



Review

## Domestic violence during the COVID-19 pandemic

### COVID-19 Salgınında Ev İçi Şiddet

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**Abstract:** **Objective:** Major outbreaks cause alterations in the dynamics of society. One of the leading is the change in crime trends. Although a significant decrease is observed in the total number of crimes, the frequency of some types of crime decreases while others increase, such as domestic violence. Although the number of systematic studies is not enough, data are showing that increased cases of violence against women during the COVID-19 outbreak in Turkey. Compared to the previous year, in March 2020, physical violence, psychological violence, and shelter demand increased by 80%, 93%, and 78%, respectively. Another survey-like study reported that there was a 27.8% increase in violence against women in the pandemic process. However, the number of child abuse cases decreased during this period. The difficulty of the detection of such cases due to social restriction may lead to this effect. These restrictions and the fear environment may also increase the risk of elder abuse and neglect. It's important to take necessary measures to reduce the negative effects of long-term restraint in the quarantine period.

In this review, we discussed the increase of domestic violence during the COVID-19 pandemic by presenting the available data. We also aimed to discuss the possible reasons for the increase in violence and the recommendations made by international and national organizations in solving the problem.

**Keywords:** Violence against women, Child abuse, Elder abuse, Pandemic, COVID-19

**Öz:** **Amaç:** Büyük salgınların toplumun sosyal yapısı ve döngüsünde çeşitli değişimlere yol açtığı bilinmektedir. Başta gelen değişimlerden biri de suç oranlarında ve türlerinde görülen değişimdir. Gerçekte, toplam suç sayılarında belirgin bir düşme görülmesine karşın, bazı suç türlerinin sıklığı azalırken bazılarının artmaktadır. Artış gösteren suç tiplerinden biri de ev içi şiddet olgularıdır.

Yeterli sayıda sistematik çalışmalar bulunmasa da, Türkiye'de COVID-19 salgını süresince kadına yönelik şiddet olgularının arttığını gösteren veriler vardır. Bir önceki yıla kıyasla 2020 yılı Mart ayında fiziksel şiddet %80, psikolojik şiddet %93, sığınma evi talebi %78 oranında artmıştır. Anket niteliğindeki bir başka çalışma ise pandemi sürecinde kadına yönelik şiddet olaylarında %27.8 oranında artış olduğunu bildirmiştir. Ancak, bu dönemde çocuk istismarı olgularının sayısının azaldığı görülmüştür. Bu durumun sosyal kısıtlamalar nedeniyle olguların saptanmasının zorlaşmasından kaynaklandığı bildirilmektedir. Bu sosyal kısıtlamalar ile pandemini oluşturduğu korku ortamının yaşlı istismarı ve ihmali riskini de arttırabileceği belirtilmiştir.

COVID-19 salgınına karşı alınan önlemlerden başta geleni olan karantina uygulamasında evde uzun zaman kısıtlı kalmanın olumsuz etkilerinin azaltılabilmesi için gerekli önlemlerin alınması önemlidir. Bu zorlu süreçte, toplumun her bireyi, birey ve toplum sağlığının korunmasındaki rolünün farkında olarak üzerine düşen sorumluluğu yerine getirmelidir.

Bu derlemede, mevdut veriyi de sunarak, COVID-19 salgını süresince ev içi şiddetin kadınlara, çocuklara, LGBTİ ve yaşlı bireylere yönelik olarak artışı irdeledik. Türkiye'deki ve dünyadaki durumu özetledikten sonra, artışın nedenlerini, sorunun çözümünde uluslararası ve ulusal kuruluşların yaptıkları önerileri ortaya koymayı amaçladık.

**Anahtar Kelimeler:** Kadına yönelik şiddet, Çocuk istismarı, Yaşlı İstismar, Pandemi, COVID-19

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## Introduction

Great epidemics (or pandemics) have some effects on the structure and dynamics of societies, as known by historical examples (1,2). Intensity and diversity of these effects vary by the economic capability of the country, the extent of preventive measures, and the viewpoint of population. Changes in crime trends present early in the list. For example, burglary had increased during the plague epidemics at the middle ages, whereas the ratio of total crimes showed a decrease in influenza epidemics of the 20th century (3). It seems a similar change is valid in the COVID-19 period.

It's started to publish data about declines in the numbers of criminal events during pandemic (4). Media reports point decreasing crime rates across many continents and countries: Murder rates drop sharply in Peru, El Salvador, Republic of South Africa (5). Likewise, in the United States (USA), a reduction of nearly 15% for Los Angeles and 40% for San Francisco has been reported for all crimes (6,7). Public order crimes dropped by 14% in Turkey, according to released news (8). This periodic decrease has been linked to factors such as constrained home environment and its preventing anti-theft effect, frequent police patrols during this period, etc (9).

Although there is a significant decrease in total numbers of crime, the frequency of some varieties is increasing. The decrease in the house- theft may lead to a shift towards other crimes such as auto theft and robbery (4). Cybercrime related to fraud may rise with heightened internet use (10,11). An increasing trend is expected in internet-based false news, information production, and digital sabotage events (10).

Anxiety factors, unemployment, economic limitation, and limited access to the health system increase in catastrophic conditions. Considering the difficulty in moving away from the abuser due to the social isolation policy and the lack of social support systems, all these are among the risk factors of domestic violence (12-13). In terms of its effects on social life, there is an increase in domestic violence cases after similar natural disasters, although there is not much effect on other violent crimes (12-14). After volcanic activity in Washington state and Katrina hurricanes in Mississippi, domestic violence reports increased by 46% and 36%, respectively (15,16). Similar increases can be seen after events that massively affect social life such as earthquakes, tsunamis and big fires (17).

Likewise, the number of domestic violence cases during the COVID-19 outbreak also increased (18). For example, in Indianapolis, between 1 January and 23 March 2020, the number of crimes in the form of vandalism and

domestic violence increased (ready for publication, unpublished data) (18). In reports from many countries, the number of domestic violence incidents increases, at least do not fall (7). The United Nations has announced that reports and searches for domestic violence have risen in Germany, the USA, Argentina, United Kingdom, France, Canada, Cyprus, and Singapore (19,20). With the start of the quarantine practice in Wuhan, China, where the epidemic first started, the reporting of domestic violence cases increased three times compared to the previous year. This increase is 30-36% in France, 40-50% in Brazil, 25% in Argentina, 33% in Singapore, and 10-35% in different states of the United States. It has been stated that applications to domestic violence support lines increased by 20% in Spain, 30% in Cyprus and 25% in the UK. Some hotels in France and Italy are used as shelters for victims of domestic violence. It has been reported that the expression of domestic violence has increased by 75% in searches performed on the Google search engine. During this period, at least 8 domestic violence related murders were committed in the UK (21-30).

While staying at home decreases the rate of home theft, it increases domestic violence with the same and different mechanisms. As seen in the Ebola and Zika outbreaks, it is pointed out that economic, social, age and gender-related inequalities would increase even more during the epidemic periods (20). As it is known, the increasing trend in domestic violence reports, which increased after natural disasters, may last up to one year after the end of the catastrophic event (31).

In this review, we aim to reveal the increase in domestic violence against women, children, LGBTI and elderly individuals during the COVID-19 epidemic process and the reasons for this increase. For this purpose, by explaining the situation in the world and in Turkey, the issue will be discussed along with suggested solutions proposed by the international and national organizations.

## Violence Against Women

Violence against spouses is the most common form of domestic violence, and if gay marriages are excluded, the victim is generally women (32,33). It is known that one out of every three women in the world experiences physical and / or sexual violence by the men they know. The issue is a common human rights violation worldwide and remains a threat to women's health. Domestic violence against women causes sexually transmitted diseases, various injuries including HIV and unplanned pregnancies, and negative effects on physical, mental, sexual and reproductive health. For these reasons, it is accepted as a serious public health problem all over the world (34,35).

In a study conducted by the Directorate General for the Status of Women in 2014, the rate of women who stated that they were exposed to physical and psychological violence in any period of their lives throughout the country was 36% and 44%, respectively. 48.5% of women did not tell anyone about the violence they experienced, one out of 10 women were exposed to physical violence during pregnancy and 25% of women had to receive medical treatment as a result of physical violence (36). Although academic studies have as yet not present, there are data showing that the increase in violence against women during COVID-19 epidemic in Turkey. Compared to 2019, physical violence, psychological violence and demand for shelter in March 2020 increased by 80%, 93% and 78%, respectively, according to the statement of the Women's Federation of Associations of Turkey (37). Socio-Political Field Research Center conducted a survey between 3-8 April 2020 with the participation of 1873 women living in 28 cities. According to this study, violence against women increased by 27.8% in the pandemic process (38). The number of women suffering from domestic violence, who applied to the Dokuz Eylül University Faculty of Medicine Emergency Department in March and April of 2020, has increased 3 times compared to the same period of 2019.

In the World Health Organization's publication titled COVID-19 and Violence Against Women dated April 7, 2020, it was emphasized that there is an increased risk of violence against women in outbreaks. There are additional risks especially for particularly vulnerable groups such as elderly, disabled, immigrant and refugee women (39). Increased time to stay at home, unemployment, economic problems, stress, decreased communication with family and friends, restricted access to helplines, legal aid, and protection services are underlined as the reasons to increase violence against women in COVID-19 days.

Similar to the World Health Organization, the Council of Europe issued a statement on the implementation of the Istanbul Convention (European Council Convention on preventing and combating violence against women and domestic violence) during the COVID-19 outbreak on April 20, 2020. The Council of Europe also noted that domestic violence against women and girls tends to increase during times of crisis, and the resulting data show an alarming increase in the number of cases worldwide and in many European Council members. Council made proposals to the States parties on preventing violence, protecting individuals from violence and processes in the investigation phase (40).

Domestic violence against women is a special form of violence that victims hesitate to come to health

institutions, even in times other than an epidemic, unless there are serious injuries. There is a recurring cycle of violence due to its nature; the woman is experiencing more and more serious health problems and is injured and / or killed. The health of women who are exposed psychological, economic and sexual violence besides physical violence is at risk throughout their lives and their years of healthy living are decreasing. Women who are constantly under fear and threats also have somatization disorders. It should also be kept in mind that there may be an underlying domestic violence in patients who come with non-specific complaints such as chronic headache, abdominal pain, sleep problems, and depressive mood. Healthcare professionals should be aware of the risks and health consequences of violence against women. They should listen to the woman who is exposed to violence with empathizing and without judging. They should ask questions about their needs and concerns, take measures to increase their safety, request the necessary consultations and provide treatment services (34-36).

Health workers, mostly women in many places, may also be at risk of violence at home and / or work. Healthcare managers should have plans to ensure the safety of healthcare professionals. Psychosocial support, non-performance incentives, additional transportation allowance and childcare support should be provided. It is stated that healthcare professionals interested in COVID-19 may encounter situations such as stigma, isolation and social exclusion. Turkish press had released news in this context. (39,40).

Although the COVID-19 outbreak puts a huge burden on health systems and healthcare workers, there are things to do to help alleviate the effects of violence on women and children (39,40);

Decision-making bodies should identify ways to make physical removal measures accessible in their plans to combat the COVID-19 outbreak; taking into account domestic violence against women. Local services (helplines, shelters, sexual assault crisis centers, counseling, etc.) and appropriate health institutions should be identified by working hours and contact information; They also should be made accessible. Information should be given as to whether services can be accessed remotely.

Coordination mechanisms between institutions should be maintained in developing and implementing policies to reduce violence against women during the epidemic. The needs of victims should be assessed through multi-stakeholder processes, including NGOs and women's rights organizations. Capacity of service providers should be strengthened and measures should be taken for shelter needs of women infected with COVID-19.

Non-governmental organizations working in this field should be supported and strengthened.

Non-governmental organizations should provide services for women exposed to violence and their children, collect and record data on reported cases of violence against women, and ensure that they can be used by relevant parties.

The Council of Europe states that States parties to the Istanbul Convention should take measures such as press releases, television, radio or social media campaigns aimed at informing the public of the increased risk of violence. These parties should ensure during pandemic that as much information is available as possible about the possible ways victims can receive help (40). In Spain, if women request “Mask 19” from officials in pharmacies, pharmacy employees can report to the police secretly domestic violence case (41).

It is important for women exposed to violence to establish a safety plan that can be implemented in the events of increased violence. The woman can predict a neighbor, friend, relative or shelter for both her and her children, when they need to leave home immediately. It must keep the requirements such as identity cards, money, personal clothes, medicines in a certain place. He should plan how he can leave home and get help (34,36).

Information should be provided on how women can access helplines, social workers, child protection, the nearest police station, accessible shelters and support services (37). Local administrations have been exemplary practices in İzmir and Ankara. The measures taken after the meetings with local administrators and non-governmental organizations were shared on the web page and information was provided on ways to access support services (37,42).

States take some precautions about increasing domestic violence in the COVID-19 outbreak. The French government has announced that it will place victims of domestic violence in hotel rooms and will finance pop-up counseling centers in markets. In addition to hosting victims and their children in hotels, the Spanish government has launched a new campaign that encourages women to seek helplines. It also keeps all services open to assist victims of domestic violence during quarantine. The South African government keeps courts open for emergency protection decisions as well as providing access to shelters and social services. In addition, there is an active messaging line where victims can get help (43).

## Violence Against LGBTI

The United Nations High Commissioner for Human Rights has issued a statement reminiscent of the rights

of LGBTI (lesbian, gay, bisexual, trans and intersex) individuals and states' responsibilities in combating the COVID-19 outbreak. The paper draws attention to a number of problems related to the COVID-19 outbreak. Accordingly, LGBTI individuals may face restrictions on access to health rights. They may experience problems such as stigma, discrimination, hate speech and attacks, domestic violence. They are often faced with access to work and livelihoods. In this declaration of the United Nations, it is emphasized that the measures to be taken for the socio-economic effects of the epidemic should take into account the problems of LGBTIs, including the elderly and homeless. The state can take many steps by acting with stakeholders. It has been proposed to produce discourse against stigma and hate speech, to take measures to prevent discrimination in access to health and other services, and to provide support services to those exposed to gender-based violence (44).

## Child Abuse and Neglect

Although there is not enough systematic study yet, the increase of domestic violence attracts the attention of the society. Child abuse often coexists with violence between partners. Children witnessing this violence visually or audibly can cause post-traumatic stress disorder and some behavioral disorders in children (45-47). Because studies have shown that children living in homes where domestic violence is seen are at 60 times higher risk of abuse and neglect than the normal population (48). During this period, children spend more time at home than normal, as schools and libraries are closed (49). Since children are obliged to stay at home as part of the curfew, there is a risk of neglect in children of working parents and physical, verbal and psychological abuse in children of those who do not work (or in home-office style workers). This process can end with death, especially children under 12 months (47). In this period, it is possible that the intruder in the house, who wants to increase his control over the households, will target the children in the house (49). In the United States, the severity of the hazard is evident given the fact that one out of every eight children, including a significant number of recurrences, is being abused even before a pandemic (47,50,51). It is stated that between 1 and 2.3 million children in England are exposed to similar risks in this period (52, 53). United Nations Educational, Scientific and Cultural Organization estimates that 1.38 billion children in the world do not have access to social areas such as school, group activities and team sports (54).

In this process, low income, crowded families are especially at risk. In addition to the prolonged time spent at

home due to restrictions, other factors such as stress, fear, and exacerbation of the economic reflections of the crisis decrease the tolerance and long-term thinking ability of family members and increase the possibility of child abuse and neglect (54).

It is reported that the measures taken to prevent pandemic may cause a secondary hidden pandemic in the form of an increased frequency of child abuse and neglect (52,55).

It has been reported that calls to some child support lines have increased even in just a week after the closure of schools in Ireland (52,56). On the other hand, although the reports of domestic violence have increased in the United States, some organizations dealing with children's rights have been announced a reduction for reported cases of child abuse and neglect (49). Many factors, such as failure to be monitored by healthcare workers due to postponing routine health screenings of children and the lack of access to teachers and social workers after school and curfews reduces our chances of detecting child neglect and abuse (47,52, 57,58). Therefore, it is difficult to fully reveal the extent of damage caused by child neglect and abuse until the beginning of the school season. In particular, a scenario where the training season does not start until next autumn will increase the likelihood and severity of abuse of children at risk. In addition, formal and informal organizations that serve victims of child abuse will be faced with too many cases that they cannot provide the desired standards of service.

At this point, it is recommended that the relevant institutions organize activities such as summer camps, club activities and youth sports leagues that will enable children to be integrated into the social system as soon as possible by establishing partnerships. Thus, it will be possible to create potential opportunities to detect child abuse or neglect in the summer without waiting for the children to return to school in autumn (49). These strategies should be put forward by the highest authority, with similar determination and stability, as far as the health of adults is concerned. Financial support for non-governmental organizations, health institutions and projects in this context is important for the protection of our children in order to ensure that the works are effective and continuous (47,52).

National / international organizations and non-governmental organizations should support the dissemination of good parenting practices, do research and inform the society in different ways. During the COVID-19 outbreak, certain studies are driven by some associations and supporting official organizations (such as WHO, UNICEF, Global Partnership to End Violence Against Children, the

U.S. International Development Agency, the U.S. Centers for Disease Control and Prevention, the UK Global Issues Research Fund, etc.). Controlled studies of these groups aim at good parenting practices such as coping with stress during the crisis and building positive relationships with children, in low-middle income countries and are shared free of charge in 55 different languages (14, 54, 59-61).

During the COVID-19 epidemic, it is important to establish emergency hotlines and application centers for children and women in case of possible abuse and neglect. Extending the use of online methods as much as possible will increase the impact. These approaches are likely to make it possible to reach groups at risk and to have the chance of early diagnosis and intervention (14, 62). It is important to prepare informative documents and make announcements through social media, mainstream media, and health centers so that risk groups can benefit from the measures to be taken (21).

During the examination at health institutions or on virtual telephone/videocall visits possible signs of abuse or neglect should be investigated, the follow-up frequency of families at risk for domestic violence needs to be increased and parents should be advised about good parenting behaviors (47).

## Elder Abuse and Neglect

Elderly abuse is considered as a growing public health problem all over the world today. The elderly can be abused or neglected by healthcare professionals, caregivers and household members (63). While the rate of the elderly population in the total population has been increasing in recent years, the number of victims of the abuse victims applying to the emergency services has also increased (64). Elder abuse is defined as any harmful behavior that is done consciously or unconsciously by the household members who care for the elderly and those with a trust relationship between them. Elder abuse can manifest itself in the form of physical, psychological, economic and neglect (63,64).

In addition to the COVID-19 threat, the elderly also have an increased risk of abuse and neglect due to their social isolation, fear of death and increased dependence on caregivers (66,67). Although other forms of elder abuse have not yet been investigated due to pandemic constraints, the United States Federal Trade Commission and the American Bar Association report a massive increase in the economic exploitation of the elderly group (68,69).

In this period when calls to stay at home increased worldwide, the abuser was generally relatives of the elderly (70). Older cases and those with diseases such as

dementia are at risk of neglect. Elderly people living in nursing homes are more isolated due to reduced family visits, and this increases the risk of caregivers' abuse and neglect (71). In addition, in elderly people living with their children at home, the risk of abuse increases with the increase in the time they spend with other members of the family (66). In this period, one of the leading elements of elder abuse is discrimination and aggression to a certain age group due to their age defined as ageism by the World Health Organization. All of the following factors are some form of elder abuse and harm the elderly (66,72):

- a. Displaying COVID-19 as an elderly disease since the beginning of the outbreak,
- b. Persistent targeting of the elderly about the curfew,
- c. Selective emphasis on the proportion of the elderly in official statements made about the deceased,
- d. Verbal and physical attacks against the elderly population in the society reflected in the language and media used.

It is recommended that governments make arrangements such as hourly grocery shopping permits for the elderly to reduce the dependency of the elderly population, provide virtual telephone visits, and develop discourses and disseminate through social and mainstream media in order to end the ageism trend (66).

Due to restrictions, the inability of the elderly people to reach their families and friends' homes has increased the importance of shelters where victims can feel safer and receive legal and access to health and legal support more easily (73). During this period, it is important to develop shelters due to possible emergency needs, to create them if they do not exist, and to create safe shelter options for all individuals who are exposed to abuse, abuse and violence.

## Conclusion

The social change created by a pandemic in this dimension manifests itself in all examples of violence. Death, as the primary form of violence, may increase not only due to the disease but also due to personal destruction. According to the first calculations, it has been suggested that there will be an increase in suicide numbers up to 50000 people (74).

It is pointed out that the approach focusing on COVID-19 in health services may have already increased the casualties due to other diseases (75). Apart from mortality, morbidity is also expected to show a rising line. This will have a more pronounced effect on vulnerable groups. It has been argued that the stress caused by the isolation increases the risk of alcohol and substance use,

especially the possibility of relapse (76,77). The reduced chance of asylum-seekers and migrants to access support makes these groups very fragile (78). Depending on the psychosocial results caused by COVID-19, an average of 0.2 years of total life-year loss per person is envisaged. Moreover, it has been estimated that this loss will reach 9.8 years for 2% of the population (79).

Domestic violence has visibly increased. The dominant patriarchal order and gender inequality are pointed out as the main reason for this increase (6,80). Factors such as the time spent together, increase in the level of alcohol use, etc., can heighten the risk concomitant with the restrictions (80). As a result of the restrictions, potential aggressors and victims exist in a certain socio-geographic area for a long time. As a result of the restrictions, potential aggressors and victims exist in a certain socio-geographic area for a long time. In this context, the home environment sets grounds for violence and creates situation-specific forms of violence, such as the threat of virus transmission (82).

Social impacts such as domestic violence continue long after natural disasters. Moreover, with a possible COVID-19 peak that may occur after social isolation, the risk may extend over a longer period of time. Considering the factors that delay the diagnosis of domestic violence, the measures to be taken should be considered to be long-term, highly inclusive and capable. The number of qualified personnel, especially psychological support units, should be increased, and the necessary budget should be planned in advance (14,44,83).

In this process; The workload of working women can increase even more: Women start housework and maintenance after finishing work at the workplace. Due to the children staying at home and online education, all kinds of care, education and training of children, meeting their emotional needs, planning games and activities are expected from women. Since there is no help for services, more chores such as food, cleaning, etc., and even quarantine management of families and parents are mostly carried out on women (84,85).

Although COVID-19 mortality rates are reported to be higher in men, the risk of domestic violence is also known to be higher in women. With the precautions taken to cope with this challenging COVID-19 outbreak, home security should be considered for women and children, while safety measures should be considered (84-86).

While fighting a serious health problem like the COVID-19 outbreak, it is very valuable that all segments of the society are in unity, solidarity and harmony. While fighting this war, equality must be ensured in the distribution of housework among individuals. Necessary

precautions should be taken to minimize the negative effects of long-term restraint at home, and every individual of the society should fulfill its responsibility, being aware of its role in the protection of individual and community health.

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