

## **Behind Closed Doors: Women Experiencing Rising Family Violence Amidst COVID-19 Lockdown In Ghana**

### **Abstract**

*This study examined family violence cases during the coronavirus lockdown in Ghana. The study adopted an explanatory design and gathered quantitative data using a questionnaire from 159 women who lived with their spouses or intimate partners. The study also conducted focus group discussions to gather qualitative data. Results showed that 41% of respondents suffered sexual violence, 27% experienced psychological violence and 32% experienced physical violence. The finding showed that social isolation, loss of jobs, and boredom, which are consequences of lockdown, breed frustration in men, expressed through abusive behaviors towards women. The study recommended strengthening research and planning on novel diseases, providing temporary living arrangements for victims and those at risk of family violence, mechanisms for reporting suspected and actual abuse, and enforcement of pandemic surveillance and emergency preparedness plan. The study concluded with the optimism that the findings would stimulate further research on pandemic management and family violence.*

**Key Words:** COVID-19, lockdown, abuse, family violence, intimate partner

### **INTRODUCTION**

The novel coronavirus disease, COVID-19, first detected in Wuhan, China, is an infection with severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) that leads to febrile illness with respiratory symptoms. This disease is caused by a novel coronavirus known as the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) Ashtuti (2020). This novel disease was declared a global pandemic by the World Health Organization on March 11, 2020 (Ashtuti, 2020) because the disease was causing enormous havoc due to its novel nature. The damage caused by the disease could be observed in the scale and rate of infection and related death. The world urgently needed to study this unknown virus and find a solution. As a result, national governments resorted to total or partial lockdowns, curfews and mass quarantines, depending on their situations, as a strategy to control the spread of the virus. In Ghana, refusal to comply with government directives, mainly lockdowns, could attract court fines and prison sentences. These measures were believed to be essential to stop the further spread of the coronavirus although they ultimately proved ineffective. But for women in abusive relationships, although purported to be essential for staying alive, these measures had the knock-on effect of exposing them to another threat to their lives. Since the outbreak of COVID-19, violence against women and girls has been reported to be on the rise.

---

### **Monica Ofosu-Koranteng (PhD)**

Department of Arts and Social Sciences, College of Distance Education, University of Cape Coast, Cape Coast, Ghana

**E-mail:** [mofosu-koranteng@ucc.edu.gh](mailto:mofosu-koranteng@ucc.edu.gh)

These women were exposed to and trapped with their abusive partners throughout the lockdown. For such vulnerable women, more time spent at home with abusive partners most likely meant enduring mistreatment of different kinds from their perpetrators. The UN women note that emerging data and reports from those on the front lines show increases in various types of violence against women and girls during the COVID-19 lockdown, predominantly domestic violence (UN Women 2020).

Additionally, it is estimated that during the COVID-19 global lockdowns, one in three women worldwide experienced physical or sexual violence, primarily by an intimate partner (UN Women, 2020). The Secretary-General further warned that while many more people were told to stay at home, the threat loomed largest for some. Women, in particular, suffered different forms of domestic abuse and violence within the walls of their homes. Instead of being a haven, the home environment became a place of violence, with victims and perpetrators living under the same roof. The upsurge in domestic violence during the COVID-19 pandemic reflects what usually happens during global pandemics. Some authors have established that family violence takes an upward turn during pandemics due to more exposure to exploitative and toxic behaviors, availability of few support options, economic stress, and instability resulting from disaster (Peterman et al. 2020). Family violence refers to all actions and attitudes that constitute threatening or violent behaviors among people within a family or a family-like relationship (Peterman et al., 2020; Van Gelder et al., 2020). These violent behaviours may be physical, sexual, psychological or economic, including child abuse and intimate partner violence (Peterman et al., 2020; Van Gelder et al., 2020).

For this study, family violence refers to all forms of violent behaviors women suffered at the hands of male persons with whom they live together within the context of a marriage or a marriage-like relationship. This kind of family violence could include the use of force and power, either actual or threatened by an intimate partner. It is also recognized that using such force and control can lead to deprivation, harm and, in some cases, death. The study adopts the definition of family violence by Alpert et al. (1997) to include intentional intimidation, physical or sexual abuse, and battering by a family member. Since the beginning of quarantines and lockdowns resulting from the emergence of the COVID-19 pandemic, reports of violence against women have increased globally, perpetrated mainly by intimate partners. This paper examined how the COVID-19 lockdown in Ghana influenced family violence, the causes, and the implications for future pandemics and other emergencies. In the course of the study, it emerged that respondents were unwilling to talk about their experiences with family violence for two reasons. Firstly, respondents perceived such information as sensitive, and secondly, they preferred to conform to society's expectations of couples to act happy and keep all abusive issues secret. The author assured respondents about confidentiality and anonymity and explained to them that they did not have to provide their names or any other information which could lead or point to anyone else either directly or indirectly.

### **Problem statement**

The coronavirus pandemic compelled governments to institute mechanisms to halt the further spread and transmission of the virus and keep their citizens safe. Such mechanisms included

total or partial lockdowns of countries. Consequently, citizens were required to stay in their homes and not mingle with those not members of their households.

Other researchers have found that mechanisms resulted in the increased perpetuation of violence against women within the confines of their homes, mainly by an intimate partner.

Although family violence increased during the COVID-19 lockdowns, there is limited or no information on the forms of violence and why they occurred. Using data from Ghana, this research article sought to find out the following:

- the forms of family violence that occurred during the COVID-19 lockdown in Ghana
- the causes of such violence and;
- Implications for future pandemics and other emergencies.

## **LITERATURE REVIEW**

Current understanding of the emergence of COVID-19 is limited. However, Yee et al. (2020) have indicated that this novel coronavirus which causes an acute illness with severe symptoms, was isolated in Wuhan, Hubei province in China. This unknown virus is the seventh identified human coronavirus Zhu et al. (2020). The genetic composition of this virus resembles the 2003 Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) and the 2012 Middle East Respiratory Syndrome (Zhu et al. 2020). The novel coronavirus COVID-19 can be transmitted among humans in several ways (Ahmad et al., 2020).

Firstly, human-to-human transmission of the novel coronavirus occurs through direct contact, aerosols (World Health Organization 2020) and droplets generated through sneezing, coughing and speaking (Singhal, 2020). Secondly, the virus spreads through asymptomatic patients or during incubation (Singhal, 2020). Based on this information and in the wake of the United Nations declaring COVID-19 a global pandemic, national governments resorted to partial or total lockdowns as one of the ways of restricting the human-to-human contact that facilitate the spread of the virus by both symptomatic and asymptomatic patients.

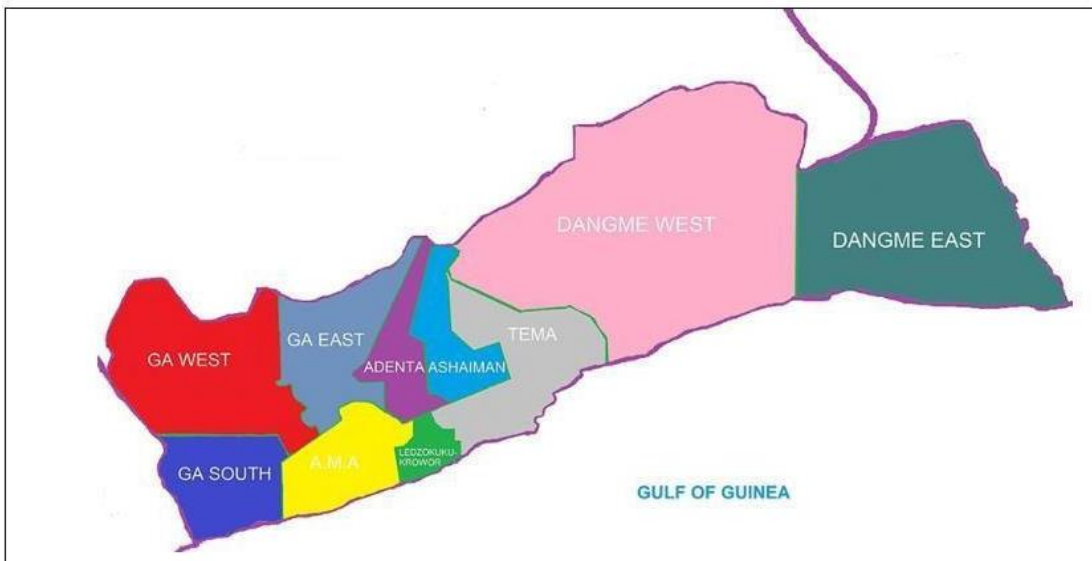
While this approach was designed to be in reducing the virus's global spread, it created unanticipated threats and challenges. In the wake of these lockdowns, news headlines began to report increasing global incidences and cases of family violence against women in different parts of the world. In the Middle East and North Africa, Tunisia's Women's Affairs Minister sounded the alarm on the increasing number of domestic violence cases during the coronavirus lockdown, stating that existing numbers have increased fivefold (Shahatit 2020). In Turkey, women's rights activists such as the 'We Will Stop Femicide Platform' reported that there had been more family violence cases in the country since the beginning of the lockdown (Unker & Bellut 2020). This is shown in the significant increase in people calling their domestic violence hotlines (Unker & Bellut, 2020). Lebanon recorded a 20% increase in family violence cases after the government instituted lockdown measures in March 2020. Europe was not left out as France's Secretary of State for Gender Equality revealed that reports on family violence during the lockdown increased by 32% countrywide and 36% in Paris alone (EURACTIV Network 2020). In Australia, a survey on domestic violence using frontline workers as respondents showed that 40% of the workers reported increases in the request for help, and 70% reported increases in the complexity of cases (Lattouf 2020).

Scholars have attempted to establish the relationship between family violence and lockdowns resulting from global pandemics. Firstly, Van Gelder et al. (2020) explains that social isolation measures implemented globally to slow down the rate of infections exacerbated the personal and collective vulnerabilities of people already living in volatile situations for family violence in their homes. Data from countries such as Australia, Brazil, China and the United States shows increases in intimate partner, women, and children violence due to quarantines and isolation (Campbell 2020; Peterman et al. 2020; Van Gelder et al. 2020). This study notes that social isolation and quarantines, which required families to remain in their homes, created the atmosphere for existing abusive relationships to explode by constantly bringing abusers and the abused in close contact without the opportunity for the abused to seek help and support. Hence the increase in family violence and domestic violence figures globally. Secondly, economic stressors emanating from the loss of jobs during the pandemic paired with potentially harmful coping strategies can work together and lead to or cause family violence van Gelder et al., (2020). The study notes that economic stressors, the adverse psychological effects of isolation and quarantines, and harmful coping mechanisms such as excessive drinking and smoking could result in new family violence cases or increases in homes where family violence already occurs.

## RESEARCH METHODOLOGY

### *Study sites*

The study was conducted in Ghana's Greater Accra Region and Greater Kumasi areas. The two locations were the most affected areas in Ghana during the COVID-19 pandemic. These two locations were thus the only places in Ghana that went into a total lockdown. The author thus recognizes that the study's objectives would be better achieved if the two most affected lockdown locations shown in figures 1 and 2 were studied.



*Figure 1: Map showing the Greater Accra Region*

*Source: Wikipedia Commons 2022*

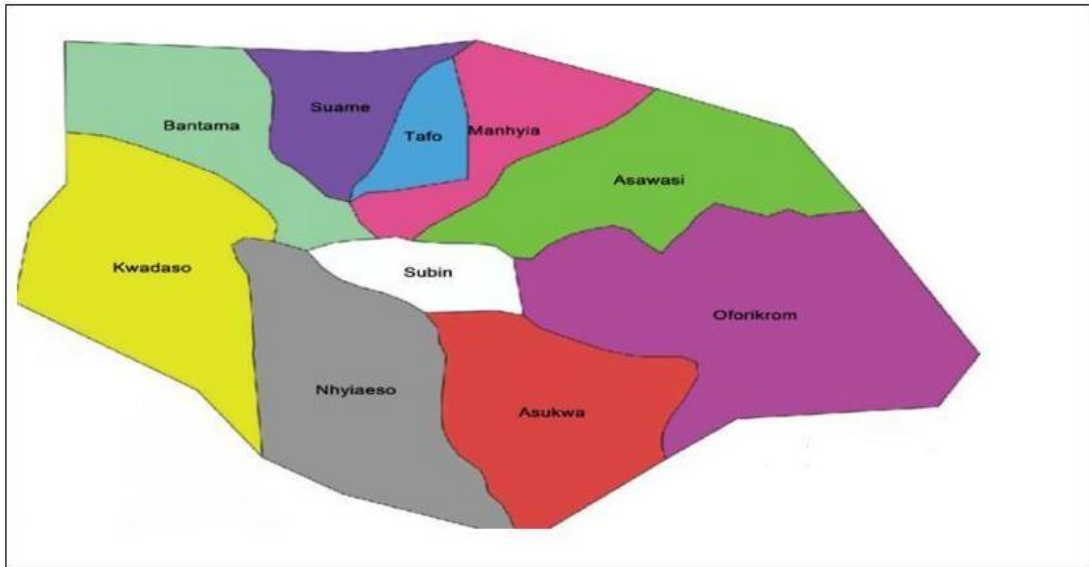


Figure 2: Map showing the Greater Kumasi Area

Source: Otoo et al., 2019

## ii. Study design

The study adopted the explanatory approach due to the lack of information on the coronavirus lockdown and its effect on family violence in Ghana. No accessible published evidence was found on the subject of study in comparable situations elsewhere. Consequently, the current study was conducted with as few preconditions as possible, no specific framework for analyzing family violence, and no pre-identified theory tested.

## Study instruments

A questionnaire solicited quantitative data from married women regarding their experiences with family violence during the COVID-19 lockdown. Google forms were used to structure the questionnaire. It was sent to platforms of identified women's associations within the greater Kumasi area and Greater Accra region. Specific associations that were purposively selected were:

- Hairdressers and Beauticians association
- Tailors and dressmakers association
- Bankers associations
- Market women's associations
- Teachers Associations

A focus group discussion guide was used to collect data from some members of the identified associations selected through simple random sampling. The discussions generated qualitative data on women's experiences with family violence during the COVID-19 lockdowns and the possible factors that led to their occurrence. Two focus group discussions were held, one at each study site. Focus groups consisted of eight members in each group. Women who participated in the focus group discussions did not participate in the quantitative data collection. Each discussion started with predefined questions to guide the direction and kick-start the

conversation. The discussions did not require the women to respond to specific confidential and sensitive features and aspects of their lives, which may be vital to understanding family violence. Instead, the women mentioned various types and forms of family violence they experienced during the lockdown. They explained the causes of family violence as they saw it in their respective households

### *Study respondents*

The study comprised 159 married women who provided quantitative data on their experiences and incidences of family violence during the coronavirus lockdown in Ghana. A total of 93 women representing 59% of total responses, were from the Greater Kumasi area, while the remaining 66 women, representing 41%, came from the Greater Accra region.

In addition, sixteen women, eight from each study site, participated in the focus group discussion to provide qualitative data for the study.

### *Inclusion and exclusion criteria*

Respondents included in the study were married or living in a male-headed household, lived in a community affected by the COVID-19 lockdown and were of legal age of 18 years. Unmarried women who did not live in a male-headed household and did not belong to any of the identified associations were excluded. In each group, one association member was identified and trained to guide other members willing to participate in the study to fill out the google forms; 159 women responded to the questionnaire.

### *Data analysis and presentation*

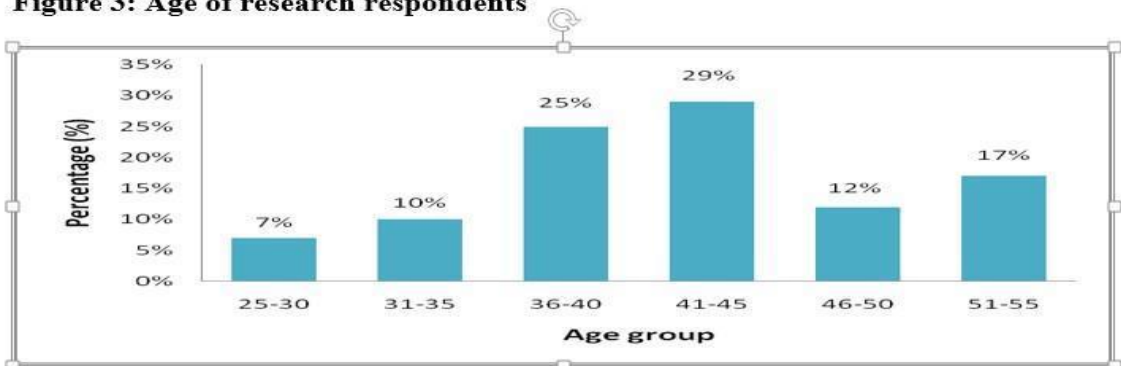
Quantitative data generated from the questionnaire were extracted from the google forms into a spreadsheet and entered into the Statistical Package for Social Science (SPSS) for analysis. The results were presented using graphs and tables. The qualitative data from the focus group discussions were transcribed, analyzed, and transformed into a concise summary of relevant results and findings using the content analytical steps.

## **RESULTS & DISCUSSION**

### *Age and marital status of research respondents*

The study interviewed 159 women to establish whether the COVID-19 lockdowns resulted in family violence in their respective households. All the research respondents were between twenty-five (25) and fifty-five (55) years of age. The specific breakdown is shown in figure 3

**Figure 3: Age of research respondents**



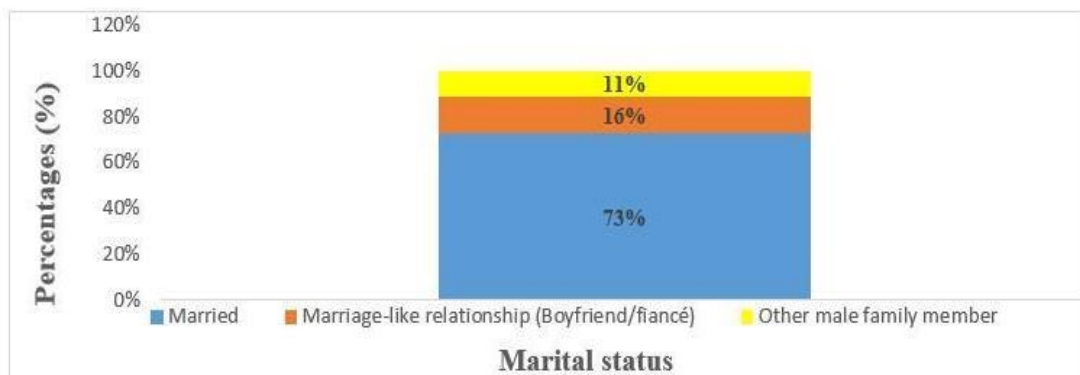
From figure 3, the age range of the women in the study is from 25 years to 55 years. Most women are between the ages of 41-45, representing 29% of the respondents.

This finding differs from those reported by the Domestic Violence Report on Ghana. In that report, the Institute for Development Studies et al. (2016) found that in Ghana, women in the youngest age category (15-19 years) recorded the highest levels of violence: 37.5%. The variation between this study's findings and the domestic violence report can be explained two-fold. First, in this study, the emphasis was on women who are married or in marriage-like relations. Therefore, girls between the ages of 15-19 years could not be included because, by law, girls below 18 years are not permitted to marry in Ghana. Secondly, girls aged 19 years are usually in school and unmarried. Hence the disparity in the findings for girls.

**Marital status**

The marital status of women is an essential factor in their likelihood of being exposed to or being victims of family violence, as well as the type and form of violence they experience. Some scholars have argued that within the domestic arena, the unequal power relations between men and women give rise to different forms of violence against women (Ozpinar et al. 2016). In traditional patriarchal societies, existing structures provide different cultural hierarchies and other activities for men and women (Gölge et al. 2016), within which violence perpetrated by men against women is perceived as a demonstration and strengthening of the man's position and power as household head. Hence, the study looked at the marital status of respondents. The findings showed that 73% of women were married, 16% were in a marriage-like relationship, and 11% lived with other male family members. This is shown in figure 4.

**Figure 4: Marital status of study respondents**

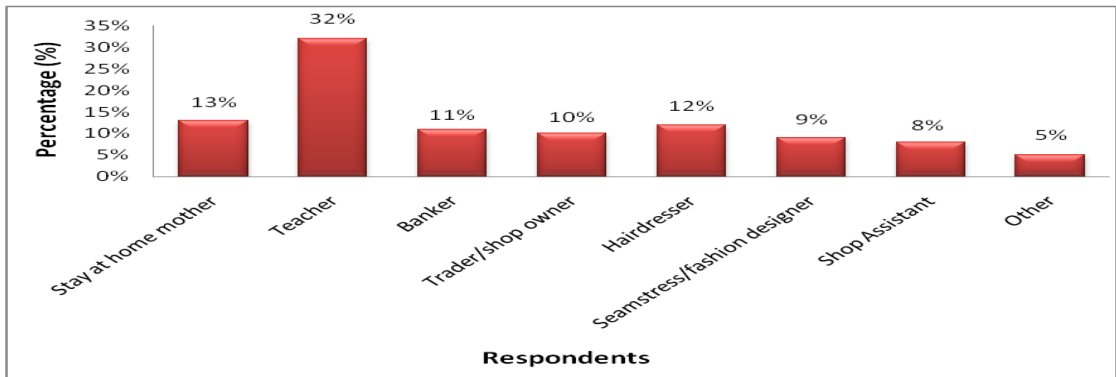


**iii. Employment status**

A theory put forward by marital dependency theorists to explain the relationship between violence against women and their participation in the labor market is that employed women are less likely to tolerate and be victims of abusive behaviors because they depend less on their partners (Vyas & Watts, 2009; Kalmuss & Straus, 1990; Straus, Gelles, & Steinmetz, 1980; Strube & Barbour, 1983). The resource theory, a recognized framework for studying family power, is based on the understanding that resources consist of anything an individual family member can offer another to help them obtain their needs or attain a goal (Hesse-Biber & Williamson, 1984). Accordingly, the respective member of the family who can offer the highest

resource has the greater power within the family unit (Hesse-Biber, & Williamson, 1984). Thus, the power imbalance created by the imbalance in access and ownership of resources can lead to violence (Villarreal, 2007). The study, therefore, collected and analyzed data on the respondents' employment status. The results showed that respondents participated in the labor market in different capacities. A total of 32% were teachers, and 12% were hairdressers. The remaining respondents worked in other sectors, as depicted in figure 5.

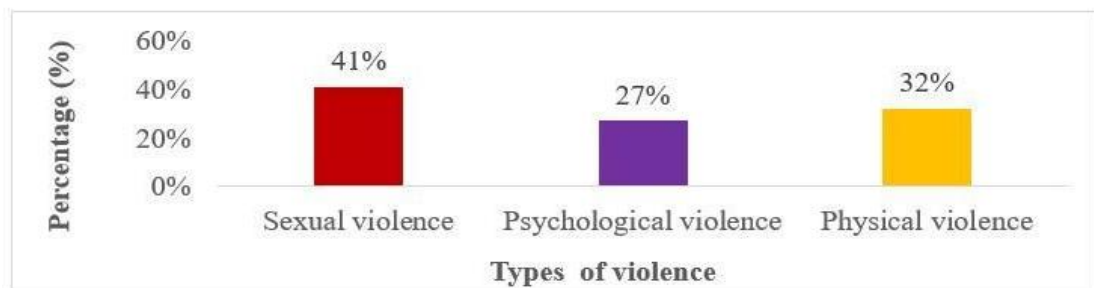
**Figure 5: Employment status of study respondents**



*iv. Types and forms of violence reported by research respondents*

The women who responded to the questionnaires reported different forms of family violence per the three primary forms of violence identified by the current study. These were sexual, psychological and physical violence. Respondents were first requested to indicate which identified forms of violence they experienced while under lockdown. The result is shown in figure 6

**Figure 6: Types of violence experienced by the research respondents**



From figure 6, the leading form of family violence experienced by the study respondents was sexual violence. A total of 41%, representing more than a third of respondents, indicated experiencing sexual violence during the COVID-19 lockdown in Ghana.

Sexual violence is defined as all forms of unwanted sexual acts, such as sexual advances, comments and other coercive actions directed at an intimate partner to forcefully get them to engage in sexual acts perceived to be humiliating or degrading (Burelomova et al., 2018, GarciaMorena et al. 2015). In this non-consensual sexual act, women reported incidences of forced sex and unwanted sexual advances.

The second most common form of family violence experienced by the respondents was physical violence. This accounted for 32% of total responses. Physical violence means using physical force to inflict pain, injury and suffering on victims (Burelomova et al., 2018). The respondents indicated slapping, beating, pushing and shoving as the kind of physical violence they experienced. The study defines psychological violence as all offensive, humiliating, or degrading acts targeted at another, usually verbal, and may include threats, restrictions, ridicule, and withholding of affection (Burelomova et al., 2018). Of the number that responded, 27% indicated psychological violence through threats, insults, restrictions and withholding of affection.

**Table 1: Types and forms of abuse suffered by research respondents**

No.	Type of abuse	Percentage reported	Form of abuse
1	Sexual violence	41	Forced sex, unwanted sexual advances
3	Physical violence	32	Slapping, beating, pushing, shoving
4	Psychological violence	27	Threats, insults, restrictions, withholding affection

**Discussions and explanations regarding why and how family violence occurred**

The respondents associated the violence they experienced with three main factors. Firstly, being locked down in the house without possibly going out, meeting friends, and socializing was frustrating. The focus group discussants added that the frustration was compounded by men losing their jobs and being unable to earn incomes to feed their families and perform their gender roles as expected. Hence the helplessness men felt was expressed negatively through the perpetuation of violence towards their spouses or intimate partner within the domestic arena.

Secondly, the women noted that the boredom of idling in the house without being able to do what they usually do makes men more susceptible to abuse. In the case of the lockdowns instituted as mitigation measures against the spread of the coronavirus, men who were caught up found their spouses and intimate partners easy targets for expressing their frustration. Thus, many women experienced violence from their spouses and intimate partners.

Thirdly, closely linked to these factors is that there already existed a tendency for domestic violence, which was never addressed. The focus group discussants reported family structures, the power inequality and imbalance in the family before the COVID-19 pandemic and the

subtle societal acceptance of husbands using violence against their wives to exert power and authority as some of the reasons for the violence they experienced. For these respondents and discussants, the COVID-19 pandemic lockdown in Ghana was a catalyst that brought acts of violence, which were already lurking below the surface, waiting for the opportunity to surface. This explanation, however, is in no way justifying the actions of frustrated and helpless men who chose to commit acts of violence when the whole world was already suffering and going through pain for several reasons emerging from the coronavirus pandemic. Neither is it meant to negate the effects and possible lifelong consequences of the acts of violence on victims. Instead, the objective is to draw attention to different forms of human behavior that may arise when people are indefinitely confined to a limited space where they are isolated from the healthy benefits of actual human physical contact, connections and socialization. This explanation also serves as a platform to open a deeper academic discourse on whether strategies such as lockdowns and curfews are effective. These confinement measures, which resulted in the isolation of humans from each other, were deemed workable and sustainable in the face of unforeseen global emergencies such as the COVID-19 pandemic. Indeed, a study notes that social isolation per se may not present only negative consequences as those already discussed but also lead to some positive effects, such as the need to belong and thus promote the renewal of social connections.

### **What are the implications of the study's findings for future pandemics?**

Based on the discussions above, the study participants deliberated on the implications of findings for future pandemics. These implications are perceived as critical ingredients for preparing and mitigating the effects of future pandemics whenever they occur.

#### ***i. Implications for planning and research***

Planners and researchers have always stressed that family violence could be prevented or dealt with because the causes are known and well-established. Of course, no one could have predicted the emergence of the COVID-19 pandemic and the toll and disruption it brought to the global population. Perhaps this is a wake-up call for stakeholders, including governments and gender advocates, on the need to look beyond what is known on the subject of family violence towards what is still unknown. Thus, the need to widen the scope of the studies, research and discussions on family violence at the local and national levels. This requires investments in financial, human capital and infrastructure suitable for developing, managing and maintaining robust research at all operational levels. Such research work requires a collaborative approach to encourage bridging the gap between researchers, industry and practitioners.

#### ***ii. Implications for the provision of alternative and temporary living facilities for victims and those at risk***

The overwhelming need to create different avenues for victims of domestic violence to report and receive the coronavirus pandemic and the accompanying lockdowns have adequately evidenced assistance. In some countries, dedicated hotline numbers were available to receive calls from victims. But the limitations to this strategy arise if women have no access to secure telephone lines or private call time. For these reasons, the study anticipates the need for institutions responsible for dealing with family violence issues, such as the Domestic Violence

and Victims Support Unit of the Ghana Police Service, to embark on house-to-house visits to ascertain for themselves and gather firsthand information on reports and suspected cases of domestic violence during the coronavirus lockdowns and provide the necessary support and interventions. Again, available shelters for domestic violence victims should continue to operate during the pandemic. Indeed, these shelters need to be expanded to accommodate new victims until remedial action is taken and they can safely return home. Inevitably, this calls for collective action between government, the private sector and individuals, and appropriate personnel and organizations resourcing.

***iii. Implications for the provision of alternative modes for reporting actual or suspected violent cases***

In recent times, the fast growth rate and access to telecommunication services and devices, including their use for different purposes, indicate how lives have changed. Telecommunication devices are now being used for activities such as accessing banking services and organizing meetings. More people have access to these devices, such as mobile phones and computers. The research notes that with such devices within reach, they could be used to report abuse if efficient hotlines are made available. With this approach, family violence victims could rely on such devices to call for reliable support and help in the case of unforeseen emergencies and pandemics. This implies that information on hotline numbers to call should work effectively and efficiently. Monitoring existing vulnerable and volatile situations during emergencies will help reduce the incidence of family violence during pandemics and other emergencies. This requires a database of such vulnerable victims even before the onset of emergencies.

***iv. Implications for surveillance and emergency preparedness***

Let's suppose that COVID-19 has taught the world many lessons. In that case, it has brought the need for continuous and uninterrupted systems that look for ongoing patterns of disease occurrence and the potential for developing novel diseases. Surveillance is also necessary to ensure that up-to-date and informative disease control mechanisms, prevention and containment strategies are available to provide real-time information which is accessible in real-time. The World Health Organization (WHO) notes that an effective surveillance system is essential to detecting outbreaks quickly before they spread, cost lives and become difficult to control.

## **CONCLUSION**

To date, global pandemics have emerged to the surprise of stakeholders. Addressing these pandemics has also seemed arduous for national governments and international communities, mainly because countries do not plan for such unforeseen emergencies. Unfortunately, when such emergencies as global pandemics are not adequately addressed in real time due to challenges ranging from financial, infrastructural, personnel and other logistics, development takes a downward trend. People living on the fringes of poverty are pushed deeper into the already bad and chaotic situation where they find themselves. In this paper, the author has established that for women living and suffering abuse from their intimate partners, emergencies such as the coronavirus pandemic and lockdowns exposed them to more abuse, increasing family violence cases in Ghana. The author has discussed the abuses suffered by women

respondents in the study and how violence perpetrated has been justified, establishing the interrelationships between recorded acts of violence and the coronavirus lockdown. The author then explained the usefulness of planning and research, reporting mechanisms and approaches, alternative living spaces for victims of violence and surveillance as some means of preparing for pandemics. The author hopes that the issues raised in this study and the accompanying reviews will stimulate interest in researchers and academics to contribute to the existing literature and body of knowledge on how pandemics exacerbate the family violence women suffer at the hands of their intimate partners.

## REFERENCES

- Ahmad, T., Khan, M., Haroon, T. H. M., Nasir, S., Hui, J., Bonilla-Aldana, D. K., & Rodriguez- Morales, A. J. (2020). COVID-19: Zoonotic aspects. *Travel medicine and infectious disease*, 36
- Al-Awsat, A. (2020). Seek Help, Say Middle East Women's Groups as Domestic Violence Surges. Asharq Al-Awsat. Retrieved from <https://english.aawsat.com/home/article/2221751/seekhelpsay-middle-east-womens-groups-domestic-violence-surges> accessed 4th July 2022
- Alpert, E. J., Cohen, S., & Sege, R. D. (1997). Family violence: an overview. *Academic Medicine*, 72(1)
- Astuti, I. (2020). Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2): An overview of viral structure and host response. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(4), 407-412.
- Bernard, M. L., & Bernard, J. L. (1983). Violent intimacy: The family as a model for love relationships. *Family Relations*, 283-286.
- Burelomova, A. S., Gulina, M. A., & Tikhomandritskaya, O. A. (2018). Intimate partner violence: An overview of the existing theories, conceptual frameworks, and definitions. *Psychology in Russia: State of the art*, 11(3), 128-144.
- EURACTIV Network (2020). Domestic violence increases in France during COVID-19 lockdown <https://www.euractiv.com/section/politics/news/domestic-violence-increases-in-franceduring-covid-19-lockdown/> accessed July 4, 2022.
- Greater Accra districts.jpg. (2022). Wikimedia Commons, the free media repository. Retrieved January 17th 2023 [https://commons.wikimedia.org/w/index.php?title=File:Greater\\_Accra\\_districts.jpg&oldid=704874073](https://commons.wikimedia.org/w/index.php?title=File:Greater_Accra_districts.jpg&oldid=704874073).

- García-Morena, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., & Watts, C. (2015). Addressing violence against women: a call to action. *The Lancet*, 385(9978), 1685-1695.
- Greater Accra districts.jpg. (2022). Wikimedia Commons, the free media repository. Retrieved January 17th 2023  
[https://commons.wikimedia.org/w/index.php?title=File:Greater\\_Accra\\_districts.jpg&oldid=704874073](https://commons.wikimedia.org/w/index.php?title=File:Greater_Accra_districts.jpg&oldid=704874073).
- Gölge, Z. B., Sanal, Y., Yavuz, S., & Arslanoglu-Çetin, E. (2016). Attitudes toward wife abuse of police officers and judiciary members in Turkey: Profession, gender, ambivalent sexism and sex roles. *Journal of family violence*, 31(6), 785-796.
- Hesse-Biber, S., & Williamson, J. (1984). Resource theory and power in families: Life cycle considerations. *Family Process*, 23(2), 261-278.
- Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences*, Brighton: IDS
- Kalmuss, D. S. (1990). *Wife's Marital Dependency and Wife Abuse*. MA Straus and RJ Gelles (eds.) *Physical Violence in American Families*. New Brunswick.
- Lattouf, A. (2020). Domestic violence spikes during coronavirus as families trapped at home. <https://10daily.com.au/news/australia/a200326zyjkh/domestic-violence-spikesduringcoronavirus-as-families-trapped-at-home-20200327> accessed March 28, 2020.
- Nurşen, A. D. A. K., ELMAS, Ç., & KUŞOĞLU, G. C. (1980). Does Marital Status Affect Violence Against Women? A Perusal on Turkey. *SüleymanDemirel Üniversitesi FenEdebiyat Fakültesi Sosyal Bilimler Dergisi*, (54), 149-164.
- Otoo, D., Sebil, C., Kessie, J. A., & Larbi, E. (2019). Probabilistic Distance, Capacity Clustering Location Model of a Semi-Obnoxious Facility, a Real Case of Tafo, Kumasi, Ghana. *American Journal of Operations Research*, 9(03), 146.
- Özpinar, S., Horasan, G. D., Baydur, H., & Canbay, T. (2016). Factors affecting the views and experiences of women living in the city center of Manisa, Turkey, regarding domestic violence. *Australian journal of primary health*, 22(5), 466-47.
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and violence against women and children* (Vol. 528). Washington, DC: Center for Global Development.

- Shahatit, M. (2020). Coronavirus fuels domestic violence in the Middle East <https://www.dw.com/en/coronavirus-fuels-domestic-violence-in-the-middle-east/a52991848> accessed 10th April 2020.
- Singhal, T. (2020). A review of coronavirus disease-2019 (COVID-19). *The Indian journal of pediatrics*, 87(4), 281-286.
- Strube, M. J., & Barbour, L. S. (1983). The decision to leave an abusive relationship: Economic dependence and psychological commitment. *Journal of Marriage and the Family*, 785-793.
- Ünker P and Bellut D (2020) Domestic violence rises in Turkey during the COVID-19 pandemic. *Deutsche Welle (DW)*, April 10 2020, <https://www.dw.com/en/domestic-violence-rises-inturkey-during-covid-19-pandemic/a-53082333> April 10 2020
- Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*, 21.
- Villarreal, A. (2007). Women's employment status, coercive control, and intimate partner violence in Mexico. *Journal of Marriage and Family*, 69(2), 418-434.
- Vyas, S., & Watts, C. (2009). How does economic empowerment affect women's risk of intimate partner violence in low and middle-income countries? A systematic review of published evidence. *Journal of International Development: The Journal of the Development Studies Association*, 21(5), 577-602.
- Watts, C., & Zimmerman, C. (2002). Violence against women: global scope and magnitude. *The Lancet*, 359(9313), 1232-1237.
- WHO Novel Coronavirus (2019-nCoV); Situation Report—12; WHO: Geneva, Switzerland, 2020
- Yee, J., Unger, L., Zadavec, F., Cariello, P., Seibert, A., Johnson, M. A., & Fuller, M. J. (2020). Novel coronavirus 2019 (COVID-19): Emergence and implications for emergency care. *Journal of the American College of Emergency Physicians Open*, 1(2), 63-69.
- Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., & Tan, W. (2020). A novel coronavirus from patients with pneumonia in China, 2019. *New England Journal of Medicine*.