

COVID-19 induced DV in Zimbabwe's Southlea Park residential area in Harare

Oshneck Mupepi*, Mark Matsa

Department of Geography, Environmental Sustainability and Resilience building, Midlands State University, Gweru 9055, Zimbabwe

* **Corresponding author:** Oshneck Mupepi, omupepi@gmail.com

ARTICLE INFO

Received: 1 November 2023

Accepted: 1 February 2024

Available online: 1 April 2024

doi: 10.59400/jps.v1i1.290

Copyright © 2024 Author(s).

Journal of Policy and Society is published by Academic Publishing Pte. Ltd. This article is licensed under the Creative Commons Attribution License (CC BY 4.0).
<http://creativecommons.org/licenses/by/4.0/>

ABSTRACT: COVID-19 affected various communities across the globe in different ways. The study assessed the impacts of COVID-19 lockdown on domestic violence in Southlea-Park residential area in Harare. A mixed methods research design was adopted as it allowed use of both qualitative and quantitative data collection approaches. Questionnaires, interviews and observations were employed for data collection. The research showed that DV in Southlea Park residential area emanated from drug abuse, juvenile delinquency, and conflicts over decision-making between parents, prostitution and food insufficiency among others. The study indicated that most dominant forms of DV in Southlea Park during the COVID-19 lockdown period included physical, emotional and verbal violence. The findings from this study indicated that males suffered more from verbal and psychological violence whilst females suffered more from physical, economic, sexual and emotional violence. The research concludes that COVID-19 had massive influence on domestic violence, however, the Zimbabwe Republic Police should ensure deployment of police officers in temporally camps within or close to residential areas that are far from police stations to ensure public safety during situations that trigger domestic and other forms of violence in residential areas and the Ministry of Women Affairs, Community, Small and Medium Enterprises Development in Zimbabwe should ensure availability of agents responsible for ensuring against vulnerability of people to gender, domestic and other forms of violence in all communities of the country especially during situations that trigger violence.

KEYWORDS: domestic-violence; COVID-19; lockdown; vulnerable; victim

1. Introduction

Domestic violence (DV) refers to any type of harmful behavior directed at any member within the same household^[1]. This type of violence usually impacts women and children^[2]. DV can take various forms which include physical, verbal and sexual abuse, or it can be a threat of such acts^[3]. It can also be in the form of coercion or of arbitrary deprivation of liberty, and it can occur in public or private life. The COVID-19 pandemic led to strict public health policies of social distancing and reduction in activity and mobility in most urban areas of the world^[4,5]. In the United States, millions of workers lost their jobs and some started working fewer hours^[6,7]. As a result of social distancing and stay at home measures, the demand for workers in various companies dropped by almost 30%^[4,8]. About 35% of workers switched to remote working and school children

shifted to e-learning^[9]. All this led to increased time at home for parents and school children^[5]. Since the onset of the COVID-19 pandemic, several news outlets have reported increased traffic at abuse hotlines and abuse help websites in both Europe and the US^[5]. Many family violence (domestic violence, child abuse, and pet abuse) victims are recently facing the worst scenario as they find themselves trapped indoors with violent perpetrators during COVID-19 lockdown restrictions^[4,10]. Due to the devised stay at home measure and associated organizational closures related to COVID-19 which are prolonging, stress and associated risk factors for family violence such as unemployment, reduced income, limited resources, and reduced social support are likely to be exacerbated. Additionally, alcohol abuse which was already a common reported trigger of family violence, has been linked to an accumulation of stressful events and a lack of social support^[11,12] as was confirmed in India^[13]. Worldwide, due to the adopted lockdown restriction measures, bars and other public places have been restricted to take away services which implies that drug abusers are confined to taking drugs whilst at their homes which propel DV in most countries especially in towns and cities. Most studies on impacts of natural disasters on crime and violence report that DV usually experience an increasing trend following catastrophic events and associated societal upheavals^[14,15]. According to Adams and Adams^[16], DV reports increased by 46% in Othello, Washington after the eruption of Mount St. Helens due to increased alcohol abuse, family stress, and aggression. Another study by Schumacher et al.^[17], DV escalated by 35% immediately after Hurricane Katrina around southernmost Mississippi counties. The Ebola pandemic spread prevention measures also led to increase in DV in the Democratic Republic of Congo and most countries in West Africa^[18]. Therefore, a replication of these scenarios is so certain in this COVID-19 situation and it is being confirmed by various researches around the world^[18–21].

During this COVID-19 lockdown, reports of DV (physical harm, emotional harm and abuse) have increased in the United States as perpetrators use COVID-19 as a weapon, for instance, forbidding hand-washing in an attempt to increase the victim's fear of contracting the virus among other related tortures^[4,22]. France and Brazil recorded 30% and between 40%–50% increase in DV during this COVID-19 induced lockdown respectively while Spain also recorded a horrific increase in DV related homicide and the trend is anticipated to continue as movement restrictions are still there^[4]. In China the number of DV cases reported to the police in Jingzhou, a city in Hubei province during the COVID-19 lockdown, tripled in February 2020 compared to the number of cases reported during the same month in 2019^[23]. In Kenya, calls for help against DV have increased by 34 percent in the first three weeks of the 7 pm–5 am curfew time which signifies rise in DV in the country^[24]. Musasa Project, a leading organisation offering abused women shelter and counselling services in Zimbabwe, recorded 764 cases of gender-based violence (GBV) between the start of the lockdown on 30 March and 9 April 2020 which is far much beyond usual 500–600 cases per month^[25]. Southlea Park, as one of residential areas that houses a considerable number of people working in Harare city, is no exception to DV due to lockdown restriction measures since 30 March 2020. The majority of residents in Southlea park residential area are not formally employed and they rely on vending and other self-jobs which could not pay them during the shelter in place period like other formally employed people. This would possibly aggravate occurrence of DV due to food insecurity related stress^[26]. Movements have been restricted and most residents started working from home, school children started learning from home and income generation for most informal workers in this area was impacted. This led to instability in most households due to stress and increased time of staying at home among other lockdown restriction related issues. Therefore, it is against this background that this study seeks to assess the COVID-19 induced DV in Southlea Park in Harare, Zimbabwe. This research bridges a gap that exist especially on residential area level DV statistics that are missing in national DV statistics. The research will also draw attention of public safety institutions towards reducing DV by taking a close look at the impact of shelter at home measure (lockdown) during the COVID-19 lockdown which might be underestimated in Zimbabwe. Stirring attention to reducing DV during such critical situations

will contribute to the achievement of the United Nations sustainable development goals number 3 and 5 of good health and wellbeing and gender equality which are mostly undermined by the outcomes of DV^[27].

2. Description of study area

Harare is the name for both the capital city and one of the districts of Zimbabwe. Harare city was founded by the Pioneer column as Salisbury in 1890 before it was renamed to Harare in 1982. The city is located in North West Zimbabwe on a plateau at an elevation of 1483 meters above sea level. The coordinates of the city are 17°49'45"S 31°3'8"E (**Figure 1**). Harare District covers an area of 390,580.0 km². According to the Koppen climate classification system, Harare's climate is Sub-tropical (Cwb). The area experiences cool south easterly air flow and average annual temperature of approximately 17.95 degrees with July and October being the coolest and hottest months respectively^[28]. Average annual precipitation for the district is 825mm which is received during the summer.

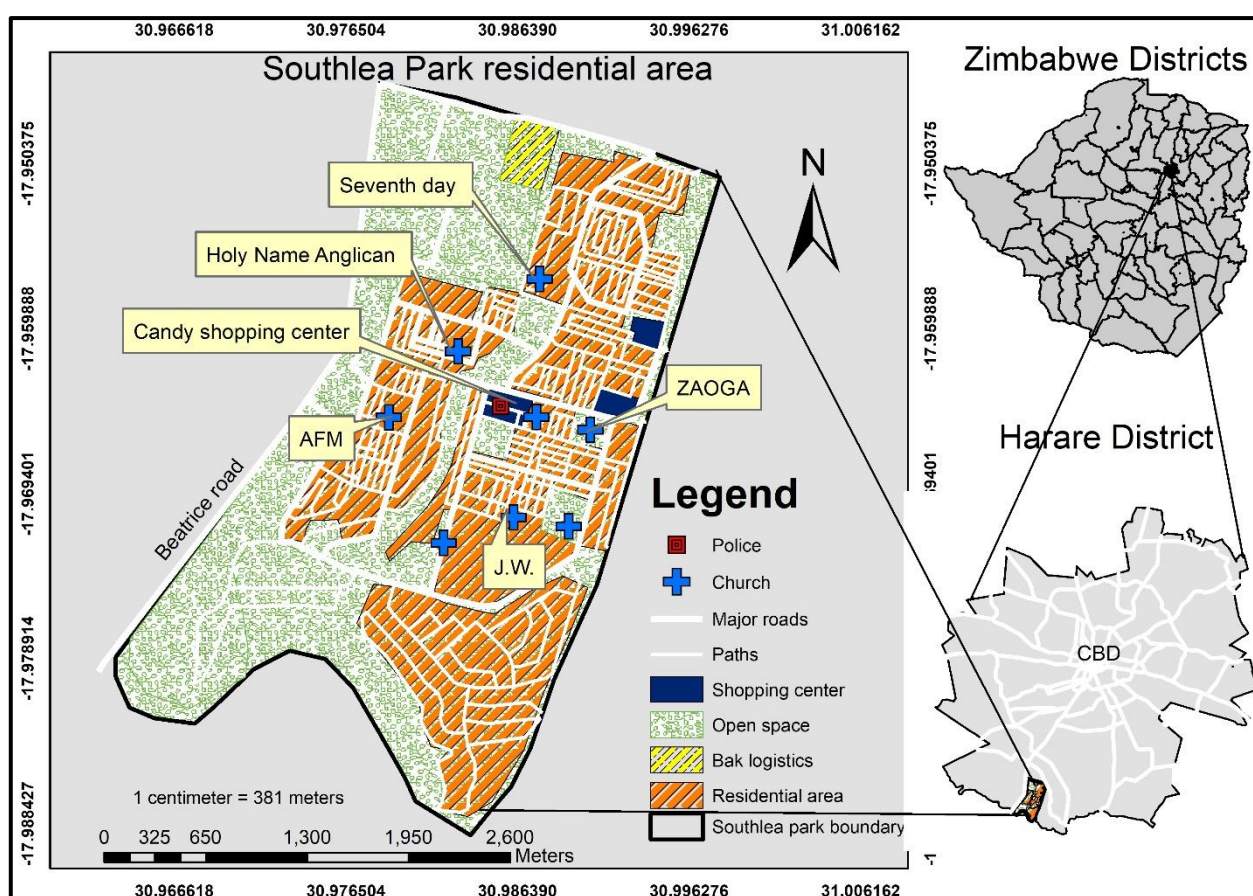


Figure 1. Map of Southlea Park residential area (Authors).

The geology is related to the Great Dyke which consist of layered mafic intrusions that are related to economically essential metals like platinum chromium, nickel, vanadium, copper, titanium, iron, and tin^[29]. Archean granitic and gneissose rocks are dominant within the district^[30]. The underlying geology has a marked influence on the soils in the study area, which are mostly fersialitic and paraferallitic^[31]. The climate supports vegetation which is commonly open woodland comprised of *Brachystegia Spicifomis* but the city is dominated by two introduced *Jacaranda* and *Flamboyant* tree species. The population of Harare is 1,485,231 distributed at 1700/km². Of the total population, 716,595 are males whereas 768,636 are females^[32]. Harare has a sprawling structure dominated by a radial road network with the central business district (CBD) at its core

(**Figure 1**) and industrial areas to the east and south^[33]. Most high density suburbs are located to the outskirts of the city including Southlea Park which is to the south end (**Figure 1**). Despite some people being formally employed in industries, education sector and other organizations offering various services within the city, a considerable number of people are informally employed. Major informal works include vending, carpentry and welding. Urban agriculture is also practiced in Harare especially in the outskirts where maize is grown for subsistence^[34].

3. Methodology

The research adopted a mixed methods research design that allowed use of both qualitative and quantitative approaches. Open ended questions of the questionnaire and interviews were adopted as qualitative data collection instruments in this study and closed ended questions of the questionnaire were used to collect quantitative data. Interviews and open ended questions of the questionnaire collected data on perceptions and vulnerability of respondents towards DV during the COVID-19 lockdown and closed ended questions were used to collect specific information on nature of DV and its consequences.

The research targeted 5456 households in Southlea park residential area, Southlea park police and Harare South Councilor. Southlea park residents were considered as providers of information on DV within their households, Southlea park police was targeted since they handle cases of DV in the area and the councilor was targeted to give the general overview of DV in the area of jurisdiction. This study adopted the Yamane sample size determination criteria to determine the sample size. According to Puszczak^[35], for a 95% confidence level and precision level of 0.5, the sample size should be calculated using the following Yamane formulae:

$$n = \frac{N}{1 + N(e^2)}$$

where, N is the target population and e is the level of precision.

This translated the sample size for this study to 160 households.

The assessment questionnaire had 3 sections designed differently to probe data to answer specific objectives of the study. The questionnaire constituted of both closed and open ended questions to allow free expression of respondents' views and collection of specific information key to answer research objectives respectively. Sections A, B and C were designed to probe information on immediate causes of DV in Southlea Park, prevalent forms of DV and the impacts of DV at household level during COVID-19 lockdown in Southlea park residential area. To obey social distancing and avoid spreading of COVID-19 disease, researchers used Kobo collect software installed on tablets to collect data from representatives of 160 randomly selected households in Southlea Park during the field survey. The authors wrote the household numbers for all households in Southlea Park (5456) on small pieces of paper and placed them in a hat before randomly picking the numbers until 160 households have been reached. The picked house numbers determined the households to be dealt with. Use of Kobo collect software made it easy to maintain 1-meter social distancing from the respondents during data probing as researchers were entering data into the tablet on their own.

Face to face interviews were done with purposively selected Officer in charge at Mbudzi police station and Harare south councilor. These were crucial key informants to provide information on number of DV cases reported from Southlea Park (from the officer in charge), nature of DV and the causes of DV during the lockdown period. Interviewees were given enough time to respond to open ended questions which were being asked by researchers. Interview guides were used to ensure exhaustion of all critical questions relevant to answer research objectives. Logistical arrangements were done prior interview days to agree on time and venue for conducting interviews. Free venues were used to ensure adherence to social distancing and communication was done whilst putting on masks to avoid passing of COVID-19 virus. Each interview lasted between 25–30

minutes and audio recording was done after seeking permission from informants who were comfortable with it. This allowed capturing of information which could be omitted during note taking.

Field observations were also adopted in this study to confirm information collected using questionnaires and interviews. During observations, researchers tried by all means to maintain social distancing from participants as well as wearing masks to avoid spreading of COVID-19 disease. During questionnaire administration, researchers were also observing some of the physical or visible consequences of domestic violence. An observation checklist was drafted to provide guidelines during field observations.

Quantitative data collected using closed ended questions of the questionnaire was manually coded using the tally system and was entered into Microsoft excel for further analysis and presentation. This data was presented in the form of graphs, pie charts and tables. Qualitative data collected using interviews and open ended questions of the questionnaire was subjected to content analysis to determine its relevancy as supporting information.

Data collection was done during level 2 lockdown (from 5 to 10 September 2020) when COVID-19 cases have declined to reduce the risk of contracting or passing of the virus. Researchers also used a personal car to travel for data collection after having COVID-19 symptom tests and getting an approval form/pass from the police. Clearance was sought from Midlands State University to go for data collection. Permission was also sought from Harare city Council to collect data in Southlea park residential area. Briefing of the rationale for the research was done to obey the principle of beneficence. Participants were asked for their consent to participate during the research thus making their participation voluntary. Principles of anonymity and confidentiality were obeyed by avoiding respondents to provide their identities especially during questionnaire administration. Booking for an interview early was done to avoid inconveniences. Social distancing was obeyed during data collection and personal protective equipment were used to avoid spreading of COVID-19 disease. All recorded audios were deleted immediately after capturing all provided information.

4. Results

4.1. Immediate causes of DV in Southlea park during the COVID-19 lockdown

All respondents in Southlea Park indicated that their families experienced DV during the COVID-19 lockdown due to myriad of reasons. The majority of respondents showed that DV during the COVID-19 lockdown emanated from strict control over social life (98%) (**Figure 2**) and issues related to social distancing policy at home (97%). During questionnaire administration, some respondents reported that they once quarreled over denying physical interaction of their partners with friends as a way of reducing contraction of COVID-19 disease. Most of those who quarreled over social distancing policy indicated that their partners were trying to implement the social distancing policy at home which led to isolation. This led to word exchanges and even fights as some partners felt segregated.

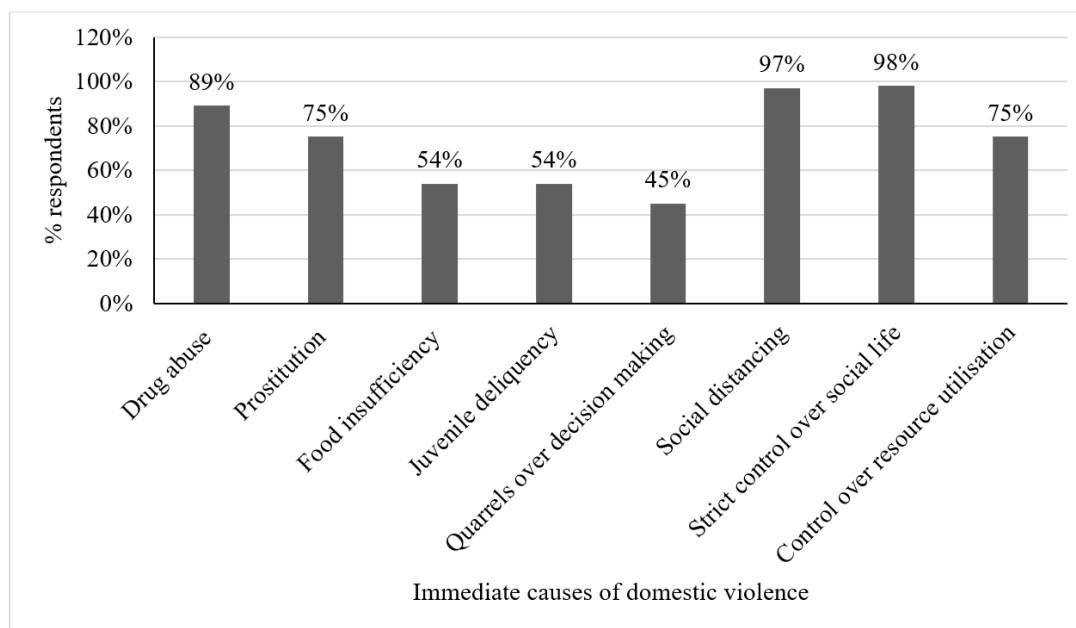


Figure 2. Immediate causes of DV in Southlea park residential area.

Source: field data.

This indicates that the COVID-19 situation resulted in some social issues which led to domestic/intimate partner violence within families. The same situation was observed during the Ebola pandemic spread prevention measures in West Africa especially in the Democratic Republic of Congo where lockdowns and stay at home measures have been implemented^[18]. This shows that pandemics and their associated stay at home and economic shut downs have significant impacts in social lives of many people.

A considerable proportion of respondents (89%) reported drug abuse as a cause of DV during the COVID-19 lockdown. These respondents showed that their husbands had a lot of time lying idle during their stay at home, time which increased their chances of taking drugs resulting in physical and verbal harassment of their partners and children due to drunkenness. A wife remarked, “Whenever my husband gets drunk, he harasses children, which always hurts me and this was so frequent during the lockdown when he was not going to work”. Seventy-five percent (75%) (**Figure 2**) of respondents highlighted that they experienced DV due to their partners exercising too much control over domestic resources and committing prostitution. The councilor explained that the situation during COVID-19 lockdown led to the majority of sex workers conducting their work within the residential areas leading to most men falling into their trap which resulted in fights with their male partners. He further confirmed witnessing some red-handed cases of prostitution during the lockdown. Due to presence of both parents at home during the COVID-19 lockdown period, husbands were always available to oversee utilization of resources especially food in an attempt to avoid wasting of food which was so scarce and expensive during the lockdown period. As a result some women couldn’t have usual freedom which they used to have under normal days when husbands were at work. This was also confirmed by 45% of respondents who reported quarrelling over decision making at home especially when husbands wanted to make decisions which wives usually make in the absence of their husbands, this led to decision making conflicts resulting in fights and verbal violence. This was also reported in the United States where millions of workers lost their jobs resulting in unusually prolonged coexistence of husbands and wives at homes resulting in elevated cases of domestic violence^[6]. This confirms that it is not only in developing countries where COVID-19 resulted in domestic violence but also in comparatively developed nations.

Fifty-four percent (54%) of respondents indicated that they once experienced fights and conflicts related to ways of disciplining children over juvenile delinquency and stress due to food insufficiency. Both male and

female respondents reported fighting or having emotional pain as a result of witnessing mistreatment of children by their partners following simple delinquencies. This was triggered by the presence of both parents and children at home which increased parents' time to monitor children's activities. An interview with the Officer in charge at Southlea Park police station confirmed high frequency of fight reports due to adultery misunderstandings between parents and prohibition of communication or physical interaction with usual friends. This information from the Officer in charge confirms implementation of social distancing at home, adultery and decision making conflicts between parents as some of major immediate causes of DV during the COVID-19 lockdown in Southlea park residential area. These factors especially drug abuse, adultery, food insufficiency, conflicts over decision making, social distancing issues and strict control of social life are a manifestation of the influence of the lockdown situation on behaviours of partners mainly due to a combination of hunger induced stress, efforts to reduce risk from contracting COVID-19 and unusual coexistence of all family members at home. This concurs with the situational factor theory by Riggs and O'Leary^[36] which attributed DV to situations that triggers stress and drug abuse as well as behavioural changes in intimate partners.

4.2. Most prevalent forms of DV during COVID-19 lockdown in Southlea Park

A close analysis of the causes and nature of DV indicated that six forms of DV were experienced by households in Southlea Park residential area. All respondents (100%) (**Figure 3**) indicated having experienced verbal DV during the COVID-19 lockdown in their families. This was most probably due to stress emanating from job losses especially those who had their jobs suspended due to COVID-19 situation and those whose work in the informal sector had been hampered by the COVID-19 induced lockdown.

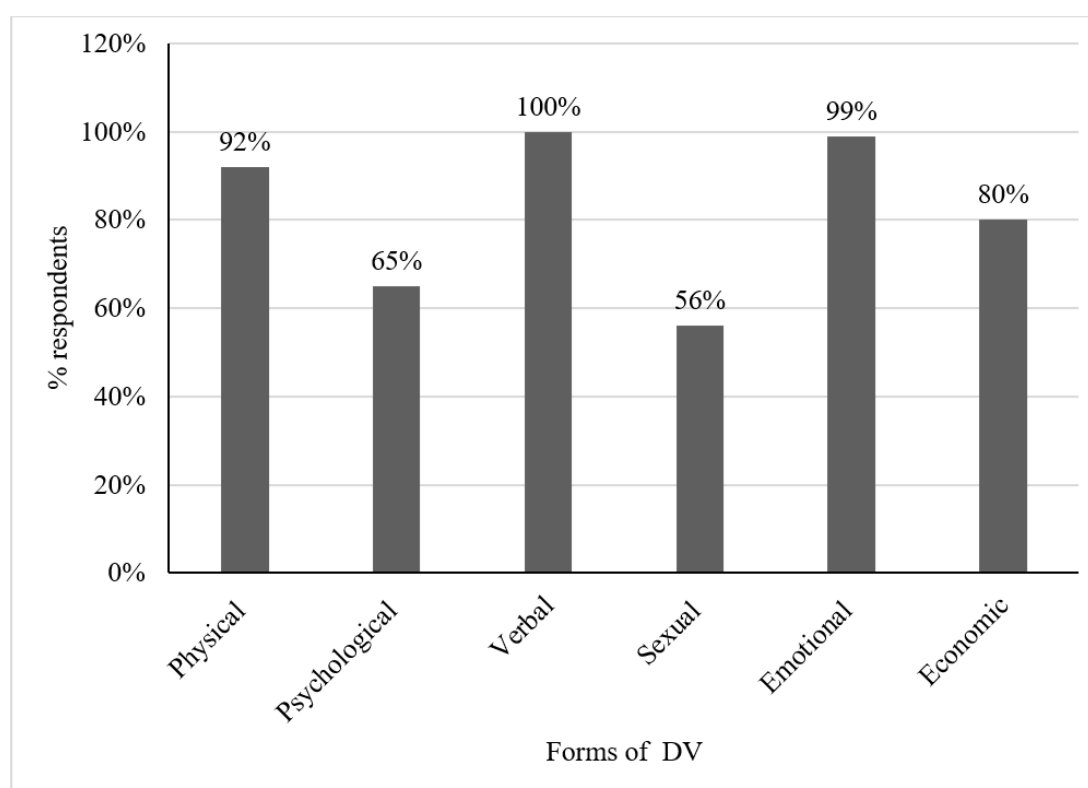


Figure 3. Forms of DV in Southlea park during COVID-19 lockdown.

Source: field data.

As a result of this stress almost all respondents reported having at least exchanged words with their partners during the lockdown period and some even experienced this verbal violence due to misunderstandings

over COVID-19 prevention measures. Ninety-nine percent (99%) (**Figure 3**) of respondents showed that they have experienced emotional DV through constant criticism over food shortages, name-calling, embarrassing comments in front of children, mocking, treatment of women like servants which was necessitated by constant monitoring of their work by husbands. One of the respondents reported that, “my husband was always commenting the way I was doing all the work and one of the days he described me as careless after complaining late preparation of breakfast”. This was sign of over monitoring of work supposed to be done by women and this was caused by spending a lot of time watching and waiting for things to be done. All these were triggered by co-existence of both parents and children at home during the lockdown period otherwise it would not happen if husbands or both parents were at work and children are at school. Ninety-two percent (92%) respondents reported experiencing physical DV whereby they at least suffered hitting, shoving, pushing, biting, shaking and burning. One of female respondents reported being pushed or hit by her husband each time he got drunk. This form of violence was due to drug abuse, forced social distancing among family members, children disciplining among others. This was necessitated by having more time together and use of drugs as a solution to lockdown induced stress.

Sixty five percent (65%) respondents highlighted experiencing violence psychologically. This encompassed family member who suffered threatening behaviours from their husbands, for instance, abusing children, constant supervision or control of partner’s activities including determining who a husband or a wife associate with taking advantage of the COVID-19 situation. This led to enhanced psychological implications on both parents and children. A considerable proportion of respondents (80%) indicated suffering economic violence whereby partners or family members controlled financial resources as well as suppressing access of other family members to economic resources (especially husbands and wives). This form of violence was dominant for parents as either husbands or wives took charge of financial resources thus making their partners dependent on them during the COVID-19 situation when other income generating activities had been shut. One of the male respondents during questionnaire administration reported being denied access to money for purchasing beer and cigarettes which angered him and it ended in a fight. These were unusual events which would not happen when parents were at work or husbands were out for work. Moderate proportion of respondents highlighted experiencing some form of sexual abuse during the shelter in place period through prostitution which was the dominant form of sexual violence in Southlea park residential areas as confirmed by the Officer-in-charge at Southlea park police station. These results shows that the lockdown situations led to negative economic conditions within households which exacerbated anger and associated fights and unusual behaviours among family partners.

An understanding of the root causes of DV in residential areas during periods characterized by prolonged confinement in homes will assist informed implementation of strategies to abate recurrence of domestic violence. This will entail abatement of hunger through provisioning of alternative income sources like cash transfers and supply of subsidized food during times of movement restriction thus attaining Sustainable development goal (SDG) number 2 of reduced hunger which proved to be the major driver of stress and aberrant behaviours during the lockdown period in Southlea Park. Consequently, this will reduce chances of DV which also has implications on health of victims of DV which culminates into achievement of SDG 3 of good health and wellbeing.

4.3. Segregation of forms of DV suffered by gender

Of those who reported suffering physical violence, 66% were females whereas 34% were males (**Figure 4**). This shows that females were more vulnerable to physical attacks than males during the lockdown period most probably due to superior physical fitness of man compared to women. Putra et al.^[37] reported the same trend in Indonesia as women were more vulnerable to physical violence. More females (55%) indicated

suffering psychological violence than males (45%) (**Figure 4**). However, the difference (5%) was not that significant which shows that both males and females were vulnerable to psychological abuse though females were more vulnerable. This was also the case in Iran as indicated by Yari et al.^[38] during the COVID-19 pandemic. More males (68%) were victims of verbal violence whilst fewer females also suffered the same form of violence. One of male respondents remarked, “My wife is always shouting at me, calling me names in front of children and blaming me for failing to secure food for the family without considering movement restrictions during the lockdown”. However, this was different to what happened in Belgium as women suffered more from verbal violence than man^[39]. It can be noted that the difference was slight in Southlea Park as the distribution of vulnerability proved to be almost equal. The difference might be because family care responsibilities developing countries is almost uniform makes men also vocal unlike in Zimbabwe where at times men are found less responsible hence falling in verbal violence trap especially when they spend more together at home.

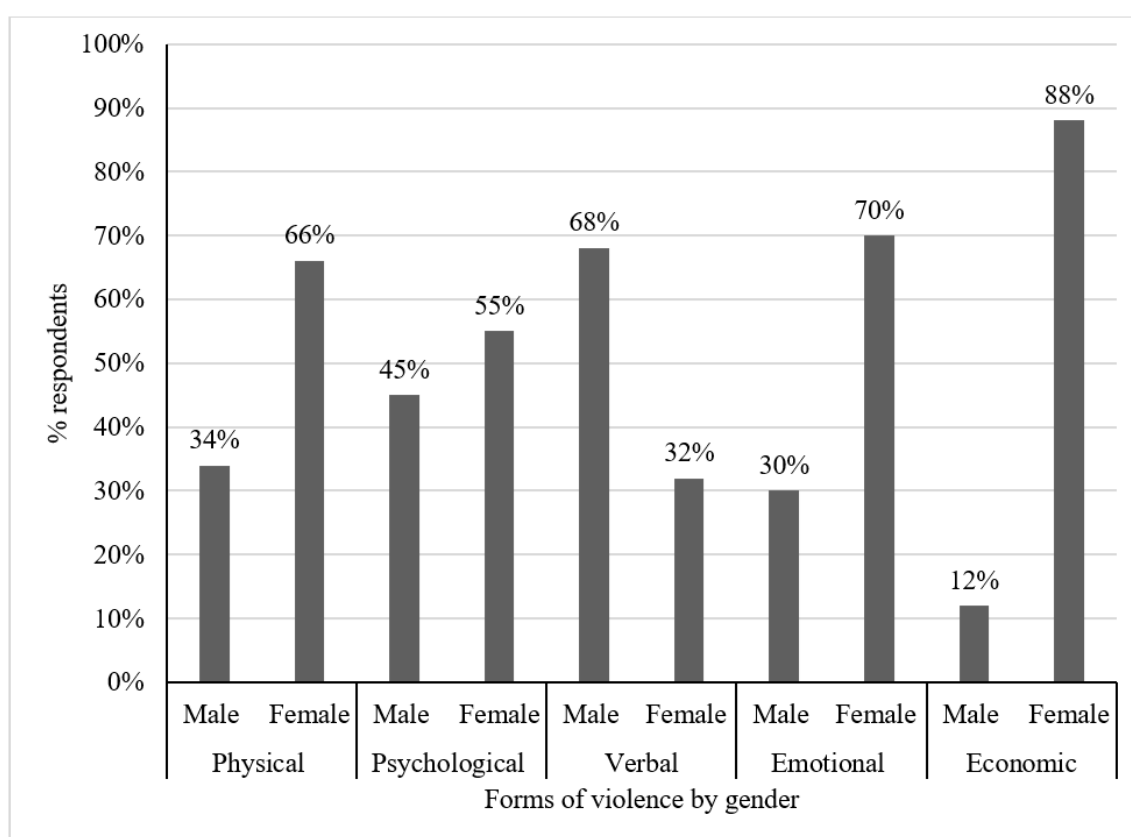


Figure 4. Gender and forms of DV in Southlea park during COVID-19 lockdown.

Source: field data.

This clearly indicate that females were major perpetrators of verbal DV during COVID-19 lockdown in Southlea Park. Seventy percent (70%) of respondents who indicated suffering emotional violence were females yet only 30% were males (**Figure 4**), a clear indication of vulnerability of females to emotional abuse during the COVID-19 lockdown. Very few males (12%) reported that they suffered economic violence whereas many (88%) females reported suffering economic violence which signify that males were dominant perpetrators of economic violence. This shows that women were more vulnerable to physical, emotional and economic violence whilst men were more vulnerable to verbal violence. This is in line with the postulation by Krug et al.^[2] indicated that DV impacts women and children the most. However, both sexes were almost equally vulnerable to psychological violence despite a slight difference of 5% respondents (more females). The Officer

in charge at Southlea Park police stressed that most injury reports came from females which indicates that females suffered physical violence more than males. Sentiments from the Officer-in-charge showed that the cases of such violence were not usual during normal conditions when movement of people was not restricted which shows that the movement restriction measure was a situation that led to increase in DV in Southlea Park.

These findings are critical in opening avenues for addressing gender imbalances that exist within families during times when chances of violence are high as highlighted by varying vulnerabilities to DV with gender. Measures to protect vulnerable individuals to gender based violence need to be revised to suit family level violence implications on weaker sexes so as to achieve SDG 5 of gender equality.

4.4. Household level impacts of DV during the COVID-19 lockdown in Southlea Park

Households that experienced DV during the COVID-19 lockdown in Southlea Park residential area suffered various socio-economic consequences. The majority of respondents (76%) (**Figure 5**) indicated that DV which they experienced during the lockdown period heightened tensions between parents. This was also noted by Mahlangu et al.^[40] in South Africa thus indicating the serious consequences of COVID-19 pandemic on social lives among households. This emanated from frequent humiliations, torturing and fights among other forms of abuse which took place in households during the shelter at home period. Sixty-six percent (66%) (**Figure 5**) respondents highlighted that they suffered illnesses related to violence/abuse and stress emanating from DV during the COVID-19 shelter at home period.

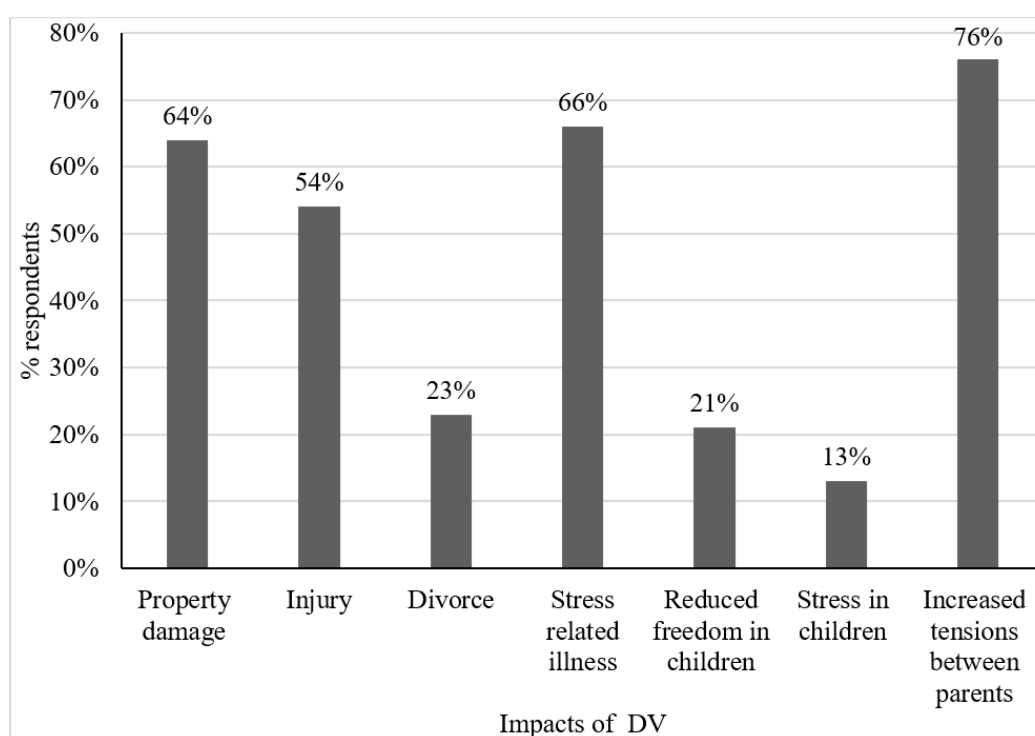


Figure 5. Household level Impacts of DV in Southlea Park during COVID-19 lockdown.

Source: field data.

Most respondents further stated that headaches, physical harm induced discomforts, high blood pressure and depression among other stress and fight related illnesses were some of health problems they experienced due to lockdown time induced domestic violence. In California, Chiba et al.^[41] highlighted that stress and high blood pressure were found among major consequences of COVID-19 and associated domestic violence thus concurring with findings from this study.

Property damage was also reported by respondents (64%) (**Figure 5**) as another major impact which resulted from physical fights during the shelter at home period. Physical fights resulted in parents destroying some of house property mostly due to use of some property as weapons during fights as well as breaking of brittle property due to aggressive movements during fights. One of the female respondents reported, “I lost a set of water glasses which were broken during the fight with my husband”. This statement from this mother indicated pain of losing her property during a fight with her husband. A considerable proportion of respondents (54%) reported having injuries due to physical DV especially fighting. The Officer in charge at Southlea Park highlighted that a number of injured patients came to collect police reports as a request from the local clinic prior treatment which shows that physical DV led to a lot of injuries within households. This implies incurring a lot of expenses to buy property replacements as well as getting the injured treated and having medications after suffering stress related illnesses. Physical injuries were confirmed in Italy by Barbara et al.^[42] following a series of lockdowns and stay at home measures. This shows that not only developing countries were suffering from these issues of domestic violence due to the COVID-19 pandemic.

Twenty-one percent (21%) and 13% of respondents indicated that reduced freedom and increased stress in children due to frequent violence between parents and threats from stressed parents were some of the implications of DV during the shelter at home period. Constant monitoring of children's actions by parents and fear of committing delinquencies were most obvious causes of stress and freedom loss in children during the lockdown period. In support to this, a mother of three highlighted, “my children are not enjoying as they usually do because their father is always tense and vigilant over their actions”. Some respondents (23%) reported being divorced during the COVID-19 lockdown period as a result of misunderstandings, constant fights, and prostitution and word exchanges. During questionnaire administration, some parents were single after recently being divorced during the COVID-19 lockdown or after evicting partners due to prostitution and other misunderstandings during this period. One of the divorced mothers remarked, “there is no need to live with a violent man who is always after fighting, his omnipresence at home brought a lot of problems to me”. This mother showed that the presence of her husband during the shelter at home period made her vulnerable to physical violence and associated injuries and stress. Basing on these responses from various respondents during the study, it can be seen that emotional, physical, sexual, psychological and other forms of violence had significant implications on socio-economics of households in Southlea park residential area. The councilor also supported that some parents separated and some families experienced property damages during the lockdown period due to violence caused by a lot of factors. In Kenya, it was indicated that calls for help against DV have increased due to lockdowns, a scenario that indicates increased domestic violence in households^[24].

5. Conclusion

The research assessed COVID-19 induced DV in Southlea Park residential area in Harare, Zimbabwe. The findings from this research showed that immediate causes of DV during the COVID-19 lockdown period included drug abuse, juvenile delinquency, and conflicts over decision-making between parents, prostitution and food insufficiency among others. The results of this study confirmed that DV during lockdown period in Southlea park residential area manifested in myriads of forms which encompassed emotional, physical, sexual, economic, psychological and verbal violence. The study indicated that the most dominant forms of DV in Southlea Park during the COVID-19 lockdown period included Physical, emotional and verbal violence. The findings from this study also showed that males and females were affected differently by specific forms of domestic violence. It was highlighted that males suffered more from verbal violence yet females suffered more from physical, economic, sexual and emotional violence. It was confirmed in this research that households suffered consequences of these forms of violence including property damages, stress and loss of freedom in children, divorces, violence related illnesses and increased tensions between parents among others. Basing on

these findings from this study it can be deduced that the COVID-19 lockdown led to unusual occurrence of domestic violence, a phenomenon most likely to have stemmed from unstable economics within families caused by affected sources of livelihood and the mundane of prolonged confinement of individuals at home among others. Therefore, the COVID-19 lockdown has affected attainment of SDG 2, 3 and 5 through increased hunger, compromised health and wellbeing of DV victims and gender equality violation respectively.

6. Recommendations

In light of the findings from this study the government of Zimbabwe is encouraged to ensure availability of and normal prices for basic commodities in local shops to avoid food shortages in residential areas during times of restricted movements. This is a critical need because travel restrictions and the stay at home policy restricted people in their homes and they could not work or source income from outdoor activities as usual. During the same time, prices of food stuffs were high, which brought socio-economic instabilities that triggered domestic violence. Preparedness of the health sector of Zimbabwe is of paramount importance and should be prioritized in future pandemic scenarios. If pandemic preparedness was good enough in Zimbabwe, stay at home measures would have been replaced by other measures like social distancing, fumigation and vaccinations to reduce the spread of the virus. Instead closure of companies and other economic activities were found most appropriate as the conditions in work places could not allow for social distancing at work thereby forcing reduction of workers in work places. The Zimbabwe republic police is advised to deploy police officers in temporary camps within or close to residential areas that are far from police stations to ensure public safety during situations that trigger domestic and other forms of violence in residential areas. More so, the Ministry of Women Affairs, Community, Small and Medium Enterprises Development in Zimbabwe should ensure availability of agents responsible for monitoring against vulnerability of people to gender, domestic and other forms of violence in all communities of the country especially during periods when violence is most likely to happen. This will guard against irrational abuses that takes place in residential areas.

Author contributions

Conceptualization, OM and MM; methodology, OM; software, OM; validation, OM and MM; formal analysis, OM; investigation, MM; resources, MM; data curation, OM; writing—original draft preparation, OM; writing—review and editing, OM and MM; visualization, MM and OM; supervision, MM. All authors have read and agreed to the published version of the manuscript.

Conflict of interest

The authors declare no conflict of interest.

References

1. Worku A, Addisie M. Sexual violence among female high school students in Debark, northwest Ethiopia. *East African Medical Journal*. 2002; 79(2). doi: 10.4314/eamj.v79i2.8911
2. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. *The lancet*. 2002; 360(9339): 1083-1088. doi: 10.1016/S0140-6736(02)11133-0
3. Coker AL, Richter DL. Violence against women in Sierra Leone: frequency and correlates of intimate partner violence and forced sexual intercourse. 1998.
4. Campello M, Kankanhalli G, Muthukrishnan P. Corporate Hiring under COVID-19: Labor Market Concentration, Downskilling, and Income Inequality. National Bureau of Economic Research. 2020. doi: 10.3386/w27208
5. Leslie E, Wilson R. Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. *Journal of Public Economics*. 2020; 189: 104241. doi: 10.1016/j.jpubeco.2020.104241
6. Cajner T, Crane LD, Decker RA, et al. The US Labor Market during the Beginning of the Pandemic Recession. *Brookings Papers on Economic Activity*. 2020; 2020(2): 3-33. doi: 10.1353/eca.2020.0005

7. Cowan BW. Short-run Effects of COVID-19 on US Worker Transitions (No. w27315). National Bureau of Economic Research. Olivier Coibion, Yuriy Gorodnichenko, and Michael Weber. Labor markets during the Covid-19 crisis: A preliminary view. NBER Working Paper No. 27017, 2020.
8. Kahn LB, Lange F, Wiczer DG. Labor Demand in the time of COVID-19: Evidence from vacancy postings and UI claims (No. w27061). Cambridge, MA: National Bureau of Economic Research. 2020.
9. Eslava M, Becerra O, Cárdenas JC, et al. The Socioeconomics of COVID and Lockdowns Outside Advanced Economies: The Case of Bogota Economía. 2023; 22(1). doi: 10.31389/eco.7
10. Kourti A, Stavridou A, Panagouli E, et al. Domestic Violence During the COVID-19 Pandemic: A Systematic Review. Trauma, Violence, & Abuse. 2021; 24(2): 719-745. doi: 10.1177/15248380211038690
11. Catalá-Miñana A, Lila M, Oliver A, et al. Contextual Factors Related to Alcohol Abuse Among Intimate Partner Violence Offenders. Substance Use & Misuse. 2016; 52(3): 294-302. doi: 10.1080/10826084.2016.1225097
12. de Souza Santos D, Bittencourt EA, de Moraes Malinverni AC, et al. Domestic violence against women during the Covid-19 pandemic: A scoping review. Forensic Science International: Reports. 2022; 5: 100276. doi: 10.1016/j.fsir.2022.100276
13. Maji S, Bansod S, Singh T. Domestic violence during COVID-19 pandemic: The case for Indian women. Journal of Community & Applied Social Psychology. 2021; 32(3): 374-381. doi: 10.1002/casp.2501
14. Parkinson D. Investigating the Increase in Domestic Violence Post Disaster: An Australian Case Study. Journal of Interpersonal Violence. 2017; 34(11): 2333-2362. doi: 10.1177/0886260517696876
15. Zahrán S, Shelley TO, Peek L, et al. Natural Disasters and Social Order: Modeling Crime Outcomes in Florida. International Journal of Mass Emergencies & Disasters. 2009; 27(1): 26-52. doi: 10.1177/028072700902700102
16. Adams PR, Adams GR. Mount Saint Helens's ashfall: Evidence for a disaster stress reaction. American Psychologist. 1984; 39(3): 252-260. doi: 10.1037/0003-066x.39.3.252
17. Schumacher JA, Coffey SF, Norris FH, et al. Intimate Partner Violence and Hurricane Katrina: Predictors and Associated Mental Health Outcomes. Violence and Victims. 2010; 25(5): 588-603. doi: 10.1891/0886-6708.25.5.588
18. Mak S. China's hidden epidemic: Domestic violence. The Diplomat. 2020.
19. Rauhaus BM, Sibila D, Johnson AF. Addressing the Increase of Domestic Violence and Abuse During the COVID-19 Pandemic: A Need for Empathy, Care, and Social Equity in Collaborative Planning and Responses. The American Review of Public Administration. 2020; 50(6-7): 668-674. doi: 10.1177/0275074020942079
20. Taub A. A new COVID-19 crisis: Domestic abuse rises worldwide. The New York Times. 2020; 6.
21. Piquero AR, Riddell JR, Bishopp SA, et al. Staying Home, Staying Safe? A Short-Term Analysis of COVID-19 on Dallas Domestic Violence. American Journal of Criminal Justice. 2020; 45(4): 601-635. doi: 10.1007/s12103-020-09531-7
22. Demir M, Park S. The Effect of COVID-19 on Domestic Violence and Assaults. Criminal Justice Review. 2021; 47(4): 445-463. doi: 10.1177/07340168211061160
23. Homayounieh F, Ebrahimian S, Babaei R, et al. CT Radiomics, Radiologists, and Clinical Information in Predicting Outcome of Patients with COVID-19 Pneumonia. Radiology: Cardiothoracic Imaging. 2020; 2(4): e200322. doi: 10.1148/ryct.2020200322
24. Chuku C, Mukasa A, Yasin Y. Putting women and girls' safety first in Africa's response to Covid-19. Africa in Focus. 2020.
25. Taru P. DV during coronavirus lockdown in the Zimfact. 2020.
26. Silverio-Murillo A, de la Miyar JB, Hoehn-Velasco L. Families Under Confinement: COVID-19 and Domestic Violence. Crime and Social Control in Pandemic Times. 2023; 23-41. doi: 10.1108/s1521-613620230000028003
27. Kabil M, Ali MA, Marzouk A, et al. Gender Perspectives in Tourism Studies: A Comparative Bibliometric Analysis in the MENA Region. Tourism Planning & Development. 2022; 1-23. doi: 10.1080/21568316.2022.2050419
28. Kamusoko C, Gamba J, Murakami H. Monitoring urban spatial growth in Harare Metropolitan province, Zimbabwe. Advances in Remote Sensing. 2013.
29. Baldock JW, Styles MT, Kalbskopf S, Muchemwa E. The geology of the Harare greenstone belt and surrounding granitic terrain. 1991.
30. Vinyu ML, Jelsma HA, Frei R. Timing between granitoid emplacement and associated gold mineralization: examples from the ca. 2.7 Ga Harare-Shamva greenstone belt, northern Zimbabwe. Canadian Journal of Earth Sciences. 1996; 33(7): 981-992. doi: 10.1139/e96-074
31. Nyamapfene KW. The soils of Zimbabwe. In: Monitoring urban spatial growth in Harare Metropolitan province, Zimbabwe. Nehanda Publishers; 2013.
32. Zimbabwe National Statistics Agency (ZIMSTAT). Zimbabwe Multiple Indicator Cluster Survey 2012, Snapshots of Key Findings. ZIMSTAT, Harare. Zimbabwe. 2012.
33. Gamanya R, De Maeyer P, De Dapper M. Object-oriented change detection for the city of Harare, Zimbabwe. Expert Systems with Applications. 2009; 36(1): 571-588. doi: 10.1016/j.eswa.2007.09.067

34. Mbiba B. Urban agriculture, the poor and planners: a Harare case study. In: Elgohary AF (editor). Proceedings of the 10th Inter-Schools Conference (London: UCL); 1993. pp. 129-135.
35. Puszczak K, Fronczyk A, Urbański M. Analysis of sample size in consumer. 2013.
36. Riggs DS, O'leary KD. Aggression between heterosexual dating partners: An examination of a causal model of courtship aggression. *Journal of Interpersonal Violence*. 1996; 11(4): 519-540.
37. Putra IGNE, Pradnyani PE, Parwangsa NWPL. Vulnerability to domestic physical violence among married women in Indonesia. *Journal of Health Research*. 2019; 33(2): 90-105. doi: 10.1108/jhr-06-2018-0018
38. Yari A, Zahednezhad H, Gheshlagh RG, et al. Frequency and determinants of domestic violence against Iranian women during the COVID-19 pandemic: a national cross-sectional survey. *BMC Public Health*. 2021; 21(1). doi: 10.1186/s12889-021-11791-9
39. Schokkenbroek JM, Anrijs S, Ponnet K, et al. Locked Down Together: Determinants of Verbal Partner Violence During the COVID-19 Pandemic. *Violence and Gender*. 2021; 8(3): 148-153. doi: 10.1089/vio.2020.0064
40. Mahlangu P, Gibbs A, Shai N, et al. Impact of COVID-19 lockdown and link to women and children's experiences of violence in the home in South Africa. *BMC Public Health*. 2022; 22(1). doi: 10.1186/s12889-022-13422-3
41. Chiba H, Lewis M, Benjamin ER, et al. "Safer at home": The effect of the COVID-19 lockdown on epidemiology, resource utilization, and outcomes at a large urban trauma center. *Journal of Trauma and Acute Care Surgery*. 2020; 90(4): 708-713. doi: 10.1097/ta.0000000000003061
42. Barbara G, Facchin F, Micci L, et al. COVID-19, lockdown, and intimate partner violence: some data from an Italian service and suggestions for future approaches. *Journal of women's health*. 2020; 29(10): 1239-1242.