# **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.<sup>1</sup> The ambiguity and unpredictability of COVID-19 not just affects the physical health of an individual but causes multiple psychological issues.<sup>2,3</sup> 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

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Funding Source: NIL; Conflict of Interest: NIL Received: Sep 14, 2020; Revised: Sep 24, 2020 Accepted: Nov 10, 2020 experience domestic violence in their lifetime.<sup>4,5</sup> 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).<sup>5,6</sup> DMV has no boundaries; it affects all demographics equally, though in many cases culture plays a significant role<sup>7</sup>, as prevalence rate of domestic violence is associated with socio-economic factors including inflation rate, poverty, employment status, homelessness and other financial burdens.<sup>8</sup> 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.<sup>4,8,9,10,11,12</sup>

# **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

"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 reporteddifferent 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.

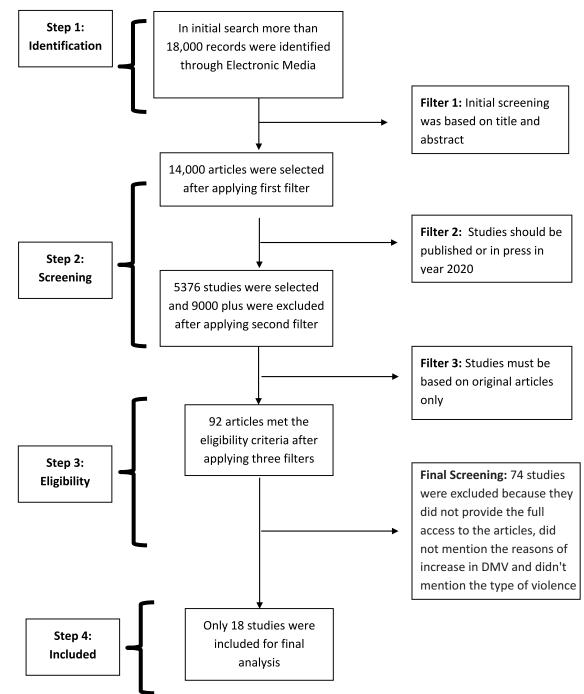


Fig 1. PRISMA flow diagram of domestic violence

Sr. No	Studies	Location	Percentage increase during Covid-19	Victims	Type of domestic violence	Reasons
1.	Allen- Ebrahimian2020 <sup>10</sup>	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 <sup>11</sup>	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 <sup>12</sup>	Argentina	25%	Women	Physical and emotional Abuse	Financial crisis, fear of loss of job and frustration due to isolation
4.	Fraser 2020 <sup>13</sup>	Singapore	30%	Women	Physical and Emotional Abuse	Fears about the virus
5.	Boserup et al. 2020 <sup>5</sup>	San Antonio	18%	Women and Children	Family violence	Forced lockdown
6.	Money 2020 <sup>14</sup>	Jefferson Country, Alabama	27%	Nil	Domestic violence	Stay at home orders
7.	Hatchimonji 2020 <sup>15</sup>	Philadelphia	7%	Women	Physical and verbal abuse	Fear of virus consumption, economic and emotional stressors, social distancing
8.	Hansen & Lory 2020 <sup>16</sup>	New York	18% 17%	Women and Children	Physical, emotional and verbal abuse	Lockdown, unemployment, economic strain and gun ownership
9.	Mohiuddin 2020 <sup>17</sup>	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 <sup>18</sup>	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.	Australia	59%	Women	Physical,	Forced
	2020 <sup>11</sup>			and	psychological	lockdown,
				Children	and substance	economic
					abuse	distress
12.	Chandra 2020 <sup>19</sup>	India	100%	Women	Sexual,	Physical
					substance,	confinement,
					verbal and	economic
					emotional	disruption,
					abuse	slowed down
						businesses,
						possible
						unemployment,
						scarcity of basic
						provisions,
						limited social
						support
13.	Bradbury-Jones &	Spain	20%	Women	Domestic and	Economic crisis,
	Isham 2020 <sup>20</sup>				sexual abuse	isolation, easy
						access,
						psychological
						issues
14.	Bradbury-Jones &	Cyprus	30%	Women	Domestic and	Lockdown,
	Isham. 2020 <sup>20</sup>				sexual abuse	economies
						distress
15.	Bogart 2020 <sup>18,21</sup>	Canada	40%	Women	Sexual and	Forced stay with
					emotional	abuser,
					abuse	lockdown
16.	Ghoshal 2020 <sup>22</sup>	UK	25%	Women	Physical,	Lockdown,
					sexual and	forced stay with
					emotional	intimate
					abuse	partners
17.	Han &	Houston,	20%	Children	Physical and	Forced stay at
	Mosqueda2020	Texas		and Elders	emotional	home, work
	2020 <sup>23</sup>					load
18.	Pakenham et al.	Italy	5.3%	Women	Physical and	Congested
	2020 <sup>24</sup>				emotional	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.<sup>1,2,5,6,8,9,22,23,24</sup> 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, bulling, threatening, punching, kicking and pushing as common ways used 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.<sup>25, 26</sup> 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.<sup>25,26,27</sup> 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.<sup>28</sup>

#### 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:

**Step 1- Stabilization**: Provide control over physical and psychological safety to the victim of domestic in any social situation. This ultimately means to stabilize the psychological symptoms, (e.g. suicide behavior, stress, depression and deliberate self-harm) financial crisis, (e.g. to provide and motivate to earn for oneself) and legal issues (e.g. to provide safety) of victim of domestic violence.

**Step 2 - Psycho-Education:** Educate victim about consequences of violence, reactions of traumatic events, coping strategies and redressing to perform daily functions of normal routine.

**Step 3 - Formal Therapeutic Session**: Provide individual or group counselling for proper al treatment of traumatic event and related issue by psychologist/psychiatrist. Resolving of psychological issues, insight of having problem with one self and its effects on children or people around them can only able to make one's life healthy and functional.

**Step 4 - Future Goal Settings:** At the end of individual or group sessions it is essential to set future goals. Goal setting teaches victim to avoid future consequences of physical and mental harm, how to tackle harmful situations, how to react on traumas, how to keep oneself safe from perpetrator and how to communicate helping hands.

**Step 5 - Follow Up**: Follow-up step is vital to see the progress of victim in sense of physical and mental health. This step also aimed to maintain the positive characteristics showed by the victim to stand firm without abusive partner.

# 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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