

Community Response to Gender-Based Violence During the COVID-19 Pandemic in Lagos Metropolis

Ademuson, Adefolake Olusola¹, Ogundare, Ghaffar Opeyemi², Jawando, Jubril Olayiwola³

¹Department of Sociology, Faculty of the Social Sciences, University of Ibadan

^{2,3}Department of Sociology, Faculty of Social Sciences, Lagos State University, Ojo

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ABSTRACT

Gender-based violence is widespread, with debilitating effects on victims that hinder not only their socio-economic potential but also their overall physical and mental well-being. The impact of this issue intensified during the Coronavirus pandemic, resulting in a dual threat for victims, including the inability to seek medical assistance and report such violence to the appropriate authorities. This precarious situation is left to the mercy of community leaders and existing structures to address when it arises. This study examined the incidence rates and types of gender-based violence, vulnerable individuals and groups, victims, community responses, and community resilience during the COVID-19 pandemic. The study employs the Collective Efficacy Theory, which describes the commitment of groups to work collaboratively in achieving shared objectives and maintaining social order. A purposive sampling technique was adopted to select participants for various qualitative data collection methods employed, which included in-depth interviews (IDIs), key informant interviews (KII), and focus group discussions (FGDs). Two communities were selected in three local government areas within the Lagos metropolis: Ikeja, Mushin, and Alimosho. The study findings revealed that the incidence rate of GBV was high, most especially for women. Additionally, forms of GBV include rape, abandonment of wives and children, sexual assault or harassment, abuse of women and children, dehumanizing treatment of girls and women, neglectful attitudes towards females, and harmful traditional practices. Furthermore, the study established that cases of gender-based violence are reported in the Lagos metropolis through community agencies such as Community Development Associations, Baales, and Obas, who call families for resolution, as well as religious leaders like chief imams and pastors, among others. However, many cases of gender-based violence remain under-reported. The study concludes that various traditional structures in society, such as religious groups, traditional institutions, youth groups, and Community Development Associations (CDAs), should also be mobilized to raise awareness and enforce punitive laws regarding GBVs in Nigerian society, aiming to reduce its prevalence.

Keywords: Community Response, Gender-Based Violence, Covid-19 Pandemic, Lagos Metropolis, Community Agencies

BACKGROUND TO THE STUDY

Gender based violence has become a major social problem that has attracted local, regional, and global attention, and has been linked with reducing or increasing the propensity to attain the Sustainable Development Goals (SDGs) by 2030. This is because of its connection with the violation of human rights; it has a high economic cost, a source of discrimination, physical and psychological abuse, undermines gender equality, and could affect health and wellbeing, particularly of women and girls (Avakyan, 2017; Council of Europe, 2024). In addition, gender-based violence has also led to injuries, health complications, total paralysis, or death (European Institute for Gender Equality, 2024). All these have made the issue and phenomenon of gender-based violence a very strong social problem in human society that could undermine development in the long run.

According to the European Institute for Gender Equality (2024), gender based violence could be referred to as violence directed against an individual or group of individuals because of their gender. In an encompassing definition, the Council of Europe (2024) defines gender-based violence as any form of harm that is directed or perpetrated against an individual or group of individuals because they are perceived to be of a lower sex, gender, sexual orientation, or gender identity in society. Also, World Vision International (2024) defined gender-based violence as certain traditional attitudes that regard women as subordinate to men in society and could lead to stereotyped roles involving violence, coercion, abuse, forced marriage, dowry deaths, acid attacks, and female circumcision.

Also, the European Institute for Gender Equality (2024) sees gender-based violence as something that could likely result in physical harm, sexual harm, psychological harm, economic harm, or suffering to women. Putting into consideration the SDGs, particularly goal 5, which is to achieve gender equality and empower all women and girls, gender-based violence could undermine the attainment of Sustainable Development Goals (SDGs) by 2030; hence, the need for urgent attention concerning this phenomenon. Although both women and men could experience a certain level of gender-based violence but studies have revealed that the majority of the victims of this social phenomenon are women and girls (European Institute for Gender Equality, 2024).

Global statistics reveal that 736 million women (one in three women) experience gender-based violence, with approximately 48,800 women and girls killed by intimate partners, suggesting that over five women or girls are killed every hour by close family members (United Nations Women, 2023). Additionally, about 640 million women, representing 26 percent of those aged 15 and older, are subjected to gender-based violence, particularly by intimate partners (United Nations Women, 2023). Various forms of gender-based violence exist, including physical, verbal, psychological, emotional abuse, and economic violence (World Vision International, 2024). Other forms include domestic violence, elder abuse, forced marriage, HIV, intimate partner violence, homicide, sexual violence, and trafficking, among others.

Moreover, gender-based violence may be exacerbated by certain epidemics or other complex emergencies that are bound to have a historical existence among humans, such as the COVID-19 pandemic (Roy, Bukuluki, Casey, Jagun, John, Mabhena, Mwangi, & McGovern, 2022). During the COVID-19 pandemic, gender-based violence increased geometrically at the individual, family, and social level, particularly because of the isolation and barriers to victims to seek for help and reporting the situation (Acosta, 2020). This led to two major social problems, which are the COVID-19-related issues due to the lockdown, and also the gender-based violence issue (Oxfam International, 2021; Roy et al., 2022). This further aggravated the level of physical, emotional, health, psychological, and psychological health-related issues that affected the well-being of women during this period. Roy et al. (2022) noted that the COVID-19 pandemic had a certain effect on and increased the level of gender-based violence in many African countries, such as Kenya, Uganda, Nigeria, and South Africa.

Meanwhile, the prevalence of gender-based violence, particularly during the COVID-19 pandemic, challenged the local system of the nations concerning policies and traditions, among others. Also, during the COVID-19 pandemic, governments of nations instituted the lockdown but failed to release any official policy that could cushion the prevalence of gender-based violence in society (Roy et al., 2022). Hence, there was an increased number of calls made by the survivors to gender-based violence hotlines, particularly during the first months of the lockdown, showing a 25 – 111 percent surge (Oxfam International, 2021). Malaysia has the highest rate of over 111%. Then Colombia (79%) followed by Italy (73%), and then Africa (69%), China (50%), Somalia (50%), Tunisia (43%), Cyprus (39%), South UK (25%), Argentina (25%), among others (Oxfam International, 2024). In Nigeria, gender-based violence stands at over 23% (Education as a Vaccine, 2020).

Meanwhile, there are several policies directed to curtail gender-based violence in Nigeria such as the Constitution of the Federal Republic of Nigeria (1999) (as amended), which provides in Section 34 that every individual is entitled to respect for the dignity of his/her person and accordingly no person shall be subjected to torture or inhuman or degrading treatment. Also, the Violence Against Persons Prohibition (VAPP) Act (2015) was enacted to prohibit all forms of violence in private and public life and provides the maximum protection and effective remedies for victims and punishment of offenders and for other matters thereto. The VAPP Act is a merger of various laws and bills and an attempt to improve on the existing criminal and penal code. It provides a broad definition of what constitutes violence; it recognizes emotional, verbal, psychological, and physical

abuse and also the victim's need for rehabilitation and reintegration (Onyemelukwe, 2016; Nogzi, Iyioha & Durojaye, 2018). In addition, Section 19 (1) of the Act also provides that a person who batters his or her spouse commits an offence and is liable on conviction to a term of imprisonment not exceeding 3 years or to a fine not exceeding #200,000.00 or both. However, the statistics of gender-based violence in Nigeria, as provided by Education as a Vaccine (2020), have revealed that despite these policies, the prevalence of gender-based violence in Nigeria is still high. Hence, UNFPA (2023) focused on the provision of interventions to improve the gender-based violence policy environment in Nigeria, both at the national and state levels.

Incidentally, during the Covid-19 pandemic, victims of gender-based violence were unable to provide information or report cases of gender-based violence, particularly due to the restriction posed in the society and also for the fact that many women's rights organizations such as the World Bank, Un Women, and others with purpose of supporting women and girls have been hit by funding cuts, precisely at the time when their work was mostly needed (Oxfam International, 2021). This further increased the rate of gender-based violence, and its simultaneous effects on women were worsened by the pandemic (Oxfam International, 2021; United Nations Women, 2023).

Despite the inability to reach for help outside, several other in-community responses to gender-based violence during the COVID-19 pandemic could be identified. According to the International Organization for Migration (2020) and; National Resource Center on Domestic Violence (2024), community engagement becomes a very vital source or tool to cushion the increasing gender-based violence during the COVID-19 pandemic; hence, effective prevention and response to gender-based violence requires community cooperation and responses. The justification for the use of community engagement is that community engagement is a major strategic law enforcement tool that has a legal framework that governs society's work and code of conduct. Examples of individuals in the community that could serve as authority in handling gender-based violence issues are community leaders, religious leaders, opinion leaders, vigilante groups, women leaders, traditional leaders such as Baale, chiefs, and others, NGOs, among others (International Organization for Migration, 2020).

In Nigeria, there are also no community structures, particularly at the community level, that possess the capacity to address gender-based violence issues, particularly when they occur (Education as a Vaccine, 2020). In addition to this compounding confusion, individuals and households also do not have the capabilities to tackle gender-based violence issues in Nigeria community hence, there is the increase in the lack of understanding of rights of women and girls in the community and their subjection to the deep-rooted socio-cultural structure that sees the women and girls as a weak gender thereby subjecting them to marginalization and gender-based violence (Education as a Vaccine, 2020). Therefore, there is a need to focus on enhancing the use of the community in fighting gender-based violence in Nigeria. To this end, this study focuses on examining community response to gender-based violence during the COVID-19 pandemic in Lagos metropolis by looking at the rate of incidence and types, vulnerable individuals and groups, victims, community responses, and community resilience to GBV during the COVID-19 pandemic.

Theoretical Orientation

The study utilized the Collective Efficacy Theory by Robert Sampson, created by Sampson and associates (Earls, Sampson, & Raudenbush) in 1997, which describes the conviction that a group of people can work together skillfully to accomplish agreed-upon objectives and uphold social order. The theory strongly believes in the ability of a group or community to effectively work together to solve problems and achieve common goals. The theory of collective efficacy explains that crime is non-randomly distributed across geographic space. Collective efficacy also explains why neighborhood characteristics such as concentrated poverty and high levels of residential turnover are positively related to crime.

This theory is especially pertinent to comprehending how communities respond to gender-based violence (GBV) because it highlights the importance of mutual trust and social cohesion in resolving and preventing societal issues. The theory relied heavily on the community's members' strong bonds and shared feeling of solidarity. Highly social cohesive communities are more likely to unite in support of GBV victims and take coordinated action against offenders. Additionally, the conviction that people have in a community in relying on one another

for assistance and support in creating an atmosphere of trust encourages people to feel at ease reporting GBV and asking for assistance.

Insights into how community dynamics influence community reactions to gender-based violence (GBV) during the COVID-19 pandemic in Lagos Metropolis can be gained by applying Collective Efficacy Theory to the analysis of these responses. According to this theory, social cohesiveness, trust between people, and common expectations of control within the society are all very important. Local leadership, religious institutions, and community resources are some of the key elements that either support or impede collective action against GBV in Lagos Metropolis. For example, communities with access to resources, vibrant religious institutions, and encouraging local leaders are more likely to work together to solve GBV, offering victims the help they need and taking proactive steps to stop violence. To effectively handle GBV, religious institutions frequently act as safe havens where victims can go for support.

Furthermore, the community's capacity to respond to GBV is greatly influenced by the existence of robust social networks and encouraging institutions, such as non-governmental organizations (NGOs). Social networks make it easier for people in Lagos Metropolis to share resources and information, which makes it possible to respond to GBV situations more quickly and effectively. For victims, supportive organizations and non-governmental organizations (NGOs) offer vital services like shelters, legal assistance, and therapy. Additionally, these groups are essential to community education and awareness initiatives that work to alter perceptions and lessen the stigma attached to reporting GBV. However, a number of issues, including a lack of funding, mistrust of the authorities, and cultural practices that support gender inequity, may make these measures less successful.

METHODOLOGY

Study Location

This study was conducted in Lagos Metropolis and focused on three conveniently selected local government areas (LGAs): Ikeja, Mushin, and Alimosho. These LGAs were chosen due to their highly heterogeneous populations, which reflect the broader ethnic diversity of Nigeria. Within Ikeja LGA, the communities of Onigbongbo and Agidingbi were purposively selected; in Mushin LGA, Idi-Oro and Idi-Araba were purposively chosen; while in Alimosho LGA, Igando and Ipaja were the purposively selected communities. The diverse demographic characteristics of these communities provided a rich and representative context for understanding community responses to gender-based violence (GBV) during the COVID-19 pandemic.

Method of Research Approach

A qualitative research approach was adopted to provide in-depth insights into the complex social dynamics surrounding GBV. This approach facilitated the exploration of participants' lived experiences, perceptions, and interpretations of events during the pandemic. Data were collected through a combination of in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGDs) to achieve a comprehensive understanding of the phenomenon.

Sample Design

The study adopted a purposive sampling technique to select the participants for the different qualitative data collection methods. They were purposively selected based on the fact that they met the criteria for the study and also lived in the communities for at least 5 years or above. The choice of this category of various stakeholders was influenced by the interest in bringing to public knowledge the community response to GBV during the COVID-19 pandemic. Therefore, 5 in-depth interviews were conducted in each of the 6 communities in the three local governments, and 10 KIIs with various stakeholders. Also, 6 FGD sessions were held based on homogeneous factors and experience. The purpose of the research was explained to their leaders and the participants. Although the interview guide for the FGDs was carefully structured ahead, the responses from the participants were based on their objective and subjective reflections of their experiences of GBV during the COVID-19 pandemic.

Methods and instruments of data collection

Table 1: Methodological tools

Methods of data collection	Instruments	Sources of data	Tools
In-Depth Interviews (IDIs)	Structured interview guide	Survivors	30 (purposively selected participants based on their relevance to the study)
Key Informant Interview (KIIs)	Structured interview guide	Baale/Oba, Iya Oloja, Religious Leaders, Youth Leaders, CDC, Vigilante, Police, and Opinion Leaders	10 (purposively selected based on their relevance to the study)
Focus Group Discussion (FGDs)	Interview guide	Survivors and victims	6 (Survivors and Victims)

Data analysis

The qualitative data collected were sorted and compiled after returning from the field on each day. For the FGDs, KIIs, and in-depth interviews, the data were analyzed using NVivo 11 software. The data were transcribed and quoted verbatim from the recording in the field. Data collected were stored in separate files and coded, and later compiled and triangulated according to the nature, types, and characteristics of information received from the field. The study complied with the rules guiding research ethics and sought and obtained permission from the university ethical committee. Consent forms were administered to all the participants, and those who could read were asked to sign the consent form, while those who could not thumbprinted on the consent form. The participants were also allowed to withdraw from the study without compulsion.

Inclusion and Exclusion Criteria

Criteria Type	Inclusion Criteria	Exclusion Criteria
Residency	Lived in one of the six selected communities for at least five years	Lived in the selected communities for less than five years
Age	18 years and above	Below 18 years
Relevance to GBV	IDIs: Survivors of GBV- KIIs: Community stakeholders with relevant insights FGDs: Victims or survivors of GBV	No relevant experience with GBV (for IDIs and FGDs) or not a stakeholder
Willingness to Participate	Provided informed consent	Unwilling to participate or unable to give informed consent
Ability to Participate	Physically and mentally capable of participating in interviews or discussions	Unable to participate due to illness, psychological distress, or communication barriers

RESULTS

The study examined community response to gender-based violence during the COVID-19 pandemic in Lagos metropolis using a qualitative method to elicit and analyze information obtained. The result section is divided into five sub-sections based on the research objectives, which are presented as themes for the analysis and presentation of results as presented below.

Rate of incidence and types of gender-based violence during the COVID-19 pandemic

In terms of the incidences and types of GBV during the COVID-19 pandemic, there was a surge in the number of cases reported as the number of victims and survivors increased significantly. The majority of the participants alluded to the fact that the economy has been very harsh, with many people losing their jobs, the problem of infertility, high cost of living, and financial hardship, which were at their peak before the COVID-19 pandemic. Coincidentally, the outbreak of the COVID-19 pandemic forced people to stay with their intimate partner violence and Abusers. Also, the types of violence included physical, emotional, economic, psychological, and

environmental violence. With regards to the types of gender-based violence during the COVID-19 pandemic in these communities in Lagos State, respondents provided several responses to this effect. One of the respondents stated that:

Gender-based violence has existed for a long time in this community and has been caused by illiteracy, poverty, and laziness, and 6 out of every 10 women or girls have experienced gender-based violence in this community. However, in recent times, it has started reducing since the awareness has been intensified. People are now coming out to speak about it (IDI/Female/37yrs/Yoruba/Igando Community)

Another victim also explained thus:

For long now, GBV has seriously invaded our community, and it is often caused by misunderstanding between a man and his wife; and 4 out of 10 girls or women experience GBV in society, and it exists more among poor families and young girls and women within the ages of 16 -35. I experienced it about 5 years ago when I was in an abusive relationship with the father of my first child. He has an anger problem and will hit me over little arguments. When I realized I could no longer cope. I walked out of that relationship (IDI/Female/26 years/Ibo/Idi-Oro Community)

The rate has been on the increase in some communities even before the COVID-19 pandemic, as was expressed by a Police officer in Ipaja community.

Since 2012 that I arrived Ipaja, GBV issue has been in existence for a very long time and this is as a result of our poor societal values and some traditional practices that tend to welcome such practice in the community and it is commonly suffered by young girls, women and children and it is even reducing now, particularly since the interventions from community-based organizations and a group of volunteer lawyers that started working on the menace (KII/Female/45 years/Police Officer/Ipaja Community).

One of the opinion leaders in Onigbongbo also sheds light on the issue of the prevalence and what has been done to reduce it.

GBV has seriously increased in the community since the lockdown, when men and women were forced to stay at home without going to work because of COVID-19. However, it has reduced because of how our Baale handled the matters, which included amicable resolution of marital disputes, providing support to victims, and imposing sanctions on culprits (KII/Male/60 years/Opinion Leader/Onigbongbo community)

Regarding the types of GBV in communities, the majority of the participants in the FGDs in the six communities affirmed the existence of physical, psychological, emotional, and economic violence. In one of the FGD sessions at Agidingbi community, one of the participants, a survivor in her early 40s, explained thus:

The major forms of GBV that exist in this community are rape, child abuse, wife and children abandonment, sexual harassment, physical and verbal abuse of girls and women, domestic violence, and assault. However, with the support of NGOs and other support groups that have been working in the community, victims and survivors like me are now coming out to speak, and the CDA is monitoring the issue of GBV seriously in the community (FGD/Female/42years/Survivor/Agidingbi community)

Another participant opined that:

The major GBVs that are obvious in the community are wife battery, children abandonment, sexual assault or harassment, beating of girls and women, uncaring attitudes towards the young female and boys, and rape (FGD/Female/33years/Victim/Agidingbi community)

This implies that gender-based violence has seriously increased in communities in Lagos State, as between 3- 5 out of every 10 women or girls between the ages of 16 -45 experience gender-based violence. Several major forms of GBV that existed in communities in Lagos can further be broken down, apart from the classifications earlier, to include rape, wife battery, wife and children abandonment, sexual assault or harassment, women and child abuse, uncaring attitudes for the females, harmful traditional practices such as Oro that focus on the women

as victims, physical and verbal abuse of girls and women, domestic violence etc. However, several community-based organizations and a certain group of volunteer lawyers have been trying to curb this increasing rate of GBV in our society. This finding corroborates a previous study by Adeyemo and Bamidele (2016) that found that GBV is peculiar in all communities in Nigeria and that it is mostly associated with women's action or failure to act. Women often suffer violence due to not meeting some socially accepted standard of behaviour.

Vulnerable individuals and groups of gender-based violence during the COVID-19 pandemic

Regarding the most vulnerable individual and groups of individuals that suffer from GBV during the Covid-19 pandemic in selected communities were the poor girls and women, adolescent teenage girls, physically challenged individuals, women and girls from polygynous marriages, early marriage couples, Muslims marriages that are mostly from Hausa, Ilaje, Ijaw, Fulani, and Yoruba are the most vulnerable individuals of gender-based violence. These were affirmed by the majority of the participants in FGDs across the selected communities in Lagos State.

Below are some of the responses of the participants in the FGDs in Ipaja community:

Let me be honest with you; the issue of GBV is alarming in this community. Just like I was a victim, you find out that people hardly come out to say it. But neighbours and close family members are aware of it. It is just that people tend to mind their business in this kind of environment. In my case, my husband is very violent and hot-tempered, and that is how I have been managing him. After beating me, he would beg me, and everything would return to normal. I cannot leave him because I have three kids for him. I do not want my children to suffer (FGD/Female/25 years/Survivor/Ipaja Community)

Another participant explained thus:

The teenage and adolescent girls are the most vulnerable individuals of gender-based violence (FGD/Female/20 years/Survivor/Ipaja Community)

Another participant enthused:

Women and girls are the most vulnerable individuals to gender-based violence. Also, the disabled face gender based violence. People take advantage of them because of their conditions to violate them (FGD/Female/30 years/Victim/Ipaja Community)

A participant reiterated that the most vulnerable individuals or groups of individuals that suffer from GBV during the Covid-19 pandemic were the physically challenged individuals, making them experience double jeopardy, which is a culmination of their deprived predicament and the injustice against them. A respondent posits that:

The physically challenged individuals and groups are the most vulnerable Individuals of gender-based violence (FGD/Female/40 years/Victim/Ipaja Community)

Similarly, in the FGDs conducted at Idi-araba. The majority of the participants also alluded to the fact that adolescent girls, physically challenged, and those who married early are more prone to gender based violence.

The physically challenged women and girls are the most vulnerable individuals of gender-based violence FGD/Female/19 years/Victim/Idi-Araba Community)

Also, other responses to this effect are

People living with disability, polygamous marriages, early marriages, and others are the most vulnerable individuals of gender-based violence (FGD/Female/24 years/Victim/Idi-Araba Community)

Similarly, another participant was of the view that:

Also, freshly wedded brides, women, young girls, and those who are predominantly Muslims are the most vulnerable individuals of gender-based violence (FGD/Female/37 years/Survivor/Idi-araba Community)

Information disclosure of gender-based violence among victims during the COVID-19 pandemic

The information disclosure patterns of gender-based violence in the Lagos metropolis are presented from the interview. Several views were provided by respondents as presented below.

One can report to the Baale, who calls the families for settlement, or one could also report to the police (IDI/Female/37yrs/Yoruba/Ipaja Community)

The cases of GBV are often under-reported, particularly to the Baale, because victims are often scared of the stigmatization they may experience during or after the incident. But with regards to the police, cases of GBV are not usually reported, because victims cannot afford to pay for police (KII/Male/42yrs/Community Leader/Igando Community)

Another respondent indicated the process of reporting includes:

Cases of GBV are reported to the CDA executives who report to Baale, and Baale settles both families, irrespective of the problem (KII/Female/41yrs/Community Leader/Idi-oro Community)

Alternatively, the reason for non-disclosure of gender-based violence was attributed to:

Cases of GBV are not reported because the victims are often scared, and sometimes due to intimidation (IDI/Female/41yrs/Yoruba/Idi-oro Community)

This implies that few cases of gender-based violence in Lagos metropolis are reported through the CDA executive, the Baales and Oba who call the families for settlement, the police, and the Chief Imam, among others. However, many cases of gender-based violence remain under-reported.

Community responses to gender-based violence during the COVID-19 pandemic

According to the interviewees, there are several important reasons why incidents of GBV are often not reported despite the availability of various structures and institutions within their various communities where such cases can be reported. The fear of being stigmatized is one of the main causes. Both during and after the assault, victims frequently worry about the unfavourable societal consequences they might encounter if they come forward. This fear of rejection or condemnation by their community acts as a strong disincentive.

A respondent stated that:

There are several community structures and organizations, such as religious organizations like the Christian Association of Nigeria and Islamic Religious groups (Ansa-ru-deen, NASFAT, etc.), and traditional institutions such as Oba/ Baale in Council that exist to sometimes address it. However, often, the traditional rulers could refuse to give consent for the arrest or detention of perpetrators. In addition, the victims of rape, for example, may not show up or co-operate when there is an incident of rape since they feel they might be blamed (KII/Female/41yrs/Community Leader/Idi-oro Community)

Another focus group participant in the Idi-oro community in another location added that:

There are several community structures and organizations, such as the Community Development Committee/Association (CDA/CDC), such as WARDC, People Awareness on Health Foundation in Nigeria (PAHFIN), Virgins Pride Network, Centre for Women's Health and Information (CEWHIN), that exist that address it. But there is often police interference, family interference, and society sometimes (FGD/Male/38 years/Survivor/Idi-oro Community)

Financial obstacles also have a significant impact on this underreporting. The cost of reporting a case to the police is sometimes unaffordable for victims, which deters them from pursuing justice. Cases that are reported, however, usually go via another avenue, which is the Community Development Association (CDA) leadership, who thereafter notifies the Baale.

A respondent noted that:

I am aware of some individual volunteers, such as volunteer lawyers, certain chiefs (particularly women), and others who are championing and volunteering in providing financial support when addressing GBV in the communities of Lagos Metropolis. However, most often, there may be community leaders' interference. (IDI/Male/48years/Community Leader/Igando community)

A respondent from another study location expressed that:

Some individual volunteers and others champion and volunteer in addressing GBV in Lagos Metropolis (KII/Female/32 years/Youth Leader/Idi-araba community)

In addition, a major contributing factor to the underreporting of GBV cases is intimidation. Victims frequently feel pressurized or threatened, which makes them unwilling to disclose what happened to them. The origins of this intimidation range from a culture of silence that prevents the victims from coming forward to speak because of the stigmatization. Also, the social dynamics and power structures can prevent women and girls from speaking up. A respondent posits that:

Community structures and organizations, such as religious and traditional institutions (Oba/ Baale in Council), and Community Development Committee/Association (CDA/CDC), such as the war against Rape campaign, exist to address GBV, but little or no result has been achieved thus far. Such organizations include religious, formal networks/associations that can provide support for women and girls in the community to address GBV (KII/Male/37yrs/Youth Leader/Onigbongbo Community)

Alternatively, some participants still believe that despite the availability of these structures and institutions, the fight against the menace of GBV is heedless and unproductive. Alluding factors were fear, money problems, and intimidation, all working together to create a complicated situation in which many violent crimes go unreported and unaddressed, leaving victims in a cycle of vulnerability and silence.

No reasonable response has been noticed thus far in the fight to address GBV in Lagos Metropolis, even with these bodies and agencies out there (IDI/Female/29yrs/Igbo/Idi-oro Community)

Another respondent noted that:

Some individual volunteers, such as the convener of War Against Rape (President, League of Imams, Ipaja, Lagos), and others champion and volunteer in addressing GBV in Lagos Metropolis, and there have been good responses towards addressing GBV in Lagos Metropolis (KII/Male/48years/Religious Leader/Ipaja community)

In summary, the involvement of religious organizations like the Christian Association of Nigeria and Islamic religious groups like Ansaru-deen, NASFAT, and so forth is an example of communal reactions to gender-based violence during the COVID-19 pandemic. In order to lessen the suffering of GBV in the communities, there were established traditional institutions like the Oba/Baale in Council, the Community Development Committee/Association (CDC/CDC), such as some individual volunteers like volunteer lawyers, certain chiefs (especially women), and others were established. However, the efforts of these supplementary agencies are frequently minimized as a result of the conventional rulers becoming cogs in the fight against GBV, particularly while attempting to bring the offender to justice.

Community Resilience to gender-based violence in Lagos metropolis, Nigeria

Several important measures have been proposed to achieve community resilience against GBV in Lagos Metropolis. Programs for raising community knowledge and enlightenment are crucial, as is the availability of opportunities for obtaining occupational skills. By empowering them, these programs help lessen the likelihood that women and girls will face violence. It's also critical to train gatekeepers in the community on how to properly handle and refer GBV survivors/victims to the appropriate quarters. Victims are supported and cases are handled effectively because of this education and awareness. Promoting victim empowerment and stepping up police proactive efforts are essential first steps in fostering a supportive atmosphere where GBV is promptly and successfully addressed.

A respondent stated that:

To achieve community resilience to GBV, community enlightenment and awareness programs, and provision of vocational skills learning opportunities are very germane to cushion GBV in Lagos Metropolis (FGD/Female/32 years/Victim/Idi-araba Community)

Another respondent noted that:

Educating community gatekeepers on the proper handling and referral of cases and encouraging victims to speak up on issues relating to GBV. The Police should be more proactive in responding to the issues of violence against women and girls, thereby cushioning GBV in Lagos Metropolis (IDI/Female/29 years/Victim/Idi-oro Community)

However, various suggestions on what can be done to prevent GV were also provided by respondents. In this regard, one respondent stated that:

My suggestion to prevent GBV in society is to increase the training of the girl child on how to defend herself, and also sensitize men on the roles they can play in stopping GBV. These could be supported by various traditional structures in the society, such as deploying religious groups, traditional institutions, and youth groups, among others (KII/Female/38 years/Community Leader/Ipaja Community)

In addition, girls require more self-defense instruction, and males need to be made aware of their responsibilities in stopping violence against women and girls. These initiatives can be aided by utilizing established structures like youth organizations, religious organizations, and traditional institutions. Involving women's organizations, artisan groups, and community-based organizations (CBOs) is advised in teaching young girls the value of appropriate clothing and other preventive measures. In addition to playing a big part, traditional rulers ought to invest more of their attention on quieting offenders rather than defending the honour of their families. By working together, we can develop a comprehensive strategy to stop GBV and provide a safer environment for women and girls in Lagos Metropolis.

Another respondent noted that,

The major ways to prevent GBV is to increase the use of Community Based Organizations, women groups, artisan groups, and others in educating of young girls on self-defense and also dressing decently, and that the traditional rulers should do more about silencing perpetrators rather than honoring family names (KII/Male/45years/Community Leader/Onigbongbo Community)

Also, another respondent revealed another novel method to prevent GBV in society as provided below:

There should be relentless effort in building campaigns against GBVs, provision of continuous sensitization of community members and stakeholders on the dangers around GBVs, training of community people such as Baale, Oba, CDA on the ways to report and handle cases to the appropriate organizations (KII/Male/39 years/Youth Leader/Igando Community)

Also, another respondent noted that:

There should be use of persistent advocacies through physical materials and other channels to end this issue of GBVs, a good attention should be given to religious studies, and that men should be trained on the negative impact of different forms GBVs in the society (KII/Female/45years/Opinion Leader/Agidingbi community)

This implies that the community resilience to gender-based violence in Lagos metropolis includes community enlightenment and awareness programs and provision of vocational skills learning opportunities, educating community gatekeepers on the proper handling and referral of cases, encouraging victims to speak up on issues related to GBV, and police should be more proactive towards cushioning GBV. However, suggestion to prevent GBV in the society are to increase the use of Community Based Organizations, women groups, artisan groups, and others to train the girl child on how to defend herself, sensitize men on the roles they can play in stopping

GBV, and others supported by various traditional structures in the society such as deploying religious groups, traditional institution, youth groups, among others. It should also include the provision of continuous sensitization of community members and stakeholders on the dangers around GBV, training of community people such as Baale, Oba, CDA, use of persistent advocacies through physical materials and other channels to end GBVs, the use of religious institutions, couple with educating men on the negative impact of different forms of violence in the society.

DISCUSSION

The study examined community response to gender-based violence during the COVID-19 pandemic in Lagos metropolis using a qualitative method. The findings revealed that GBV has seriously increased in Lagos metropolis, with between 4 - 6 out of every 10 women or girls between the ages of 16 -35 experiencing gender-based violence. This supports the findings of the World Bank (2019) and the United Nations Women (2023) that at the global level, approximately 736 million women, which represents one in three women, experience gender-based violence, and over 48,800 women and girls are killed through it.

The increasing rate of gender-based violence in the present study could be attributed to the period of Covid-19 pandemic when as stated by Oxfam International (2021); Roy et al. (2022) and Acosta (2020), there was isolation and restriction hence, victims were unable to report cases leading to the increasing incidence of gender-based violence during the Covid-19 pandemic. This also supports the works of Acosta (2020) and Oxfam International (2021), with the findings of Dlamini (2021) and Roy et al. (2022), that there was a phenomenological increase in gender-based violence during the COVID-19 pandemic period in Africa, including Nigeria. This also revealed that despite several policies directed at curtailing gender-based violence in Nigeria, as provided by the Section 34 of the Constitution of the Federal Republic of Nigeria (1999), Violence Against Person's Prohibition Act (2015), and others, gender-based violence still prevail in various Nigeria society during the period of Covid-19 pandemic.

Also, several major forms of GBV that existed in Lagos metropolis are rape, wife and children abandonment, sexual assault or harassment, women and child abuse, uncaring attitudes for the females, harmful traditional practices such as Oro that focus on the women as victims, Eluku festival, physical and verbal abuse of girls and women, domestic violence. This concurs with the works of Yenilmez and Bingol (2020); Speed et al. (2020); World Vision International (2024); and Council of Europe (2024), that different types of gender-based violence exist in the society during the Covid-19 and cuts across sexual violence, domestic violence, forced marriage, harassment, violence and abuse, female genital mutilation, human trafficking, HIV, intimate partner violence, homicide, among others.

Also, adolescent teenage girls, physically challenged individuals, women and girls from polygamous marriages, early marriage couples, Muslim marriages that are mostly from Hausa, Ilaje, Ijaw, Fulani, and Yoruba are the most vulnerable individuals to gender-based violence. This supports the findings of Speed et al., (2020); Bukuluki et al. (2023), and the European Institute for Gender Equality (2024), that gender-based violence are mostly directed to the women and girls through physical, sexual, psychological, economic negative effects on the female gender that tend to significantly affect their wellbeing.

Also, a few cases of gender-based violence in Lagos metropolis are reported through the CDA executive, the Baales and Oba, who call the families for settlement, the police, and the Chief Imam, among others. However, many cases of gender-based violence remain under-reported. This concurs with the findings of Oxfam International (2021); Roy et al. (2022) and Acosta (2020) that during the covid-19 pandemic, gender-based violence increased geometrically at the individual, family and social level because of the isolation hence, victims were unable to report cases hence, the incidence of gender-based violence during the Covid-19 pandemic was under-reported.

In addition, community responses towards cushioning gender-based violence are religious such as Christian association of Nigeria and Islamic religious group (Ansa-ru-deen, NASFAT, etc), traditional Institution such as Oba/Baale in Council, Community Development Committee/Association (CDA/CDC) such as Virgins Pride Network, some individual volunteers such as volunteer lawyers, certain chiefs (particular women), among others. However, often, the traditional rulers could refuse to give consent for the arrest or detention of perpetrators, and

the victims may refuse to show up or co-operate, particularly in the case of rape. Nevertheless, to some extent, these responses from these community structures and organizations sometimes provide favorable results. This could also hamper the self-esteem and wellbeing of women and girls, thereby affecting national GDP hence, affecting the attainment of SDGs in Nigeria in the long run as stated by World Bank (2019); Acosta (2020); Dlamini (2021); Oxfam International (2021); and Roy et al. (2022).

Moreover, the community resilience to gender-based violence in Lagos metropolis includes community enlightenment and awareness programs and provision of vocational skills learning opportunities, educating community gatekeepers on the proper handling and referral of cases, encouraging victims to speak up on issues related to GBV, and police should be more proactive towards cushioning GBV. However, suggestion to prevent GBV in the society are to increase the use of Community Based Organizations, women groups, artisan groups, and others to train the girl child on how to defend herself, sensitize men on the roles they can play in stopping GBV, and others supported by various traditional structures in the society such as deploying religious groups, traditional institution, youth groups, among others. It should also include the provision of continuous sensitization of community members and stakeholders on the dangers around GBV, training of community people such as Baale, Oba, CDA, use of persistent advocacies through physical materials and other channels to end GBV, the use of religious institutions, coupled with educating men on the negative impact of different forms of GBV in the society. Drawing emphasis from the works of World Bank (2019); Acosta (2020); Dlamini (2021); Oxfam International (2021); and Roy et al. (2022), such resilience acts could cushion gender-based violence in Lagos metropolis thereby enhancing the self-esteem and wellbeing of women and girls hence, creating a significant impetus on national GDP and also having the propensity to increase the attainment of SDGs in Nigeria in the long run.

COVID-19 provides a salient lens through which to analyze interventions for gender-based violence (GBV) across urban contexts. What emerges in Lagos is suggestive of a community-based, mixed approach, in this case, traditional leaders collaborating with non-governmental organizations (NGOs), with little or no utilization of governance legal instruments, e.g., the Violence Against Persons Prohibition Act (VAPP) (Bukuluki et al., 2023). Similar cases, though, do indicate significant contextual differences. In Northern Nigeria (e.g., Kano), faith-based institutions largely manage GBV cases, thereby marginally engaging the VAPP. In comparison, the southeast of Nigeria (e.g., Enugu) corresponds to Lagos in the underreporting but shows more organized collaboration between the local governments and women groups (UNFPA, 2023). Johannesburg has strong state-funded shelters and hotlines that alleviate the problem of isolation better than Lagos, and Mumbai speaks of similar obstacles: cultural stigma and dependence on the economy contribute to low reporting rates despite the tightening of legislation (Roy et al., 2022). These comparisons highlight the uniqueness as well as the limitations of this community-based approach in Lagos, which limits the implementation of services through fragmented policy application, something that can only be solved on a case-by-case basis.

LIMITATIONS

Purposive sampling of six communities across the three Local Government Areas (Ikeja, Mushin, Alimosho) constitutes a strategically diverse yet potentially limited reflection of Lagos' heterogeneous populations, especially as it may over-represent individuals already engaged with GBV issues. Similarly, COVID-19-related data-collection constraints, such as movement restrictions and social-distancing protocols, resulted in increased reliance on telephone interviews and smaller focus-group discussions, thereby reducing access to nonverbal cues and diminishing the richness of group interaction. In addition, vulnerable populations such as the technologically illiterate elderly and survivors who do not have their own devices were underrepresented. Lastly, being in nature a purely qualitative study, the results elicit a state of contextual richness, albeit disallowing statistical representations for generalization and causal association, which in turn restricts the capacity of the study to track levels of incidence in numerical magnitudes.

CONCLUSION

In conclusion, despite the advocacy and punitive laws and the several policies to curb the menace of GBV particularly towards the women and female children in Nigeria, its prevalence is still on the increase as GBV has increased in Lagos metropolis, with between 4 - 6 out of every 10 women or girls within the ages of 16 -35 experiencing gender-based violence. Also, several major forms of GBV that existed in Lagos metropolis are

rape, wife and children abandonment, sexual assault or harassment, women and child abuse, uncaring attitudes for the females, harmful traditional practices such as Oro that focus on the women as victims, Eluku festival, physical and verbal abuse of girls and women, domestic violence.

Also, adolescent teenage girls, physically challenged individuals, women and girls from polygamous marriages, early marriage couples, Muslim marriages that are mostly from Hausa, Ilaje, Ijaw, Fulani, and Yoruba are the most vulnerable individuals to gender-based violence. In addition, a few cases of gender-based violence in Lagos metropolis are reported through the CDA executive, the Baales and Oba, who call the families for settlement, the police, and the Chief Imam, among others. However, many cases of gender-based violence remain under-reported. In addition, community responses towards cushioning gender-based violence are religious, such as the Christian association of Nigeria and Islamic religious group (Ansa-ru-deen, NASFAT, etc.), traditional institutions such as Oba/ Baale in Council, Community Development Committee/Association (CDA/CDC), such as Virgins Pride Network, some individual volunteers, among others. Nevertheless, only a few responses from these community structures and organizations sometimes provide favorable results.

Moreover, the community resilience to gender-based violence in Lagos metropolis includes community enlightenment and awareness programs and provision of vocational skills learning opportunities, educating community gatekeepers such as Baale, Oba, CDA on the proper handling and referral of cases, encouraging victims to speak up on issues related to GBV, proactive actions of police towards cushioning GBV, and use of persistent advocacy through physical materials and other channels to end GBV.

RECOMMENDATIONS

The study recommends that:

There is a need for a revisit of the policies to address the increasing scourge of GBVs in the Nigerian society.

Also, several community enlightenment and education awareness programs and provision of vocational skills for learning opportunities should be deployed towards enhancing the level of awareness and the punitive laws on GBVs in the Nigerian society.

Also, there should be a need to deploy strategies to educate the various community gatekeepers, such as Baale, Oba, chiefs, women leaders, among others, particularly on the proper handling and referral of cases concerning GBV.

Also, Community-Based Organizations, women groups, artisan groups, and others should also be involved in the provision of training for the girl child and women, and also on how they could defend themselves.

Moreover, various traditional structures in the society, such as religious groups, traditional institutions, youth groups, CDA, among others, should also be deployed to increase the level of awareness and the punitive laws on GBVs in the Nigerian society towards curbing its prevalence.

Directions for Future Research

Developing effective GBV response strategies is a complex endeavour, and the present paper identifies two priority areas for subsequent investigation. To begin with, longitudinal research is urgently needed to track community-based programs, evaluate their development, new issues, and overall success rates over prolonged time intervals. Such studies should determine whether interventions such as amicable resolution procedures administered by Baales and Obas result in durable behavioral change or whether any initial reductions in reported cases are merely transient. It is also critical to look at what supports such initiatives, whether it has to do with limited funding, community ownership, or how well they are blended into formal support systems. Second, due to the omnipresence of technology and the social isolation caused by the COVID-19 pandemic, the purpose and potential of digital reporting systems should be scrutinized explicitly in the Lagos metropolis. Future investigations could explore the feasibility, adoption rates, and effectiveness of dedicated mobile applications, online reporting portals, and encrypted messaging services in elevating reporting rates and facilitating access to support services for survivors of GBV in urban Nigerian settings.

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