



The Domestic Violence during the COVID-19 Pandemic: Scoping Review

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Abstract

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BACKGROUND: The COVID-19 pandemic has brought unexpected challenges in all sectors of life, from the social, economical to health sectors, particularly public health. One of the most worrying effects of COVID-19 is the increase in cases of domestic violence.

AIM: This scoping review was to determine trends in domestic violence during the COVID-19 pandemic and strategies for handling it.

METHODS: We searched for relevant articles on four databases (PubMed, ScienceDirect, ProQuest, and EBSCO) in English, published in 2019–2021. Of the 434 articles identified, six articles met the inclusion criteria.

RESULTS: There were six themes we got related to domestic violence during the COVID-19 pandemic, namely: The number of cases of domestic violence during the COVID-19 pandemic; risk factors for domestic violence; victims and perpetrators of domestic violence; types of domestic violence; the impact of domestic violence; and strategies for handling domestic violence during the COVID-19 pandemic.

CONCLUSION: The COVID-19 pandemic impacted domestic violence cases, where most victims were women, and most of them experienced recurrent domestic violence. Therefore, we recommend that future research be examined deeper into the understanding, experiences, and needs of victims and perpetrators of domestic violence during the COVID-19 pandemic, including the roles of cross-sectors and obstacles experienced in handling domestic violence in the future.

Introduction

At the end of December 2019, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) or often called COVID-19, was first detected in Wuhan, China, and quickly spread around the world [1], in approximately 3 months, to be precise on March 11, 2020, the World Health Organization announced COVID-19 as a global pandemic [2]. This forces governments in various countries to issue various policies related to the handling of COVID-19, ranging from “social distancing” to “lockdown [3]”.

The COVID-19 pandemic has brought unexpected challenges in all sectors of life, from the social, economical to health sectors, particularly public health. One of the most worrying effects of COVID-19 is the increase in cases of domestic violence. During the lockdown, an increase in domestic violence cases occurred in several countries, including Argentina, Singapore, France, and Cyprus, respectively 25%, 33%, and 30% [4]. In addition, social and economic pressures due to reduced economic growth and impacts related to economic instability, job loss, changes in habits due to staying at home longer can

increase the prevalence and severity of domestic violence [5], [6].

The “stay at home” policy, on the one hand, can reduce the spread of the COVID-19 virus. However, on the other hand, it can trigger conflict and increase the opportunity for perpetrators to commit violence, and make it difficult for victims to access assistance because victims and perpetrators spend more time together at home [7], [8]. According to Bouillon-Minois *et al.* [9], living with the same perpetrators of violence is even more dangerous than the COVID-19 pandemic, so that violence against women, especially domestic violence, is considered a “shadow pandemic” [10]. Domestic violence is physical, psychological; sexual violence used to control and dominates others, including violence against spouses, children, parents, and other household members [11].

Domestic violence is associated with increased injuries, disability, poorer health status, sleep disorders, chronic pain, substance abuse, reproductive disorders, gastrointestinal disorders, cardiovascular disease, chronic pelvic pain, urinary tract infections, and even death [12], [13], [14]. For example, in 2017, it was recorded that 58% of women were killed by a partner or family member [15]. In addition, domestic violence can

also reduce work productivity, leading to an economic crisis [6], [16].

The increase in domestic violence cases and its short-term and long-term negative impacts must receive special attention from the authorities, including the community; preventive measures are essential to prevent these negative impacts. Although there are many publications about domestic violence during the COVID-19 pandemic, many are speculative. Therefore, this study aims to review the literature on domestic violence during the COVID-19 pandemic and its coping strategies.

Methods

The steps in preparing this scoping review were adapted from Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews (PRISMA-ScR) [17] to map domestic violence cases during the COVID-19 pandemic and their handling.

Literature search strategy

We determined keywords related to domestic violence during the COVID-19 pandemic. There were two categories of keywords, namely, keywords related to domestic violence (“domestic violence” OR “domestic abuse” OR “intimate partner violence” OR “marital abuse” OR “family violence” OR “family abuse”) and keywords related to COVID-19 (COVID-19 OR “novel coronavirus” OR SARS-Cov-2 OR nCoV). The search for articles was carried out by entering a combination of keyword categories with the Boolean “AND” connector and using the whole text filter, published in 2019–2021 and English in the search fields in 4 electronic databases (PubMed, ScienceDirect, ProQuest, and Ebsco).

Selection of articles

Articles identified through our database were imported into the Zotero reference manager, and we deleted duplicate articles. All authors screened titles and abstracts to obtain articles that could potentially meet inclusion and exclusion criteria. The articles selected from the abstract selection were then accessed in full text for further assessment. All reviewers carried out discussions to obtain the final article used in this scoping review.

Charting data

Data extraction in a scoping review is referred to as data charting to provide an overview in the form of a summary of the article suitable for the scoping review [18]. We compiled charting data from the six

articles, we used in this scoping review to describe the title briefly, author’s name, year, country/location, destination, method, sample, and main results (Table 1). We applied thematic analysis steps [19] to get themes that were in line with the objectives of the scoping review. All authors repeatedly read each selected article, compile code, and classify themes. Discussions were carried out in determining the final theme.

Results

The selected article description

We identified 434 articles obtained from data search results and removed 36 duplicate articles. We performed a title screening of 398 articles and found 98 articles that might fit our criteria. The results of the abstract screening identified 15 articles that might meet the criteria for our full-text review. After conducting a full-text review, nine full-text articles that did not meet the criteria were excluded from the study, so that six articles were selected to be used in this scoping review (Figure 1).

The characteristics of selected articles

The six articles used in this scoping review were each from Iran [20], Ethiopia [21], Italy [22], Brazil [23], Australia [24], and Canada [25]. In addition, four articles focused on cases of domestic violence during the COVID-19 pandemic [21], [22], [24], [25], one article focused on cases of domestic violence in pregnant women during the COVID-19 pandemic [20], and one article focused on tackling domestic violence cases during the COVID-19 pandemic [23].

Mapping themes

There are six themes that we got related to domestic violence during the COVID-19 pandemic, namely: (1) The number of cases of domestic violence during the COVID-19 pandemic; (2) risk factors for domestic violence; (3) victims and perpetrators of domestic violence; (4) types of domestic violence; (5) impact of domestic violence; and (6) strategies for handling domestic violence during the COVID-19 pandemic (Figure 2).

Discussion

The number of domestic violence cases during the COVID-19 pandemic

Based on Table 2, the Domestic violence cases during the COVID-19 pandemic decreased to 55.84% from

Table 1: Selected articles for scoping review

No.	Article title/author/year	Country	Destination	Method	Sample	Main results
1.	Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease [20] BMC pregnancy and childbirth	Iran	This is to determine the prevalence and correlation between quality of life and domestic violence in pregnant women during the COVID-19 pandemic	Cross-sectional study	250 pregnant women at Iran's 29-Bahman Tabriz Hospital	As many as 35.2% of pregnant women had experienced domestic violence The quality of life of pregnant women who were exposed to domestic violence was lower (especially in the mental health domain) than pregnant women who were not exposed to domestic violence
2.	Prevalence and Associated Factors of Intimate Partner Violence Among Married Women During COVID-19 Pandemic Restrictions: A Community-Based Study [21] Journal of Interpersonal Violence	Ethiopia	This is to determine the prevalence and factors related to violence against partners in women during the COVID-19 pandemic	Cross-sectional study community based	617 women who were married or living together	As many as 132 out of 589 (22.4%) married women experienced at least one type of violence The predictor factors for domestic violence were: illiteracy; had an illiterate husband, had a husband who used drugs (alcohol, chat or smoke), lives in a society that was tolerant of violence
3.	Domestic violence detection amid the COVID-19 pandemic: the value of the WHO questionnaire in Emergency Medicine [22] QJM: monthly journal of the Association of Physicians	Italy	1. To determine the prevalence of domestic violence cases in patients who come to the Emergency Room of a large Italian Hospital in 2020 2. To assess the usefulness of the questionnaire of the WHO Multi-country Study on Women's Health and Domestic Violence against as a screening tool to reveal hidden cases of domestic violence	Cross-sectional study	(1) 19,160 patient medical records in Emergency Room search with keywords ("violence," "assault," "trauma") to filter data and retrieve cases of violence in the period between 1 January and June 2, 2020. (2) 75 women who came to the emergency room between July 14 and August 24, 2020	Domestic violence cases during the COVID-19 pandemic non-lockdown were 9.62% and increased to 21.74% during lockdown The WHO Multi-country Study on Women's Health and Domestic Violence against questionnaire was excellent for screening for domestic violence
4.	Domestic violence against women amidst the pandemic: coping strategies disseminated by digital media [23] <i>Revista Brasileira De Enfermagem</i>	Brazil	This is to find out about strategies for handling domestic violence in women that were disseminated through digital media at the beginning of the COVID-19 pandemic	A documentary study with a qualitative approach based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) instrument guide Survey	150 news items selected from online portals and newspapers; 499 comments on the social network twitter; 45 publications on official government pages; 42 publications on four portals of third sector organizations	There were strategies for handling domestic violence, namely: 1. A strategy for communicating with women victims of domestic violence 2. Strategies in providing care and services for victims of domestic violence 3. A strategy to provide information to the public.
5.	Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic [24] Trends and Issues in Crime and Criminal Justice	Australia	To find out the impact of the COVID-19 pandemic on domestic violence cases	Survey	Sample 15,000 women aged ≥18 years. Sampling technique with Proportional quota sampling	The risk of recurrent or first-time violence was 1.3 and 1.4 times higher for women who had little contact with family and friends outside the home during the pandemic Financial stress before the pandemic is a strong predictor of domestic violence
6.	COVID-19 pandemic and violence: Rising risks and decreasing urgent care-seeking for sexual assault and domestic violence survivors [25] BMC Medicine	Canada	To evaluate the impact before and during the COVID-19 pandemic on the admission of emergency room patients for sexual violence and domestic violence	Observational studies	The medical records of patients who came to the Emergency Room at Ottawa Hospital from March 4 to May 5, 2020 (COVID-19 period) totaled 20,370 and 30,371 medical records of emergency room patients during March 4 until May 5, 2018, (period before COVID-19)	Case Sexual assault and domestic violence in the Tang Home did not drop to 55, 84% Sexual violence cases and physical violence decreased respectively 53.49%, and 48.45%, meanwhile, cases of psychological violence increased by 16.88%

Table 2: Types of domestic violence during the COVID-19 pandemic

Author	Physical abuse (%)	Mental/Psychological violence (%)	Sexual violence (%)
Naghizadeh <i>et al.</i> [20]	4.8	32.8	12.4
Tadesse <i>et al.</i> [21]	11	20	13.8
Di Franco <i>et al.</i> [22]	90.62	9, 38	-
Muldoon <i>et al.</i> [25]	48.57	28.57	57.14

77 cases in the period before COVID-19 (March 2018) to 34 cases in the COVID-19 period (March 2020) [25]. Although the number of domestic violence cases during the COVID-19 pandemic decreased compared to 3 years before the pandemic, the severity of physical violence by partners during the COVID-19 pandemic was higher [26].

The decrease in the number of domestic violence cases during the COVID-19 pandemic did not necessarily indicate the true situation, because domestic violence cases were like an iceberg phenomenon where reported cases were only a fraction of the actual cases [27]. Domestic violence is challenging to uncover because miss perception and stigmatization remain to exist in society. These stigmas and perceptions include: Domestic violence is often understood as a personal problem, not a social problem so that other parties should not interfere; consider violence as part of education (especially for adherents of a strongly patriarchal culture); the victim's weak bargaining position (wife/child) and financial dependence on the

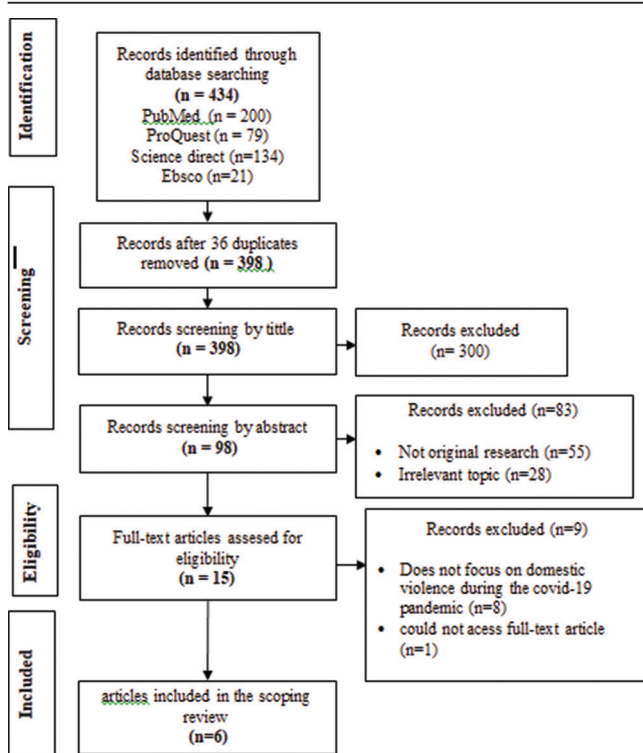


Figure 1: PRISMA flowchart for the selection of articles

perpetrator have made the victim silenced and even covered up the violence experienced because it is considered a family disgrace [28], [29].

The survey results in Portugal showed that during the COVID-19 pandemic, as many as 62.3% of domestic violence victims were reluctant to access assistance [30]. Victims of violence are reluctant to report because they think it is unnecessary, even if they are afraid to be blamed (victim-blaming) [30], [31].

The decrease in the number of domestic violence cases during the COVID-19 pandemic was also since victims and perpetrators spent more time together at home so that the mobility of victims was hampered, and it was not easy to access assistance [8]. On the other hand, more time spent with your partner during lockdown can lead to conflict and make perpetrators more flexible to commit violence [32]. Consequently, the severity of domestic violence during the lockdown is getting increase. Several countries experienced an increase in domestic violence cases during the lockdown, including France (30%), Argentina (25%), Cyprus (30%), and Singapore (33%) [4]. Even in Nigeria, the increase in domestic violence cases reached 56% [33]. Identically, our result shows the prevalence of domestic violence cases during lockdown increased by 12.12%, from 9.62% to 21.74% [22].

Risk factors for domestic violence

We identified several risk factors related to domestic violence during the COVID-19 pandemic, among others: Illiterate women have an illiterate

husband; married to drug users (alcohol, chat, or smoking); and living in a society that is tolerant of violence, financial stress, rarely having contact with family, and friends outside the home during the pandemic [21], [24].

According to Moreira and Pinto da Costa (2020), domestic violence is prone to occur in communities where violence is legalized as a way to resolve conflicts [34]. Women who live in societies tolerant of violence are up to 2.7 times more likely to get domestic violence [21]. Women who experience financial stress are 1.8 times more likely to experience violence than women who do not experience financial stress [24]. In addition, the results of similar studies show that job and income loss, lots of time spent together, changing habits due to the less iterate husband; married to drug user domestic violence during the COVID-19 pandemic [6]. Victims and perpetrators of domestic violence.

Perpetrators of domestic violence ilar studies show that job and income loss, lots of time spent together, changing habits due to the less iterate husband; domestic violence was women (80–88%, 57%) [22], [25] where some of them were housewives (56.5–94.4%) [20], [21]. Patriarchal culture, economic dependence, and emotional dependence are thought to be the causes of women being more vulnerable to becoming victims of domestic violence [28], [35].

Our findings show that 51, 43–66.67% perpetrators of domestic violence were the victim's spouse (husband), followed by ex-partners, sons, and fathers. In contrast, for cases of domestic violence in boys, the perpetrators were older siblings, members. Family and people you knew in the family [22], [25]. Patriarchal beliefs contribute to the violent incidents that made men use violence to control women and show dominance [28], [36]. In contrast, economic and emotional dependence made women more likely to maintain relationships [35], it is risky to cause the victims to be trapped in a cycle of violence. They are challenging to break the cycle [37].

Naghizadeh *et al.* divided the severity of violence into three categories based on the frequency of violence, namely, mild violence (1it \times) as many as 37.8%, moderate violence (3rex) as many as 16.2%, and severe violence (>5 \times) as many as 25% [20]. We found that 22, 67–67% of women had recurrent domestic violence [22], [24]. Inline, the previous research shows that 83% of male domestic violence perpetrators committed 2 times of repeated violence. There was one respondent who committed violence repeatedly up to 52 times [38].

Types of domestic violence

According to Tadesse *et al.*, 22.4% of married women experienced at least one type of violence [21]. Naghizadeh *et al.* conducted a twin study. The result

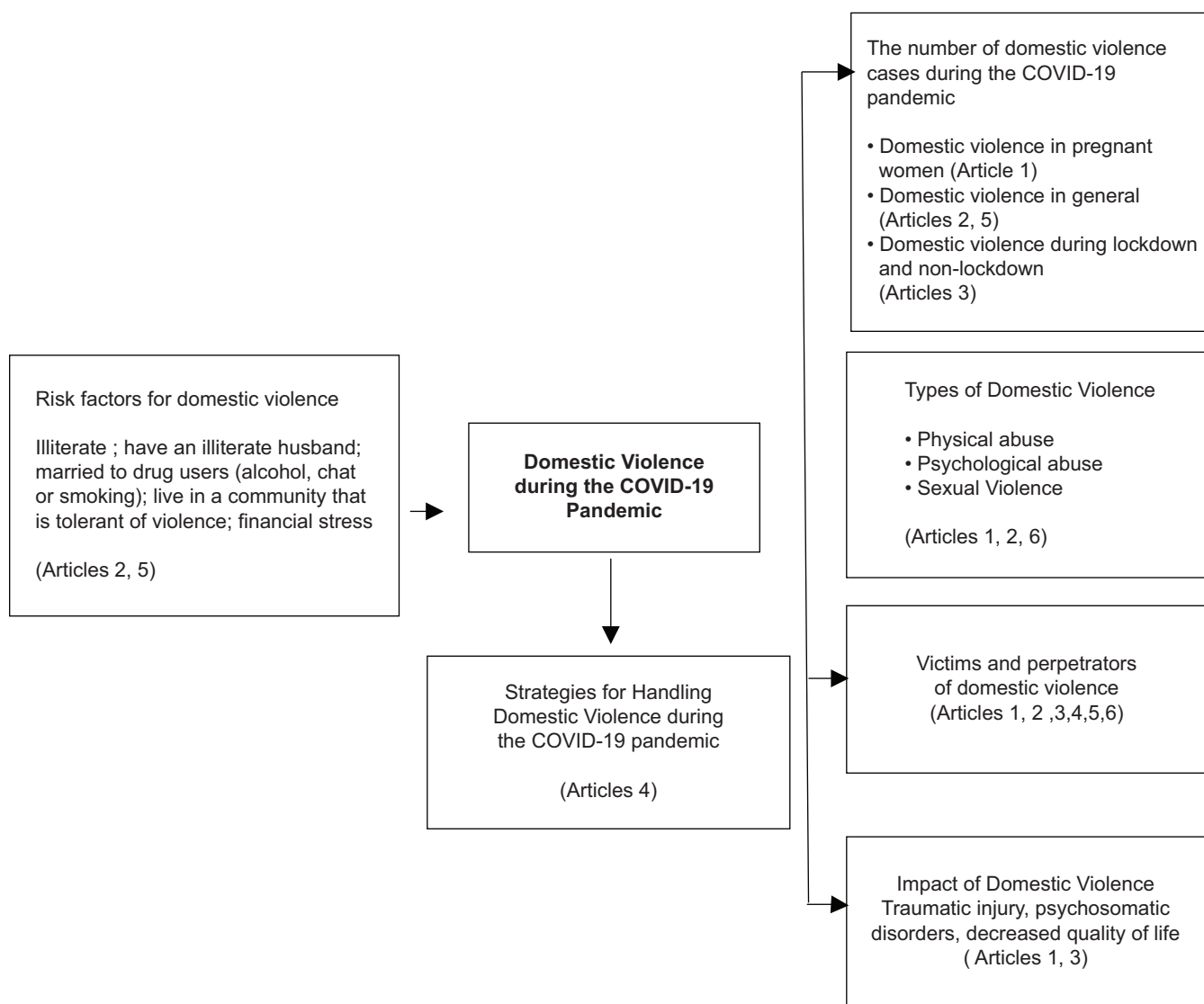


Figure 2: Mapping the scoping review theme

shows that about 23.2% of respondents experienced one type of violence, 10% two types, and 2% three types of violence [20], even according to Tadesse *et al.*, 7.3% of women had experienced all types of domestic violence (physical, psychological, and sexual) [21]. Therefore, we did not find economic violence in this scoping review.

According to Muldoon *et al.* (2021), sexual violence and physical violence cases during the COVID-19 pandemic decreased from 53.49% to 48.45%, while cases of psychological violence increased as many as 16.88%. In contrast to these findings, Gosangi *et al.* (2021) found that the number of cases of physical violence during the COVID-19 pandemic increased by 27% from the previous year.

Results of research on domestic violence in pregnant women in Iran show that several acts of violence experienced by women based on the type of violence include emotional violence: limiting socializing, shouting/insulting, humiliating, and sexual violence: Forcing sexual intercourse. The term of

physical violence includes throwing objects, pushing, pulling hair or arms [20]. According to Moreira and Pinto da Costa (2020), the perpetrator carried out restrictions on socializing to cut off contact with outsiders.

The impact of domestic violence

We identified several impacts related to domestic violence during the COVID-19 pandemic in the form of traumatic injuries (90.62%), psychosomatic disorders (9.38%), and decreased quality of life [20], [22]. The quality of life of pregnant women with domestic violence was lower, especially in physical health and mental health, than women who did not experience domestic violence, with the difference in scores of 3.24 and 15.43, respectively [20]. The results of previous studies indicated that compared to women who had never experienced violence during pregnancy, the risk of perinatal and neonatal mortality was 2.59 and 2.37 times higher, respectively [39].

The violence against women affects their current health and their children's health in the future, including the emergence of intergenerational cycles of violence. The environment in which children develop significantly influences their physical and mental health [40]. Children who live in violent household environments feel emotionally insecure and have excessive anxiety and alertness, chaotic stress responses, and disturbed sleep comfort, impacting children's physical and psychological development [40]. Children under 3 years of age who witness domestic violence are at risk for impaired memory development and cognitive function at 5 years of age [41]. Domestic violence also affects the development of children's vocabulary and behavior problems, especially in boys [42].

The reactions of children exposed to violence are different, and this affects their social competence. Some children have low social skills, which affects their understanding and perspective on social signals in the environment. Some children share this attitude and believe that violence is the best way to manage conflict [43]. One thing that also needs to be considered regarding exposure to domestic violence in children is the occurrence of transgenerational violence. Children who see or experience domestic violence are more at risk of becoming victims or perpetrators of violence when they grow up [44]. The risk of becoming a victim of domestic violence is more remarkable for girls who are victims or who witness their mothers as victims of domestic violence. In contrast, the risk of becoming perpetrators of violence is more excellent for boys who experience or see their fathers committing domestic violence.

The role of various parties is needed to prevent domestic violence to create a child-friendly environment and break the cycle of violence between generations so that the lives of future generations will be better.

Strategies for handling domestic violence during the COVID-19 pandemic

Women are a population that is prone to violence, so great support is needed by women during this pandemic. Development and implementation alternative services such as telephone or online consultations, telemedicine, and training on early detection of domestic violence for health workers are urgently needed during this pandemic [45].

Other scholar identify three strategies for handling case of domestic violence during pandemic, including [23]:

Strategy to maintain communication with victims of domestic violence

Social restrictions during the COVID-19 pandemic limited our space, including with regard to reporting access for victims of domestic violence.

Strategies can be implemented to overcome this by facilitating toll-free complaint services; through internet-based applications (e.g., WhatsApp); homepage; and service map. The implementation of this strategy is expected to facilitate reporting and communication access for victim monitoring.

Strategies for handling services for domestic violence cases

Several services related to handling cases of domestic violence during a pandemic are needed, namely: Provision of shelters, psychological consultation (through telephone or virtual) online-based services at the policy office (report registration, case progress as well as emergency protection requests). Remote Justice System, Legislative system (formation of working groups related to contingency planning and draft laws).

Strategies for providing information to the public

Strategies that can be implemented include the dissemination of information related to domestic violence during a pandemic through booklets and virtual campaigns; empowerment of third parties (neighbors) for reporting cases. This activity aims to educate the community to change their mindset that domestic violence is a social problem that requires joint handling.

Efforts to handle domestic violence during the COVID-19 pandemic are expected to focus on physical and mental health and economic empowerment so that women can be economically independent so that they no longer need to depend on domestic violence actors.

Conclusion

COVID-19 impacts domestic violence cases, where most victims are women, and most of them experience recurrent domestic violence. The pandemic has an impact on reducing face-to-face intensity. The role of social media and online-based services (hotlines, homepages, and WhatsApp) is needed to provide information and make it easier for victims to access services. The majority of the articles in this scoping review are quantitative research. We recommend that future research be examined deeper into the understanding, experiences, and needs of victims and perpetrators of domestic violence during the COVID-19 pandemic, including the roles of cross-sectors and obstacles experienced in handling domestic violence in the future.

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