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

Saira Javed, Yasir Mehmood

**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. The ambiguity and unpredictability of COVID-19 not just affects the physical health of an individual but causes multiple psychological issues. Domestic violence (DMV) occurs where one individual holds power over another. 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. 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). DMV has no boundaries; it affects all demographics equally, though in many cases culture plays a significant role, as prevalence rate of domestic violence is associated with socio-economic factors including inflation rate, poverty, employment status, homelessness and other financial burdens. 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.

**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 reported different types and reasons for domestic violence.

Results
The overview is presented in Figure 1 of PRISMA Flow Diagram of DMV violence. 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>
<thead>
<tr>
<th>Sr. No</th>
<th>Studies</th>
<th>Location</th>
<th>Percentage increase during Covid-19</th>
<th>Victims</th>
<th>Type of domestic violence</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Allen-Ebrahimian 2020&lt;sup&gt;10&lt;/sup&gt;</td>
<td>Wuhan Province, China</td>
<td>90%</td>
<td>Women and Children</td>
<td>Physical and verbal abuse</td>
<td>Forced coexistence, economic stress, and fears about the virus</td>
</tr>
<tr>
<td>2.</td>
<td>Pfitzner et al. 2020&lt;sup&gt;11&lt;/sup&gt;</td>
<td>France</td>
<td>32% - 36%</td>
<td>Women and Children</td>
<td>Physical and emotional abuse/ family violence</td>
<td>Economic stress, disaster-related instability, increased exposure to exploitative relationships, and reduced options for support</td>
</tr>
<tr>
<td>3.</td>
<td>Costoya 2020&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Argentina</td>
<td>25%</td>
<td>Women</td>
<td>Physical and emotional Abuse</td>
<td>Financial crisis, fear of loss of job and frustration due to isolation</td>
</tr>
<tr>
<td>4.</td>
<td>Fraser 2020&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Singapore</td>
<td>30%</td>
<td>Women</td>
<td>Physical and Emotional Abuse</td>
<td>Fears about the virus</td>
</tr>
<tr>
<td>5.</td>
<td>Boserup et al. 2020&lt;sup&gt;14&lt;/sup&gt;</td>
<td>San Antonio</td>
<td>18%</td>
<td>Women and Children</td>
<td>Family violence</td>
<td>Forced lockdown</td>
</tr>
<tr>
<td>6.</td>
<td>Money 2020&lt;sup&gt;15&lt;/sup&gt;</td>
<td>Jefferson Country, Alabama</td>
<td>27%</td>
<td>Nil</td>
<td>Domestic violence</td>
<td>Stay at home orders</td>
</tr>
<tr>
<td>7.</td>
<td>Hatchimonji 2020&lt;sup&gt;16&lt;/sup&gt;</td>
<td>Philadelphia</td>
<td>7%</td>
<td>Women</td>
<td>Physical and verbal abuse</td>
<td>Fear of virus consumption, economic and emotional stressors, social distancing</td>
</tr>
<tr>
<td>8.</td>
<td>Hansen &amp; Lory 2020&lt;sup&gt;17&lt;/sup&gt;</td>
<td>New York</td>
<td>18% 17%</td>
<td>Women and Children</td>
<td>Physical, emotional and verbal abuse</td>
<td>Lockdown, unemployment, economic strain, and gun ownership</td>
</tr>
<tr>
<td>9.</td>
<td>Mohiuddin 2020&lt;sup&gt;18&lt;/sup&gt;</td>
<td>Bangladesh</td>
<td>Didn’t mention increase in numbers</td>
<td>Women and Children</td>
<td>Physical and emotional</td>
<td>Economic crisis and lack of social activities</td>
</tr>
<tr>
<td>10.</td>
<td>Telles et al. 2020&lt;sup&gt;19&lt;/sup&gt;</td>
<td>Brazil</td>
<td>40% - 50%</td>
<td>Women and Children</td>
<td>Domestic violence</td>
<td>Covid-19 related stress results in psychological factors like depression, drug addiction and death anxiety</td>
</tr>
</tbody>
</table>
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. 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. During lockdown men are at home and it is

<table>
<thead>
<tr>
<th></th>
<th>Pfitzner et al. 2020$^{11}$</th>
<th>Australia</th>
<th>59%</th>
<th>Women and Children</th>
<th>Physical, psychological and substance abuse</th>
<th>Forced lockdown, economic distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Chandra 2020$^{19}$</td>
<td>India</td>
<td>100%</td>
<td>Women</td>
<td>Sexual, substance, verbal and emotional abuse</td>
<td>Physical confinement, economic disruption, slowed down businesses, possible unemployment, scarcity of basic provisions, limited social support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Bradbury-Jones &amp; Isham 2020$^{20}$</th>
<th>Spain</th>
<th>20%</th>
<th>Women</th>
<th>Domestic and sexual abuse</th>
<th>Economic crisis, isolation, easy access, psychological issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Bradbury-Jones &amp; Isham. 2020$^{20}$</td>
<td>Cyprus</td>
<td>30%</td>
<td>Women</td>
<td>Domestic and sexual abuse</td>
<td>Lockdown, economies distress</td>
</tr>
<tr>
<td>15.</td>
<td>Bogart 2020$^{18,21}$</td>
<td>Canada</td>
<td>40%</td>
<td>Women</td>
<td>Sexual and emotional abuse</td>
<td>Forced stay with abuser, lockdown</td>
</tr>
<tr>
<td>16.</td>
<td>Ghoshal 2020$^{22}$</td>
<td>UK</td>
<td>25%</td>
<td>Women</td>
<td>Physical, sexual and emotional abuse</td>
<td>Lockdown, forced stay with intimate partners</td>
</tr>
<tr>
<td>17.</td>
<td>Han &amp; Mosqueda2020 2020$^{23}$</td>
<td>Houston, Texas</td>
<td>20%</td>
<td>Children and Elders</td>
<td>Physical and emotional</td>
<td>Forced stay at home, workload</td>
</tr>
<tr>
<td>18.</td>
<td>Pakenham et al. 2020$^{24}$</td>
<td>Italy</td>
<td>5.3%</td>
<td>Women</td>
<td>Physical and emotional</td>
<td>Congested houses, workload</td>
</tr>
</tbody>
</table>
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.\textsuperscript{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.\textsuperscript{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:

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**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.

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**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.

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**Step 3 - Formal Therapeutic Session:** Provide individual or group counselling for proper 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.

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**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.

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**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.

REFERENCE