

REVIEW ARTICLE

No Lockdown for Domestic Violence during COVID-19: A Systematic Review for the Implication of Mental-Well Being

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ABSTRACT

Since the alarming situation of the COVID-19 pandemic the devastating character in spheres like suicide, domestic violence, mental disorders, anxiety, and depressive disorders are increasing worldwide. Domestic violence against women and girls particularly has intensified. This systematic review paper examines the reasons behind the surge in the domestic violence during COVID 19 and recommends interventional strategy for mental well-being. The online databases Google Scholar, PROQUEST, PubMed, and Science Direct were systematically reviewed for studies focused on domestic violence during COVID 19. The search covered the period till August 2020. A total of 18 publications met the inclusion criteria. The results have shown that the pandemic is one of the major factors for surge in domestic violence. Other causes are economic crisis, forced lockdown, fear of having disease, unemployment, congested houses and limited source of facilities for victims. The most common type of violence in number of publications identified was violence on women whether married, unmarried, working or non-working. It is concluded that mental and physical health practitioners execute the suggested implementation program nationwide to facilitate victims of domestic violence for better well-being. Moreover the government should take strict actions to stop the surge of cases in this regard.

Key Words. *COVID-19, Domestic Violence, Intervention Plan, Mental-Well Being.*

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Introduction

Since the outbreak of the COVID-19 pandemic, many countries have enforced lockdown to control spread of virus and to prevent collapse of health systems of the countries.¹ The ambiguity and unpredictability of COVID-19 not just affects the physical health of an individual but causes multiple psychological issues.^{2,3} Domestic violence (DMV) occurs where one individual holds power over other. Addressing the issues of domestic violence and mental health is not only a national responsibility but it must be a global public health priority. According to the Center for Disease Control and Prevention, yearly, one in four women is victimized by intimate partner in the form of physical or sexual abuse and one in ten men

experience domestic violence in their lifetime.^{4,5} DMV is a broad term which usually comprises of intimate partner violence (e.g., sexual, physical, psychological violence), elder abuse (e.g., negligence and lack in palliative care) and child abuse (e.g., beating, shouting, physical, sexual and emotional harm).^{5,6} DMV has no boundaries; it affects all demographics equally, though in many cases culture plays a significant role⁷, as prevalence rate of domestic violence is associated with socio-economic factors including inflation rate, poverty, employment status, homelessness and other financial burdens.⁸ Literature has shown that DMV tends to escalate during emergencies. The purpose of this review is to identify the reasons behind the surge in the domestic violence during COVID 19 and propose interventional strategy for mental well-being.^{4,8,9,10,11,12}

Materials and Methods

The existing literature was searched through the period of December 2019 to August 2020 with English language publications across the databases of Google Scholar, PROQUEST, PubMed, and Science Direct. Initially, all studies having key words

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“Intimate Partner Violence” OR “Domestic Violence” AND “COVID-19” in abstract or in title of study were searched. Only those publications were selected that met the inclusion criteria of being published or accepted for publication before August 2020 at the time literature search was performed, and reported different types and reasons for domestic violence.

Results

The overview is presented in Figure 1 of PRISMA Flow Diagram of DMVviolence. The number of studies finally included were eighteen as remaining were excluded due to lack of full access to article, or lack of detail about the reasons of increase in DMV and the type of violence. Table 1 shows complete summary of included studies.

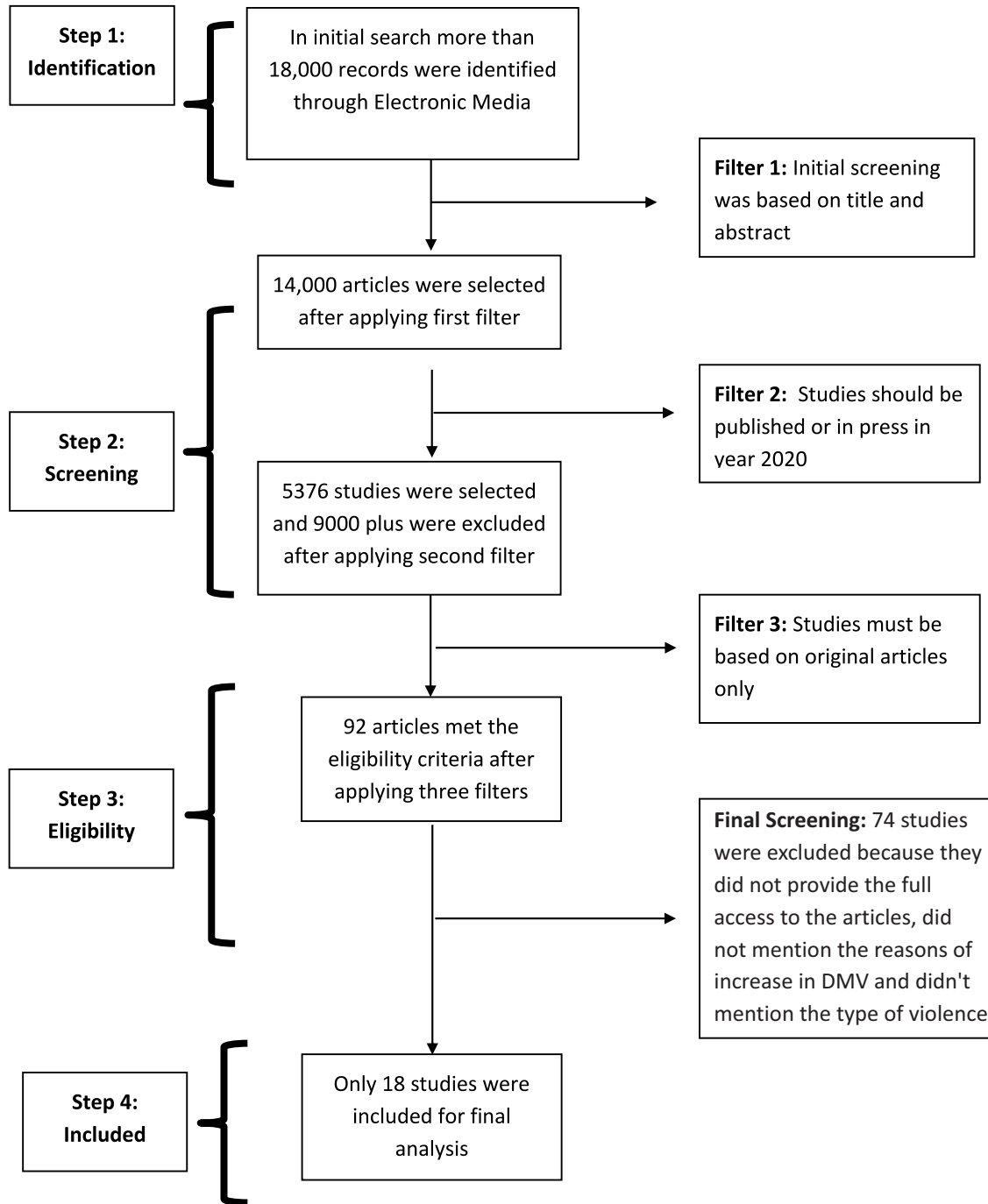


Fig 1. PRISMA flow diagram of domestic violence

Table 1: Summary of included studies for geographic location percentage increase, types and reasons of DM reported during COVID – 19						
Sr. No	Studies	Location	Percentage increase during Covid-19	Victims	Type of domestic violence	Reasons
1.	Allen-Ebrahimian2020 ¹⁰	Wuhan Province, China	90%	Women and Children	Physical and verbal abuse	Forced coexistence, economic stress, and fears about the virus
2.	Pfitzner et al. 2020 ¹¹	France	32% - 36%	Women and Children	Physical and emotional abuse/ family violence	Economic stress, disaster-related instability, increased exposure to exploitative relationships, and reduced options for support
3.	Costoya 2020 ¹²	Argentina	25%	Women	Physical and emotional Abuse	Financial crisis, fear of loss of job and frustration due to isolation
4.	Fraser 2020 ¹³	Singapore	30%	Women	Physical and Emotional Abuse	Fears about the virus
5.	Boserup et al. 2020 ⁵	San Antonio	18%	Women and Children	Family violence	Forced lockdown
6.	Money 2020 ¹⁴	Jefferson Country, Alabama	27%	Nil	Domestic violence	Stay at home orders
7.	Hatchimonji 2020 ¹⁵	Philadelphia	7%	Women	Physical and verbal abuse	Fear of virus consumption, economic and emotional stressors, social distancing
8.	Hansen & Lory 2020 ¹⁶	New York	18% 17%	Women and Children	Physical, emotional and verbal abuse	Lockdown, unemployment, economic strain, and gun ownership
9.	Mohiuddin 2020 ¹⁷	Bangladesh	Didn't mention increase in numbers	Women and Children	Physical and emotional	Economic crisis and lack of social activities
10.	Telles et al. 2020 ¹⁸	Brazil	40% - 50%	Women and Children	Domestic violence	Covid-19 related stress results in psychological factors like depression, drug addiction and death anxiety

11.	Pfitzner et al. 2020 ¹¹	Australia	59%	Women and Children	Physical, psychological and substance abuse	Forced lockdown, economic distress
12.	Chandra 2020 ¹⁹	India	100%	Women	Sexual, substance, verbal and emotional abuse	Physical confinement, economic disruption, slowed down businesses, possible unemployment, scarcity of basic provisions, limited social support
13.	Bradbury-Jones & Isham 2020 ²⁰	Spain	20%	Women	Domestic and sexual abuse	Economic crisis, isolation, easy access, psychological issues
14.	Bradbury-Jones & Isham. 2020 ²⁰	Cyprus	30%	Women	Domestic and sexual abuse	Lockdown, economic distress
15.	Bogart 2020 ^{18,21}	Canada	40%	Women	Sexual and emotional abuse	Forced stay with abuser, lockdown
16.	Ghoshal 2020 ²²	UK	25%	Women	Physical, sexual and emotional abuse	Lockdown, forced stay with intimate partners
17.	Han & Mosqueda 2020 ²³	Houston, Texas	20%	Children and Elders	Physical and emotional	Forced stay at home, work load
18.	Pakenham et al. 2020 ²⁴	Italy	5.3%	Women	Physical and emotional	Congested houses, workload

Discussion

The movement restriction worldwide confines couples at home, which eventually results into many issues including DMV. COVID-19 pandemic not only brings surge in deaths, but also, emotional breakdowns, stress related to economic crises, undefined unemployment, psychological consequences, and social confinement. Due to lockdown, victims of domestic violence find it very difficult to approach helplines, police stations, social support from friends or family, and mental or physical health practitioners.^{1,2,5,6,8,9,22,23,24} There exists, extraordinary anxiety and fear of contracting COVID 19, especially among frontline workers like doctors, nurses, and paramedics. Many countries of the world had surge in domestic violence during the

COVID-19 pandemic as shown in the results and reported in news proceedings. According to "THE NEWS- International" the Punjab Safe City Authority (PSCA) and Punjab Unified Communication and Response (PUCAR-15) reported an increase in cases of domestic violence during Covid-19 lockdown. Statistics from Pakistan are based on calls of victims. There was 25 percent rise in domestic violence during lockdown across the province of Punjab including yelling, slapping, bullying, threatening, punching, kicking and pushing as common ways used to inflict violence on partner. The socio-cultural practices and demographic differences of a patriarchal society are another major contributors of domestic violence and intimate partner violence.^{25,26} During lockdown men are at home and it is

challenging for a woman to escape from violent situation or seek a help, hence they are vulnerable. In addition, older adults, children and people with disabilities face domestic violence as well either in the form of primary or secondary victim. Though many countries issued helplines to report cases of domestic violence during lockdown, nevertheless number of calls at different police stations and sales of weapons increased. Many countries helped the victims by providing them shelter, counselling services, and arresting perpetrators.^{25,26,27} The economic crisis is predictable to produce secondary or primary mental health issues, which may increase the cases of deliberate self-harm, suicide, drug abuse and violence on others in form of revenge and

aggression relief. However, the mental health effects of the economic crisis must be counter by social welfare and other policy measures. Economic crisis is repeatedly mentioned marked as a major cause of domestic violence.²⁸

Implication of Study for Mental-Well Being

Domestic violence not only causes physical harm but also affects mental well-being of individuals as well. It is important to create new job opportunities to fight with financial crisis and counter mental health consequences, initiate family support programs, introduce tele-counseling and empower women. A five Step intervention plan adapted from Traumatic Recover Group Intervention by Mendelsohn and colleagues in 2011 and Herman in 1997 is proposed:



Conclusion

It is concluded that there was no lockdown for domestic violence during COVID-19. It is the responsibility of the state to provide immediate relief to the victims and sentence punishments for the perpetrators through strong policy initiatives. Awareness must be generated at grassroots level to provide support system to such vulnerable groups/individuals.

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