



Management of Misuse and Domestic Violence in the Wake of COVID-19 Outbreak: A Call to Save Lives

Nader Aghakhani ¹, Zehra Gok Metin ² and Masoumeh Akbari ^{3,*}

¹Patient Safety Research Center, Clinical Research Institute, Urmia University of Medical Sciences, Urmia, Iran

²Internal Medicine Nursing Department, Hacettepe University Faculty of Nursing, Ankara, Turkey

³Spiritual Health Research Center, Faculty of Paramedical, Qom University of Medical Sciences, Qom, Iran

*Corresponding author: Alghadir Boulevard, Opposite of Yadegar Emam Stadium, Spiritual Health Research Center, Faculty of Paramedical, Qom University of Medical Sciences, Qom, Iran. Tel: +98-9144481134. Email: m.akbari43@gmail.com

Received 2021 August 23; **Revised** 2021 September 29; **Accepted** 2021 October 24.

Keywords: Management, Violence, COVID-19, Pandemic

Dear editor,

Since December 2019, a terrible outbreak of COVID-19 has quickly increased public panic among people all over the world. In addition, some symptoms, including sleep disorders and lack of access to necessary medications, deteriorated their psychological conditions (1). As the prevalence of the outbreak is increasing, the worry about getting infection has been increased, and main concerns like fear of death emerged among individuals who are in hospital or quarantine in their home. On the other hand, compulsory contact tracing and quarantine conditions, as public health strategies against COVID-19, caused the patients to feel guilty about the consequences of contagion and stigma on their families and friends (2).

Also, missing social communications, feeling guilty about the effects of the disease, lack of legitimate management and control the outbreak of COVID-19 by specialists, presence of unnecessary information on social media, being far from daily routine works, colleagues, companions, and friends can increase the feeling of loneliness, depression, anxiety and anger among patients and their family that may cause risk of domestic violence as a growing concern (3). As the worldwide outbreak proceeds, actions such as encouraging people to embrace “social distancing”, and imposing or business limitations may lessen the transmission of the horrible illness. However, numerous domestic violence victims may presently find themselves trapped in the home with a savage perpetrator during a time of period of seriously limited contact with the outdoor context.

It is not unexpected for domestic violence abusers to isolate their victims to reduce opportunity for exposure of abuse, and the current societal situation are furthering the

effect of these actions (4). With widespread organizational closures for an identified period of time, domestic violence risk factors such as reduced income, unemployment, limited assets, and social support can probably be more compounded. Additionally, alcohol and substance misuse, a generally announced risk factor, has been linked to a lack of social support and stressful events because of COVID-19 (5). A cross-sectional study in Iran has shown (35.2 %) of women had experienced emotional violence during the COVID-19 outbreak, followed by sexual (12.4 %), and physical violence (4.8). The results signify the importance of conducting proper approaches to reduce domestic violence and its negative consequences (6).

Misuse and violence in families happen in differing structures: domestic violence (maltreatment of children or intimate partner violence), maltreatment of older family members, or child to mother violence that is related to family configurations, socioeconomic levels, and ethnic groups. Given that family domestic is a complex issue enmeshed in cultural values, beliefs, and reactions; increasing wellbeing and diminishing damages cannot happen through simple solutions (7). There are different ways to perceive family violence. However, numerous communities around the world currently find themselves isolated by the danger of spreading the infection, the risk of domestic violence is extremely high right now and will probably stay that way for the future months or years. Thus, if an individual hears or sees something concerning, he/she should report saving a victim's life (8).

Since women and children are more likely to be visited by healthcare professionals; they are ideally positioned to distinguish and react to those influenced by misuse and violence before ever support of police and justice services.

They can also prevent them from more serious harm or even death. These activities, regardless of how great or small, may improve victims' safety and minimize its hindering health effects (9). Based on the aforementioned reasons, it is important that health policymakers become informed about types of domestic violence and the conditions that cause it and plan to improve their reaction to influenced victims by a trusting relationship with them (10).

Implementation of safety behavior plans and mindfulness help diminish the occurrences of domestic violence. It should be disclosed to victims that the misuse is illegal and the healthcare professional must guard against the reason that may range from dread of further abuse, concerns about children, financial dependence, and self-blame. Besides, non-governmental organizations or shelters as community resources may lessen the danger of further misuse (11).

We can conclude that, in the extraordinary situation produced by COVID-19 outbreak, the risk of domestic violence and its physical and mental consequences is very high. The issue is compounded by different cultural, political, legal, and financial factors. Therefore, health professionals should integrate domestic violence into early screening, prevention, and practical future plans to defend the victims' rights as a priority.

Footnotes

Authors' Contribution: Nader Aghakhani, Zehra Gok Metin, and Masoumeh Akbari designed the manuscript, drafted it, and revised it for important intellectual content.

Conflict of Interests: The authors declared no conflicts of interest.

Funding/Support: No funds were obtained for the production of this manuscript.

References

1. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. *Int J Environ Res Public Health*. 2020;17(5). eng. doi: [10.3390/ijerph17051729](https://doi.org/10.3390/ijerph17051729). [PubMed: [32155789](https://pubmed.ncbi.nlm.nih.gov/32155789/)]. [PubMed Central: [PMC7084952](https://pubmed.ncbi.nlm.nih.gov/PMC7084952/)].
2. Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry*. 2020;7(3):228–9. eng. doi: [10.1016/S2215-0366\(20\)30046-8](https://doi.org/10.1016/S2215-0366(20)30046-8). [PubMed: [32032543](https://pubmed.ncbi.nlm.nih.gov/32032543/)]. [PubMed Central: [PMC7128153](https://pubmed.ncbi.nlm.nih.gov/PMC7128153/)].
3. Kong X, Zheng K, Tang M, Kong F, Zhou J, Diao L, et al. Prevalence and factors associated with depression and anxiety of hospitalized patients with COVID-19. *MedRxiv*. 2020.
4. Liem M, Reichelmann A. Patterns of multiple family homicide. *Homicide Stud*. 2014;18(1):44–58.
5. Catalá-Miñana A, Lila M, Oliver A, Vivo JM, Galiana L, Gracia E. Contextual Factors Related to Alcohol Abuse Among Intimate Partner Violence Offenders. *Subst Use Misuse*. 2017;52(3):294–302. eng. doi: [10.1080/10826084.2016.1225097](https://doi.org/10.1080/10826084.2016.1225097). [PubMed: [27759488](https://pubmed.ncbi.nlm.nih.gov/27759488/)].
6. Naghizadeh S, Mirghafourvand M, Mohammadirad R. Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease. *BMC Pregnancy Childbirth*. 2021;21(1):88. eng. doi: [10.1186/s12884-021-03579-x](https://doi.org/10.1186/s12884-021-03579-x). [PubMed: [33509103](https://pubmed.ncbi.nlm.nih.gov/33509103/)]. [PubMed Central: [PMC7840794](https://pubmed.ncbi.nlm.nih.gov/PMC7840794/)].
7. Wilson D, Gonzalez-Guarda RM, Campbell J. Abuse and violence in families. *J Clin Nurs*. 2017;26(15-16):2097–9. eng. doi: [10.1111/jocn.13829](https://doi.org/10.1111/jocn.13829). [PubMed: [28370631](https://pubmed.ncbi.nlm.nih.gov/28370631/)].
8. Campbell AM. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Sci Int*. 2020;2:100089.
9. Sharps PW, Bullock LF, Campbell JC, Alhusen JL, Ghazarian SR, Bhandari SS, et al. Domestic Violence Enhanced Perinatal Home Visits: The DOVE Randomized Clinical Trial. *J Womens Health (Larchmt)*. 2016;25(11):1129–38. eng. doi: [10.1089/jwh.2015.5547](https://doi.org/10.1089/jwh.2015.5547). [PubMed: [27206047](https://pubmed.ncbi.nlm.nih.gov/27206047/)]. [PubMed Central: [PMC5116686](https://pubmed.ncbi.nlm.nih.gov/PMC5116686/)].
10. Aghakhani N, Sharif Nia H, Moosavi E, Eftekhari A, Zarei A, Bahrami N, et al. Study of the Types of Domestic Violence Committed Against Women Referred to the Legal Medical Organization in Urmia - Iran. *Iran J Psychiatry Behav Sci*. 2015;9(4). eng. e2446. doi: [10.17795/ijpbs-2446](https://doi.org/10.17795/ijpbs-2446). [PubMed: [26834806](https://pubmed.ncbi.nlm.nih.gov/26834806/)]. [PubMed Central: [PMC4733310](https://pubmed.ncbi.nlm.nih.gov/PMC4733310/)].
11. Patra P, Prakash J, Patra B, Khanna P. Intimate partner violence: Wounds are deeper. *Indian J Psychiatry*. 2018;60(4):494–8. eng. doi: [10.4103/psychiatry.IndianJPsychiatry_74_17](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_74_17). [PubMed: [30581217](https://pubmed.ncbi.nlm.nih.gov/30581217/)]. [PubMed Central: [PMC6278226](https://pubmed.ncbi.nlm.nih.gov/PMC6278226/)].