandemic**

The increase in IPV throughout the pandemic lockdown may have been caused by a plethora of different unswerving and unplanned factors (Peterman et al., 2020). It cannot be regarded as a miscarriage of justice to pin point out that the contagion of COVID-19 resulted in historically high joblessness (without a job/employment) which have plunged numerous families into deficiency/poverty (Kawohl and Nordt, 2020). IPV may interact with elements such as alcohol consumption and emasculation (Peralta et al., 2010), and it has been linked to financial pressures (Schwab-Reese et al., 2016). Many victims were housebound with the perpetrator as a result of pandemic-related social isolation measures and this led to a myriad of IPV cases being missed which resulted in victims suffering this type of violence in subtle form (Cheng and Lo, 2019).

## **2.2 Theoretical Framework**

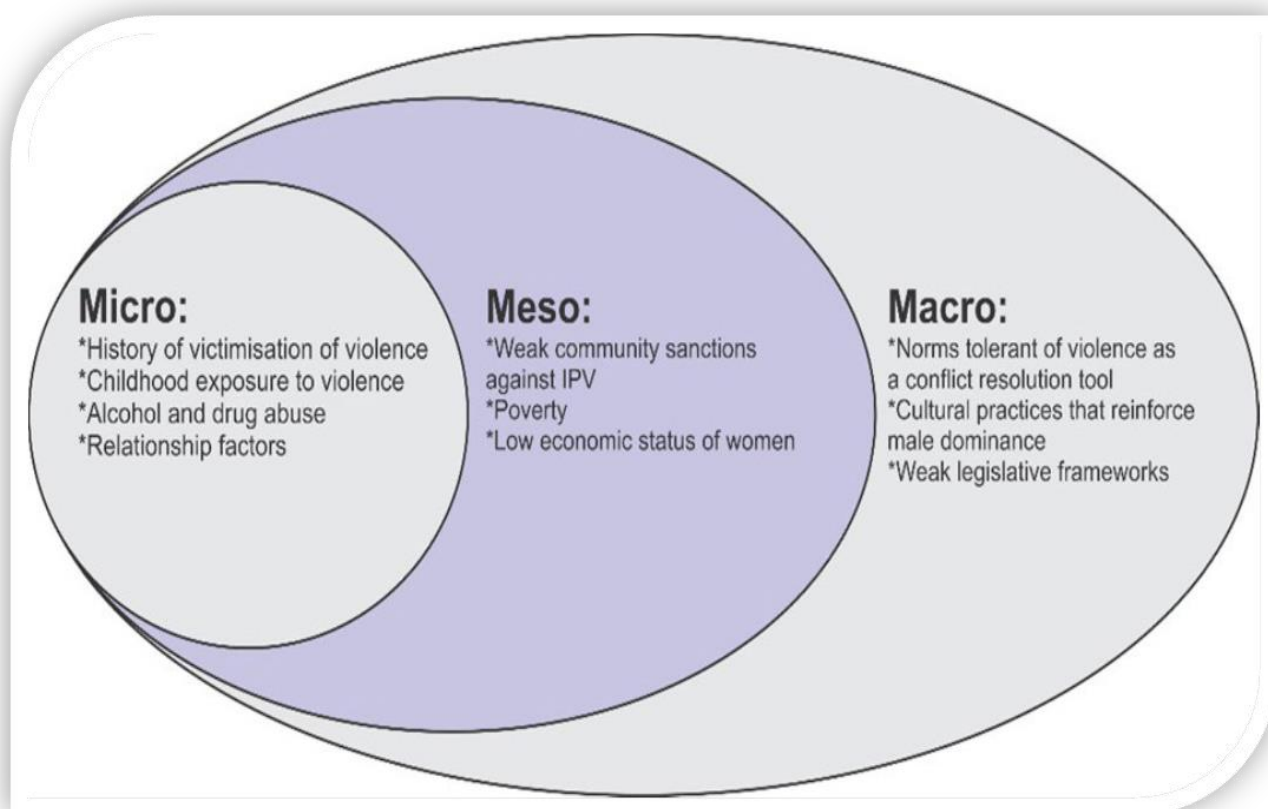
### **Ecological Perspective**

The theoretical framework and foundation of this study is best provided by the ecological viewpoint/perspective on IPV. The ecological perspective was first put forth in 1977 by Bronfenbrenner in a bid of trying to clarify the reasons for child abuse and adolescent growth. Other scholars such as Heise later adopted the ecological perspective with an agenda of wanting to provide a robust comprehensive explanation of the nature, manifestations, factors behind perpetration of such type of violence as well as impact of IPV on the victims. This therefore makes the Ecological theory relevant for this study as it argues that IPV perpetration is based on the intersection of a plethora of factors at three levels that is the micro, meso and macro levels (Heise, 2012). This therefore mean that at the micro level, factors that causes IPV emanates within the simple family setup comprised of parents and their off springs. It is apt and precise to also mention that the meso level comprises of factors influenced by the significant others and the society at large. The macro level factors that causes IPV paying a very close attention to the ecological perspective are derived from organizations, government ministries and departments that render service to members of a society and or country. So in the case of Zimbabwe, the macro factors that caused IPV manifested from a plethora of governmental structures especially those departments that made and implemented COVID-19 statutory instruments.

Adding on to the above, suffice is to say peril factors like exposure to violence at an early age, influence of the significant others, tolerant social and cultural standards/norms, patriarchy, unemployment as a result of stay at home measures, poverty, COVID-19 itself, a violent society, deleterious religious beliefs, bride's fee (lobola), mental illness, weak legislative frameworks as well as drug and substance abuse all acted as enablers that exacerbated IPV

throughout COVID-19 confinement and lockdown periods in Zimbabwe. Hence, finding the causes of an upsurge in IPV cases in Zimbabwe from an ecological perspective helps to develop vehement and feasible strategies to minimize IPV on many different levels in political, social, economic, cultural, religious as well as environmental spheres of life (Heise, 2012).

The diagram below helps to crystal clearly portray some of the micro, meso and macro level factors that usually fuels up or rather cause an upsurge in IPV:



*Brief explanation of the diagram above in relation to the current study*

The behavior/reaction displayed by certain individuals (females and males) during the COVID-19 lockdown period due to confinement in homes increased their likelihood of becoming IPV perpetrators at the micro-level. At the meso-level, factors that may have contributed to IPV during the lockdown period within the context of Sakubva community include poverty, low economic status of women among other things. The macro-level reflects a wide range of norms, cultural values and religious beliefs that may have tolerated IPV perpetration as well as victimization during the COVID-19 pandemic lockdown. An epitome of such factors is patriarchal practices that reinforce male dominance and leave women susceptible to the would-be perpetrators.

## 2.4 Chapter summary

A funnel approach was used to discuss key issues in the literature review. It is not a misnomer to note that overviews of IPV as well as COVID-19 and how these two intersected to become twin pandemics were beautifully illustrated through the use of subtopics. It is worth mentioning that the causes of IPV throughout COVID-19 lockdown were drawn from existing body of knowledge and presented as well as explained using the ecological perspective's micro, meso and macro level factors' approach. The researcher chose the Ecological Perspective as a theoretical framework to use and it is safe to say that this ecological perspective is relevant to this study because it provides comprehensive explanation on how peril factors like exposure to violence at an early age, tolerant social and cultural standards/norms, patriarchy, unemployment as a result of stay at home measures, poverty, mental illness, weak legislative frameworks as well as drug and substance abuse all intersect or cross each other's path in a process of acting as enablers that intensified IPV throughout COVID-19. Chapter 3 will therefore concentrate on the type of methodology the researcher used for this study.



## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1 Introduction

The research methodology is covered in this chapter, along with the research design, population of the study, sample size, sampling techniques, research tools, data analysis procedures and ethical considerations.

#### 3.2 Research Methodology

The research sought to qualitatively explore the experiences of IPV victims in Sakubva Mutare who got locked up with the perpetrators during the COVID-19 lockdown period. To achieve the desired objectives, the researcher conducted a qualitative study based on semi-structured interviews using both purposive and snowball sampling methods which identified IPV victims, professionals/care-givers from various IPV-response services, focus group discussion participants and secondary data and this allowed for the description and definition of aspects related to the research topic (Engel and Schutt, 2013). A descriptive research design that focused on the 'how' and 'why' questions in a bid to provide an understanding was used (Kreuger and Neuman, 2006). An exploratory approach was also used in the study where more was learnt from the experiences of the victims and from narratives of the rest of the participants. The research guides that were used to collect data are attached at the appendices' section as supporting documentation.

#### 3.3 Population of the study

Sakubva was chosen by the researcher as the study's population. Sakubva is a high density suburb located in Mutare central under Manicaland province and it has an estimated population size of 65 531 people (Fungurai, 2020). It must be noted that Sakubva as an integrated community consists of a plethora of neighborhoods which are Old Location, McGregor's, NHB, Chineta, Muchena, Singles (commonly known as Japan), Old Zororo, New Zororo, Old Dangare, New Dangare, Devonshire, Chimoio and Matida flats. Sakubva is probably 4 kilometers away from the CBD of Mutare (Fungurai, 2020). This area is widely known for housing more people engaged in informal economy or rather informal work and some of their workplaces are right behind (backyard) or in front of their houses whilst other work at Green Market and Nyakamete industrial sites which are situated very close to Sakubva.

### **3.4 Sample size and Sampling methods**

#### **3.4.1 Sample size**

A sample is a smaller, more precise portion of a population (Cresswell, 2014). Seventeen (17) participants were chosen as the sample size for the study. The researcher collected data from two key informants drawn from MYSAR and MWACSMED, nine participants of a focus group discussion and five victims who suffered IPV at the hands of their intimate partners during the lockdown period. Key informants were purposely sampled because they rendered essential services to IPV victims during the COVID-19 lockdown, thus they provided expert information.

#### **3.4.2 Sampling methods**

Sampling describes the process of choosing people for research purposes (Cresswell, 2014). The targeted participants (sample) were seventeen (17) people that is 9 FGD participants drawn from MYSAR and MWACSMED, 2 key informants/caregivers and 5 victims of IPV. The researcher used purposive sampling method to identify key informants. By utilizing previously identified participants, the in-depth interview participants specifically the victims were found using the snowball sampling technique. MWACSMED key informant as one of the caregivers referred the researcher to three victims of IPV during the lockdown. These three victims also referred the researcher to the fourth and fifth victims.

Participants were probably concerned that the researcher will pass judgment on their early IPV experiences during the COVID-19 lockdown periods, whilst others were hesitant to participate for fear of being stigmatized by the community. This means that snowball sampling is the best method for assisting purposive sampling in qualitative data collection. Non-probability sampling was also used in the researcher's exploration strategy, and when the size of a population is unknown, non-probability sampling is used (Cresswell and Poth, 2018).

9 participants were also purposively sampled from MYSAR for a focus group discussions (FGD) comprising of 6 males and 3 females. These participants were purposively sampled based on age, marital status, gender and designation/department they work under.

### **3.5 Research instruments**

Qualitative research aims to record people's actual experiences, viewpoints and attitudes towards particular items or occurrences (Punch, 2018). The primary goal of this study is to examine the difficulties that IPV victims in Sakubva Mutare had to deal with. In order to fully

capture participants' experiences, the researcher therefore justifies using data collection methods that encourage face-to-face interaction between the researcher and participants. Due to the aforementioned factors, in-depth interviews and a focus group discussion were the data collection tools used for this study.

The extensive interviews were conducted with five victims of IPV who were locked up with the perpetrators during the COVID-19 lockdown period. This enabled the researcher to unearth and document data on the experiences of living with perpetrators. Extensive interviews with two representatives from MYSAR and MWACSMED as key informants were conducted. The researcher conducted in-person key informant interviews using an interview guide.

A focus group discussion guide was also utilized to facilitate the focus group discussion. A total number of nine participants employed by MYSAR took part in the FGD. The reason why the researcher chose these participants was to collect comprehensive unbiased data on IPV during the lockdown period which did not favor any age group at all as five of these participants were between the youth age group of 22-35 years and the other four participants were above 36 years. The FGD was a one session lasted for thirty-five minutes and it was conducted at Mutare government composite offices in the deputy director's office because the office is big enough to accommodate all nine participants chosen for the FGD and the office walls are sound proof.

### **3.6 Presentation, analysis and interpretation of data procedures**

Data analysis method helps organize and give meaning to the data that has been collected (Kiteley and Stogdon, 2020). The study will employ thematic analysis to assist, classify and present the data into themes and subthemes. In order to comprehend events, thoughts or behaviours that are prevalent throughout a data collection, thematic analysis is the appropriate way to use. The process of conducting a theme analysis includes techniques for data processing and interpretation in addition to organizing and categorizing the data using labels (Cresswell and Poth, 2018). Due to its significance, the data must be divided into manageable categories that are related to the study's objectives and research questions.

### **3.7 Ethical considerations**

Adherence to ethical norms is necessary to respect the rights, dignity, and wellbeing of study participants (WHO, 2014). At every stage of the inquiry, ethical considerations should be taken into account to guarantee the accuracy of the data collected. The following ethical considerations were adhered to by the researcher throughout his study:

### **3.7.1 Confidentiality**

The researcher put emphasis on making sure that the participants were aware that their responses will be kept private and confidential. The concept stipulated that the respondents' information will not be disclosed to anybody else without their consent because doing so could have a negative influence on their responds (WHO, 2012). The interview guide was created in a way that safeguards the privacy and confidentiality of personal data. Additionally, the researcher reassured the participants that the information they provided will only be used for academic study.

### **3.7.2 Informed consent and voluntary participation**

Since the study's participants were above 18 years old, verbal and written consent from them was obtained by the researcher. Participants had freedom to decide whether or not they wanted to participate. Moreover, they participants were aware that they were free to stop taking part in the data collection exercise at any time without suffering any consequences or fear of repercussions.

### **3.7.3 Seeking permission from gate keepers**

Before data was collected from participants, the researcher made the requisite authorization requests and he was granted permission by the gatekeepers. Gatekeepers are persons in positions of authority such as Deputy Directors or Provincial Administrators, who must give the researcher permission to enter specific areas and collect data from the desired participants.

### **3.7.4 Participants' privacy**

In order to maintain confidentiality, a researcher must ensure that participant privacy is protected and that the data collected is only used for the intended purpose, in this case, scientific research. Because confidentiality is required to protect the individual's identity over the data obtained from them, the researcher also paid attention to this ethical consideration as he concealed the identities of the participants by using initials or fictitious identities. The researcher's MSU Student ID card was shown to participants as demonstration of good faith.

## **3.8 Chapter summary**

In conclusion, this chapter described the qualitative research methodology used for this study. The qualitative research approach was chosen by the researcher since it was thought to be the most appropriate for this study. To locate the best participants who were knowledgeable about

the subject under research, a purposive sampling strategy was used. The study's population sample size consisted of 17 participants including victims of IPV who were locked up with the perpetrators during the Covid 19 lockdown period as well as key informants from MYSAR and MWACSMED. Purposive and snowball sampling were chosen by the researcher for the sampling procedures and the study included 5 IPV victims, 9 FGD participants and 2 key informant participants. In terms of research instruments, the researcher used in-depth interviews, key informant interviews, and a FGD guide for the study. A thematic system was used for data presentation, interpretation, analysis and data verification. The above chapter also discussed ethical considerations like confidentiality, seeking permission from gate keepers, informed consent, voluntary participation and participant privacy. The ZRP refused to participate in this research study as they said that they were not allowed to divulge sensitive information like IPV cases especially from the VFU, so data from the third key informant was not collected. Chapter 4 will focus on presenting and discussing data collected from participants.



## CHAPTER 4

### PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

#### **4.1 Introduction**

Chapter 4 is very imperative as it addresses the study's objectives by presenting data collected, analyzing and verifying research findings.

#### **4.2. Demographic profiles of participants**

## Victims

Name/ID	Sex	Age	Relationship with the perpetrator	Educational qualifications	Profession
L.C	Female	36	Ex wife	Form 2	House girl/helper
N.M	Male	45	Husband	Ordinary level/Form 4	Vendor
T.K	Female	42	Wife	Diploma/Journeyman class 1 in Boiler making	Boutique Salesperson
P.T	Male	24	Boyfriend	Advanced level/ Form 6	Mechanic
S.D	Female	32	Girlfriend	Ordinary level	Tailor

## FGD participants and Key Informants

FGD participants	Sex	Age	Marital status	Designation	Ministry	Department
1.M.P	Male	22	Single	Intern	MYSAR	YDEE
2. C.P	Male	23	Single	Intern	MYSAR	YDEE
3. M.A	Male	64	Married	Deputy Director	MYSAR	D/Director
4.A.J.G	Male	23	Single	Assistant	MYSAR	Arts and Culture
5. B.T.M	Male	49	Married	Provincial Officer	MYSAR	Arts and Culture
6. D.M	Male	42	Married	Provincial Manager	MYSAR	Human Resources
7. M.M	Female	22	Married	Intern	MYSAR	Human Resources
8. N.T	Female	34	Married	Provincial Officer	MYSAR	Sport
9. V.M	Female	51	Married	Secretary	MYSAR	Enquiries/Admin
Key informants	Sex	Age	Marital status	Designation	Ministry	Department
M.R	Female	53	Married	Executive assistant	MWACSMED	Community Development
L.K.M	Male	40	Married	Provincial Administrative Officer	MYSAR	Youth Development and Economic Empowerment/ZYC

### 4.3 Presentation and Analysis of data collected from participants

The findings are organized into themes and subthemes.

### Causes of IPV during the lockdown period in Sakubva Mutare

A number of microsystem factors have been demonstrated by the participants to have caused an upsurge in IPV cases in Sakubva Mutare. Such factors identified by participants of this study are drug and substance abuse, influence of the significant others, poverty, lack of formal employment opportunities for men, socio-cultural norms, religion, low levels of education and limitations of legislative frameworks. It is sane to note that the above factors were categorized into macro, meso and macro levels as shall be demonstrated in subthemes and subtopics below.

### **Micro level factors**

#### **Drug and Substance abuse**

Participants noted that substance abuse (alcohol and drugs) escalated IPV perpetration during the COVID-19 lockdown. As one participant noted in the following excerpt;

*FGD P4: Alcohol and substance abuse became widespread among older males and it accelerated the increase of IPV during the lockdown period. Due to long induced and unbearable confinement period in homes, some intimate partners who were breadwinners ended up abusing drugs and alcohol so that they could escape the harsh reality of being restricted from going to work as well as roaming about willy nilly, so when they got home drunk, they verbally abused and battered up their partners for no apparent reason.*

Another participant added;

*FGD P2: During the lockdown period, adolescents in Sakubva spend the majority of their confinement time in groups consuming alcohol and drugs, particularly marijuana and crystal meth (guka)...and whenever they got back home, they abused their girlfriends, boyfriends, young husbands and young wives.*

Several participants noted that as a result of drug and substance abuse, female spouses tended to be the main victims throughout COVID-19 lockdown period. Further, participants noticed a link between idleness and substance abuse, and that poverty may also play a role in substance abuse. Paucity/poverty as well as joblessness/unemployment turmoil leads to alcohol and drug dependence (Makayoto et al., 2013). Participants also mentioned that both young men and older males had violent tendencies towards their intimate partners whenever they abused drugs or substances. One would have expected drug and substance circulation to be difficult during the lockdown but the opposite was true. This is cemented by the following excerpt;

*FGD P7: There are numerous illicit alcohol stores known as 'mashabhini' (shabeens) in Sakubva. These shabeens are haphazardly placed around the community however there is an area called 'pa Chitsinga' that is a well-known hotspot for illicit trafficking*

*and abuse of drugs and substances such as marijuana and little blue tablets called 'mangemba'. The rise of illegal alcohol dealers who mostly sold cheap but highly intoxicating and addictive brews during the lockdown period along with inactivity induced by high unemployment rates resulted in high levels of alcohol and substance abuse.*

The sporadic circulation of drugs thus spiraled IPV in Sakubva during the lockdowns.

## **Meso level factors**

### **Poverty**

Participants concurred that the stress of poverty and limited livelihoods throughout the lockdown period led to the increase in IPV. Poverty has been identified as one of the causes of IPV and that it is highly feminised (UNDP, 2014). As one participant said;

***Victim T.K:** Us women are the hardest hit by IPV at the hands of our husbands because the moment I do not have salt to use for cooking, I make a request to my husband and then he blames me for not having money to buy salt and turns violent. For me it was difficult to provide the financial needs of my family as work for women was scarce during the lockdown period.*

Another participant also said that;

***Victim N.M:** Poverty and low income levels contributed to IPV here in Sakubva during the lockdown. There are also cases where wives had money and got into disagreements (fights) with their husbands about how to spend it. Many husbands during the confinement period wanted to spend the money on beer and the little entertainment that was available, while wives wanted it to go towards more important family needs like food.*

From the above narratives, suffice is to say that the inability of breadwinners to fulfill the family's basic needs and failure to do away with absolute poverty during the lockdown period manufactured toxic feelings that negatively affected intimate partners' affection and approach towards each other. Considering the fact that unemployment is generally high in Zimbabwe, poverty strikes hard in times of pandemics and natural calamities (Jewkes et al., 2015). Hence, poverty as an influencing factor ended up causing an upsurge in IPV cases throughout the lockdown period particularly in low income areas including Sakubva.

### **Men's limited options for proper work**

The study also revealed that men are still perceived as breadwinners in Sakubva. However, due to the COVID-19 contagion, there were few job prospects in impoverished communities like that of Sakubva. Even before the pandemic, most people in Sakubva's livelihoods were informal sector based. The lockdowns implied that most men involved in the informal sector could not ply their trade and this was different from those in the formal sector such as civil servants who continued to receive their salaries in the lockdowns. The plight of informal workers is captured in the narrative below;

***KI 1:** Many men in Sakubva still avoid accessible income-generating possibilities like brick moulding and vending. They keep saying that they will get proper work in the industries for which they were trained. Because there are children to feed, women usually end up taking vending and other menial jobs which therefore results in them becoming the breadwinners for the majority of homes. When women who works in the formal sector particularly those in essential service departments became breadwinners during the lockdown period, this was a role reversal as they gained control of financial resources. Many husbands were uncomfortable with the role reversal and felt belittled when their wives refused to give them money for beer and entertainment because they were prioritizing other home requirements such as food, clothing, airtime and network bundles for their children who were now seriously learning online. Disagreements over the allocation of financial resources frequently devolved into verbal and physical violence between the intimate partners.*

It is worth noting that unemployment is stressful for men and it can lead to disagreement which therefore increases the likelihood of IPV (Horn, 2010). As a coping mechanism for losing economic power, men ended up inflicting violence on their spouses throughout the confinement period.

### **Macro level factors**

Paying close attention to the perspective of the participants, the macro-level factors that contributed to IPV during the lockdown period are socio-cultural norms, the COVID-19 lockdown itself that deterred perpetrators or the would-be perpetrators.

### **Socio-cultural norms**

The study showed that social expectations and cultural norms led to IPV perpetration during the COVID-19 pandemic as demonstrated by the following narrative;

***FGD P6:** Men who treat their wives with respect and resolve conflicts amicably are viewed as weak and are frequently accused of being given concoctions by their wives*

*to make them docile (kudyiswa). Pressure can be applied in a subtle manner, for example, during a beer drink, a peer can simply make a statement that condemns non-violent men, for example, your wife does not respect you, what kind of a man are you if you do not beat her up once in a while to make her know who the man of the house is. To stamp their authority and live up to social expectations and macho stereotypes of manhood, some men resort to physical violence against their wives.*

As depicted in the preceding narrative, it is compelling to postulate that IPV was used to keep female partners 'in check' during the lockdown period. To show how socio-cultural norms are tolerated by members of the society, another participant had this to say;

**FGD P8:** *People frequently want to stay out of a couple's marital problems and pretend they are not seeing the IPV.*

Hence, subordination and submission of women in intimate relationships were used by perpetrators to their own advantage throughout the lockdown period and this resonates with studies conducted elsewhere.

### **COVID-19 lockdown**

The COVID-19 lockdown exacerbated the tough socioeconomic condition for many homes in Sakubva Mutare as majority of businesses were prohibited under the lockdown laws brought about by national statutory instruments. The following excerpts depict IPV issues encountered during lockdown;

**KI 1:** *Because of the lockdown, several spouses lost their jobs and spent a lot of time at home which led to fights and violence with their husbands, wives or intimate partners. Because of the negative impacts of the lockdown on family livelihoods, some marriages broke down.*

Other participants had this to say;

**FGD P4:** *Cases of IPV increased during the lockdown period due to a lack of livelihood options which resulted in greater impoverishment at the home level. Many males had no sources of income as they were employed in the informal sector. Many men were hesitant to take up 'women's jobs' such as vending so as to generate income, but they stayed at home and relied on their wives to provide for the entire family. Households suffered from extreme financial and material hardships which led to violence where couples battled about lack of funds for food and other home necessities. The lockdown resulted in employment loss, many husbands being angry and dissatisfied which thereby resulted in them unleashing their rage on their wives.*

**KI 2:** *During the lockdown, I saw a huge spike in IPV cases. The rise could have been due to frustrations caused by disruptions and limits which led to disagreements between spouses. Some couples were not used to spending so much time together as they were compelled to do during the lockdown... some couples began to discover weaknesses in each other that they were unable to deal with.*

COVID-19 had badly impacted Sakubva as propounded by all the participants. Some participants also mentioned an increase in IPV as a result of the effect of the COVID-19 lockdown. Hence, widespread seclusion, fear and uncertainty of the pandemic intensified violence that was practiced on intimate partners.

### **Nature of IPV during the COVID-19 pandemic lockdown in Sakubva Mutare**

Participants in Sakubva during the COVID-19 lockdown discovered that physical violence, emotional abuse, economic abuse, and sexual abuse were the types of IPV that were experienced by the victims. As one person succinctly put it:

**FGD P6:** *In our neighbourhood, abusers utilised a variety of violent methods to keep their victims under control, including spoken and corporal abuse, denying an intimate partner access to money for basic necessities like food or restricting him/her from participating in revenue spawning activities. Sometimes, the IPV is concealed. Some couples remained composed during the COVID-19 lockdown, but there was definitely absence of communication. This can be perceived or known as cohabitation.*

Because the types of abuse usually occur in combination, the narrative displayed above may overlap.

### **Physical harm/abuse**

From the data collected by the researcher, participants' experience (victims) of physical harm or abuse throughout the COVID-19 pandemic varied but in one way or the other they experienced similar type of physical harm. It is sane to note that IPV has a variety of health consequences for victims and this enabled one key participant to denote the following:

**KI: 2:** *Scars and other bodily injuries may indicate that a woman or man has been physically abused. However, physical abuse is not always the only type of abuse. However, the impact of other types of abuse, such as emotional abuse, is invisible, such as stress and other mental health issues.*

As evidenced by this narrative, abused partners frequently experience the various types of abuse mentioned previously. The researcher hereby concurs with the above statement from the

participant that battered partners in intimate relationships were typically subjected to various types of abuse throughout COVID-19 confinement periods. It is sane to posit that the participants particularly the victims who succumbed to IPV in Sakubva endured corporal mistreatment during the lockdown period as illustrated in the stories beneath:

**Participant T.K:** *As a wife, it is my duty to look after the children according to our customs and norms. But me I was working doing a self-job of sewing as a tailor. Since we were together at home as no one was going to work, my husband beat me up and pulled my dreadlocks as he accused me of cheating on him with my male clients/customers.*

**L.C** as the second victim said that;

*‘My experience of living with the perpetrator was very painful and harmful because of the abuse I went through which tortured my physical body. My ex-husband was beating me almost every day as he was too harsh on me due to the financial hardships which we experienced as a couple during the lockdown period.’*

One of the key participants also shared a depressing fact concerning pregnant women as he said that:

**KI P2:** *We have seen cases at the clinic where women have pregnancy issues like bleeding or miscarriages, but they never inform us that they are bleeding because of IPV at home. In some cases, the perpetrator's husband or boyfriend accompanies the victim to the clinic. The accompanying perpetrator will pose as a very loving and supportive partner who wishes to provide all information on the victim's behalf. If you try to separate the victim from them, they become quite aggressive out of fear that the victim will reveal information about the abuse.*

From the above story, it is crystal clearly that some women became hesitant to confess that they were victims of IPV throughout COVID-19 pandemic confinement periods. It can also be evidenced that IPV can cause miscarriages and other obstetric issues in pregnant women (Shamu et al., 2013). Hence, physical abuse experienced by pregnant women during the lockdown period may also be attributed to the fact of them getting pregnant without the spouse's concern.

### **Psychological abuse**

Psychological abuse can also be called emotional abuse. Most of the participants interviewed including the victims stated that emotional violence can take various forms and can be verbal or nonverbal, but it frequently involves mocking, humiliation, foul language, denunciations, unfaithfulness and paying no attention to one's spouse. One key informant said;

*KI: 1: Emotional violence is typically manifested through verbal abuse, such as being scolded, false accusations of being a prostitute, humiliated and belittled in front of children. Emotional and verbal violence can also occur through verbal abuse of family members, such as calling one's mother a witch or a prostitute.... Isolating an intimate partner from their family and friends can result in emotional violence. We have cases in this community of women who were forced to cut off communication and association with their family and friends after getting married.*

The third victim of IPV during the lockdown period had to share his experience of emotional abuse as stated in the narrative below;

*NM: Since the informal sector was closed during the lockdown, i worked as a vendor at Sakubva produce market and my wife worked in the formal essential services sector. Every day I was forced to do house work (chores) that is cleaning and washing clothes for everyone. My wife burned me with cooking oil as I was failing to thoroughly do the house chores since I was not used to doing all that. She kept on abusing me by torturing me with harsh words such as 'you are a useless husband' and since she is more educated than me, she knew that I was not able to report my abuse to the police as I was unemployed and without money, so it was difficult for me to leave her.*

The aforementioned account makes it abundantly evident that there were numerous means in which emotional abuse manifested itself throughout COVID-19 lockdown. Self-esteem problems, hopelessness, and feelings of worthlessness are frequently brought on by emotional abuse (Smith et al., 2020). As a result, the explanation above demonstrates how obviously IPV affects the mental health of intimate partners.

### **Financial abuse**

Financial abuse may also be referred to as economic abuse. This type of violence was identified by participants who took part in this study as to occur when a partner/spouse intentionally prevents, withhold or confiscate revenue/ money earned from work, controls the family's budget and squanders money in a manner or way that fills his/her own coffers at the expense of other members of the family. One participant had this to say:

**Victim P.T:** *With financial partner abusers, victims or those depending on them are required to account for every penny spent and to justify why it was spent. They are not even given money for groceries, as other husbands do, because the husband believes they are wasteful and do not understand the value of money. In other cases of economic exploitation, the victim is coerced into changing the contents of their will and inserting clauses that benefit the perpetrator.*

From the above statement, it cannot be regarded as a miscarriage of justice to highlight that document validation against an individual's/intimate partner's determination is undeniably an act of excessive controlling behaviour. In the same manner, financial abuse experienced between intimate partners during the lockdown period ended up affecting every member of the household. This therefore compelled one key participant to say;

**KI 2:** *When there is economic abuse, the family's fundamental requirements such as food and clothing are not met. To earn a living, children in the household become desperate for food and other basic necessities thereby resorting to criminal activities such as stealing or drug trafficking. Young girls are exposed to child sexual exploitation and transactional sex as well as child labor in a bid to earn money for basic necessities such as sanitary pads.*

As a result, the perpetrator's controlling behaviour was illustrated through financial abuse the victims suffered from throughout COVID-19 lockdown and confinement period.

### **Sexual abuse**

The definition of sexual abuse is not always clear (Chattopadhyay, 2019). Participants conceptualized sexual violence to be denial of one's consent before engaging in any sexual activities, denial of a partner's sexual health rights, use of force and weapons during a sexual encounter. It is therefore sane to note that sexual abuse was largely experienced among intimate partners in Sakubva and it increased IPV cases during the lockdown period. According to one participant;

**FGD P9:** *IPV is exacerbated by sex issues, such as when a partner arrives back at the house intoxicated during the middle of the night and hassles sexual intercourse with his spouse. The spouse attempts to illuminate why they should not have sex since their children are sleeping in the same room. The husband insists on having sex, and the wife suggests that they do so in the morning while the children are outside. The husband becomes agitated by his wife's refusal to have sex with him and begins to verbally and physically abuse her.*

The fourth victim cemented the above narrative by sharing how he was sexually abused by his intimate partner during the lockdown period as indicated below;

*PT: I was in an intimate relationship with a cougar who I cohabitated with. Since the start of the COVID-19 pandemic lockdown, my girlfriend (the cougar) used a controlling behavior on me like forced sexual intercourse as a stress coping mechanism to financial constraints we were facing due to the lockdown restrictions. Because most people were confined in their homes, the little that we had made my girlfriend to start using drugs, became an addict and she then violently abused me by slapping as well as beating, forced sex and intimidation.*

Paying close attention to the above experiences and stories, it goes without saying that husbands as well as wives need edification on intimate partners' civil privileges together with the fact of not treating each other as things of sexual craving, particularly throughout pandemic outbreaks like the COVID-19.

### **Reporting structures/strategies used by victims to report their cases**

The two key informants who participated in this study highlighted a plethora of reporting strategies which the victims of IPV used to report their cases. These strategies include phone (hotline) calls, WhatsApp messaging, suggestion box, walk in centers and safe shelters. This is buttressed by the responses below;

*KI 1: The victims who were able to report their cases used phone calls, WhatsApp messaging, suggestion box and office visits.*

*KI 2: Victims during the lockdown periods used hotline calls, walk in centers (service providers) and safe shelters (one in urban and one in rural).*

### **Effectiveness of the mentioned strategies in alerting violence**

Key informant number 2 stressed that the strategies used to report IPV cases were very effective in alerting the service providers of the violence these victims were facing from their perpetrators. But **KI 1** had this to say,

*“WhatsApp was more effective and some of these other options (strategies/ways) were partially effective as they demanded physical movement and budgetary costs in terms of bus fare as well as airtime.”*

It is also sane to mention responses given by the victims in relation to reporting their cases and whether the strategies they used were effective in liberating them from the bondage of the perpetrators. Such responses are illustrated below:

*T.K: Traditional courts was the only way for me to go, you know a place where aunties are called and the village head pass the judgement. But during the days of the lockdown, traditional courts were not helpful.*

*L.C: I did not report the case of me being abused, I just left him and went to live at my father's place with my two sons.*

*N.M: No. I did not report when I started getting abused because the cellphone was taken away by my wife since I was not going to work.*

### **Response to the reported cases**

Both key informants concurred that they used a multi-sectorial approach system in responding to the reported IPV cases during the COVID-19 lockdown period and this is cemented by **KI 2** when he said that,

*“We referred them (victims) to specialized counsellors, used coordination meetings to troubleshoot the IPV, holistic/collective effort and also administered youth COVID-19 grants to help ease up the issue of financial insecurity (lack of money).”*

The above narrative revealed that the services availed to curb IPV during the lockdown period were somehow effective.

### **4.4 Discussion of the study's findings**

In relation to the ecological perspective and existing body of literature illustrated in chapter 2, the behavior/reaction displayed by certain individuals during the COVID-19 lockdown period due to confinement in homes increased their likelihood of becoming IPV perpetrators at the micro-level for example drug and substance abuse. At the meso-level, factors that may have contributed to IPV during the lockdown period within the context of Sakubva community include poverty and men's limited options for proper work aligns with factors suggested by Heise (2012). The macro-level reflected how socio-cultural norms and COVID-19 lockdown caused an upsurge in IPV perpetration as well as victimization during the confinement in homes. An epitome of such factors is patriarchal practices that reinforce male dominance and leave women susceptible to the would-be perpetrators (Mhlope, 2020). The above helps to show relevancy of the Ecological perspective as a theoretical framework that was chosen for this study by the researcher and how the theory together with existing literature on IPV helped

in providing a comprehensive explanation on the causes of IPV in societies like that of Sakubva Mutare.

At this juncture, it cannot be regarded as a miscarriage of justice to posit that the COVID-19 pandemic lockdown period acted as fuel that powered stressors/factors like financial hardships (constraints), habits like drug and substance abuse, unemployment as well as social isolation which then enabled perpetrators in Sakubva to practise violence on their intimate partners as people spent a lot of time together confined in their homes with nothing else to do, hence these perpetrators saw it fit to vent out their anger and frustrations on their intimate partners whilst knowing that nobody will be there to save them. IPV in Sakubva Mutare manifested in the form physical, psychological, sexual and economic abuse as has been presented under theme two. Even though the experiences of the participants who were locked up with the perpetrators during the COVID-19 lockdown period particularly the victims of IPV has been considered as fresh insight by the researcher, suffice is to say that the experiences of being locked up with the perpetrator throughout the lockdown period was very unpleasant, painful and excruciating.

### **1.5 Chapter Summary**

Chapter 4's main focus was to present and discuss the research findings. It is just to note that data collected from participants by the researcher was presented using a thematic analysis through generation of themes. In this chapter, all of the research objectives were addressed where the experiences of victims who got locked up with the perpetrators during the lockdown period turned out to be very unpleasant, painful, traumatizing and unbearable. Factors that caused an upsurge in IPV were identified at the micro-level for example drug and substance abuse. At the meso-level, factors that may have contributed to IPV during the lockdown period within the context of Sakubva community include poverty and men's limited options for proper work. The macro-level reflected how socio-cultural norms and COVID-19 contagion itself tolerated IPV perpetration during the lockdown period. Reporting structures/strategies used by victims to report their cases were somehow effective. The major themes also gave birth to a plethora of subthemes which also aided in the presentation of participants' responses. Chapter 5 will therefore sum up the whole study which was being carried out.

## CHAPTER 5

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

An overview of the summary, research findings and recommendations are provided in this chapter. It reiterates the research questions and themes that the researcher developed throughout the course of the entire investigation. The findings of the current study are intended to be used as a springboard for additional research in the area, to name a few. This chapter offers pertinent recommendations that should be reviewed at various levels based on the results of the thesis.

#### 5.2 Summary

Chapter 1 was key in shedding light on the research topic's background or overview. It highlighted on the research gaps found in literature which thus brings justification and significance to the current study. The chapter presented statement of the problem, research objectives and questions that are meant to guide the research throughout. It also extended to the justification of the study. The delimitations which acted as the research's boundary were also highlighted on. The research had limitations and these were discussed in detail in the same chapter.

More so, chapter 2 used a funnel approach to discuss key issues in the literature review. It is not a misnomer to note that overviews of IPV as well as COVID-19 and how these two intersected to become twin pandemics were beautifully illustrated through the use of subtopics. It is worth mentioning that the causes of IPV throughout COVID-19 lockdown were drawn from existing body of knowledge and presented as well as explained using the ecological perspective's micro, meso and macro level factors' approach. The researcher chose the Ecological Perspective as a theoretical framework to use as it provided a comprehensive

explanation on how peril factors intersect or cross each other's path in a process of acting as enablers that intensified IPV during COVID-19 lockdown period.

Chapter 3 described the qualitative research methodology which was used for this study. The study's sample size consisted of 17 participants including key informants from MYSAR and MWACSMED. Purposive and snowball sampling were chosen by the researcher for the sampling procedures and the study included 5 IPV victims, 9 FGD participants and 2 key informant participants. In terms of research instruments, the researcher used in-depth interview guide and a FGD guide. The ZRP refused to participate in this research study as they said that they were not allowed to divulge sensitive information like IPV cases especially from the VFU, so data from the third key informant was not collected. Ethical considerations like confidentiality, seeking permission from gate keepers, informed consent, voluntary participation and participant privacy were also discussed under chapter 3.

Last but not least, Chapter 4's main focus was to present and discuss the research findings. Data collected from participants by the researcher was presented using a thematic analysis through generation of themes. All of the research objectives were addressed where the experiences of victims who got locked up with the perpetrators during the lockdown period was documented. Factors that caused an upsurge in IPV during the lockdown period at the micro-level, meso-level and macro-level were identified. Reporting structures/strategies used by victims to report their cases were somehow effective. The major themes also gave birth to a plethora of subthemes which also aided in the presentation of participants' responses.

## **5.3 Conclusions**

### **5.3.1 Demographic profile of participants**

A total number of 17 participants took part in the study. These participants were grouped into three categories that is victims (5), key informants (2) and FGD participants (9). The two key informants work under MSYAR and MWACSMED. All the five victims and two key informants participated in the in-depth interviews. However, the research findings were enhanced by including perspectives from participants of the FGD employed by MYSAR.

### **5.3.2 Themes generated**

Themes were used to present the data collected and some of the major themes that arose are; 'Causes of intimate partner violence during the lockdown period in Sakubva, Nature of IPV experienced during the COVID-19 pandemic lockdown in Sakubva and Reporting structures/strategies used by victims to report their cases.

The first theme showed that factors that caused an upsurge in IPV were identified at the micro-level for example drug and substance abuse. At the meso-level, factors that may have contributed to IPV during the lockdown period within the context of Sakubva community in Mutare included poverty and men's limited options for proper work. The macro-level reflected how socio-cultural norms and COVID-19 contagion itself caused IPV perpetration during the lockdown period.

In relation to the second theme, it can be concluded that being locked up with the perpetrator during the lockdown period was a very unpleasant, painful, traumatizing and unbearable experience.

The third and final theme assessed the ways used to report IPV cases by victims during the lockdown period and these were somehow effective as they were costly and also demanded physical movement.

#### **5.4 Recommendations**

A plethora of recommendations below have been made/suggested in relation to the data collected from participants.

##### **5.4.1 For the Government of Zimbabwe**

Service providers under the government of Zimbabwe's administration should continue to play an important role in providing both rehabilitative services to IPV victims and perpetrators as well as developing and implementing preventative measures. It is also recommended that the government demonstrate political will and provide funds for government departments like MWACSMED, MYSAR and Musasa project that deal with IPV issues. This is because financial support for these institutions enables them to effectively fulfil their intended functions notwithstanding pandemic outbreaks and confinement periods brought on, for example by COVID-19.

##### **5.4.2 For future research**

The experiences of victims who were imprisoned with perpetrators during the COVID-19 lockdown period as well as the reporting procedures/ways employed by these victims to disclose their IPV cases were studied in this research study. However, this study only looked at Sakubva, but it is strongly recommended that an extensive research would extremely be beneficial as it will provide insight on the experiences of women in rural communities in relation to IPV.

### **5.4.3 For Midlands State University**

The university's education curriculum should introduce IPV as a compulsory module to capacitate students across all faculties on the nature, causes, manifestations as well as effects of IPV and solutions that can be done in this country to circumvent the preponderance of this type of violence especially during outbreak of pandemics/natural calamities.

### **5.5 Chapter Summary**

In conclusion, chapter 5's sole purpose was to sum up the whole study which was carried by the researcher. It also reiterated how the research questions were addressed in brief. The summary was written in such a way which highlighted how all the objectives of this study were addressed that is it summarized information from chapter one, two, three and four thereby serving to confirm how the study's objectives were met. Suffice is to say that conclusions were made for each and every theme presented in chapter 4. Recommendations were also made for the government of Zimbabwe, the Midlands State University and for future research. Some of the recommendations raised by the researcher include the government demonstrating political will and providing funds for government departments like MWACSMED, MYSAR and Musasa project that deal with IPV issues, an extensive research would extremely be beneficial as it will provide insight on the experiences of women in rural communities in relation to IPV and the university's education curriculum introducing IPV as a compulsory module to capacitate students across all faculties on the nature, causes, manifestations as well as effects of IPV and solutions that can be done in this country to circumvent the preponderance of this type of violence.

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