

COVID-19 Outbreak as Threat of Violence against Women

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SARS-CoV-2 (Covid-19) is an infectious disease that results in mild to severe respiratory system illness caused by coronavirus. In December 2019, a group of patients with respiratory syndrome, who were epidemiologically linked to a seafood wholesale market in Wuhan, China (1, 2) were admitted to hospitals. These patients developed mild symptoms such as fever, dry cough and angina. However, most of the cases improved spontaneously; but some developed various severe complications including acute respiratory distress syndrome, pulmonary edema, organ failure and shock. On 30th January 2020, the World Health Organization (WHO) announced the Chinese crisis of COVID-19 to be a health emergency for countries. The emergency committee of WHO has reported that the spread of infection may be torn up by early detection, isolation, immediate treatment, and the implementation of strong system to monitor contacts (3). Other objectives include providing measures to identify clinical severity, the transmission extent, and optimizing treatment modalities. A key goal is to minimize the various social and economic impacts of the virus (4).

COVID-19 infection typically spreads at a very fast pace and recently described as 'Pandemic' by WHO. One of the recommended strategies for Covid-19 pandemic, which is necessary for

suspected patients is quarantine. Quarantine is the reasonable restriction of movement of already infected or about to infect local people (5). But the lengthy confinement may results in mental and psychological issues including domestic violence (6).

Evidence shows that nearly 1 in 3 (35%) women in the world have been exposed to the partner violence (7, 8) and it is the most common form of violence. It has been reported that globally, about 38% of murders of women are accomplished by their spouses (7, 8). The United Nations (UN) appointed domestic violence as kinds of gender-based violence (GBV), which results in women's physical, mental or sexual harassment. Annually, the incidence and mortality of violence against women are raised (9). In a WHO multi-country survey, the prevalence of intimate partner violence (IPV) in different cultures and countries have been shown. The results stated that IPV is widespread in all 10 countries under study. Among married women, 13–61% and 6–59% experienced physical and sexual violence, respectively. Also, 20–75% declared experiencing psychological abuse, from a partner in their life (10, 11). In the other study, the rate of domestic violence was reported to be 49.4% and age, spouse age, marriage period and woman and husband's low educational level were the most important risk factors for violence (9).

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With this background in mind, attention should be drawn to the fact that humanitarian emergencies may aggravate existing violence and cause additional forms of violence against women (12). Violence is a serious risk factor for women's health during emergencies and tends to be increased during epidemics (13). While many provinces in the world implement stay-at-home formulate differential, individuals are therefore expected to stay indoors except for particular activities (5, 6, 14).

There have been reports of rising domestic violence rates around the world during the covid-19 epidemic. The reason is that common people around the world are obliged to stay at home, so women and girls are at an increased risk of intimate partner violence, domestic violence, child abuse, and other types of gender-based violence. Also, prolonged quarantine and economic and social stressors caused by the COVID-19 pandemic, increase tensions in the household, so that violence in the home may worsen. Additionally, alcohol application, an important presented risk factor for family violence, has been relevant to an accumulation of stressful events and a lack of social support (both may be occurring as a result of infection) (15). Corona and the need for spouses to stay at home exacerbate traditional differences and open up unresolved issues, increasing sensitivity to deficiencies and minor flaws in marital relationships. In acute cases, in the absence of awareness and lack of marital life skills to resolve conflict and anger management, domestic violence is exacerbated, and especially in families with emotional divorce, the violence is intensified. (16). On the other hand, the prevalence of corona has led to the misconception that drug use reduces anxiety caused by corona, and this has led to a rigid increase in domestic violence (16). So it seems that sexual and gender-based violence is a latent outcome of the COVID-19 outbreak (17, 18).

Risk factors for domestic violence during the this pandemic include long-term quarantine, fear of infection, stress, the chaos of social networks, and diminished access to services, disappointment, exhaustion, insufficient income, insufficient information, unemployment, financial losses, limited social support and

stigma. Even some studies have suggested long-term problems (15).

Furthermore, limited access to health and social services are likely to increase the risks of women and girls experiencing violence (19). Many women and girls are in 'lockdown' at home and isolated from helping resources. They have also few opportunities to distance themselves from people who abuse them. Also during epidemics, sexual and reproductive healthcare providers could not appropriately screen for sexual and gender-based violence and possibly referral pathways to care are interrupted (17, 18). Some reports indicate that calls to domestic violence helplines, police and shelters are increasing during the COVID-19 outbreak (20).

In the United States, studies from around the country have reported an increase of 10-27 percent of domestic violence during the COVID-19 pandemic (14). Also, according to the reports, domestic violence has tripled during quarantine in China. It is estimated that domestic violence has increased to 40 to 50 percent in Brazil and 30 percent in France and 18 percent in the Spain. At the same time, domestic violence has increased in Italy, Canada, Germany, and the United Kingdom (15, 19). New document published by UNFPA manifests that for every 3 months of lockdown, an additional 15 million cases of gender-based violence are expected; 13 million women will not have access to modern contraceptive methods and there will be around 325,000 unwanted pregnancies (18). The growing trend of reports of domestic violence is likely to continue in the course of the Covid-19, while many of them may remain hidden due to fear of its disclosure (15). Some studies have reported negative psychological effects, including post-traumatic stress symptoms, burn out, anxiety, depression, confusion, and anger (21).

This level of domestic violence has also raised concerns in health care organizations, but it should be taken into account that violence against women is preventable (22, 23). RESPECT women is a framework with seven strategies that was launched by WHO and UN Women in June 2019. RESPECT is a framework to prevent violence against women, which stands for 1) Relationship skills strengthened 2)

Empowerment of women 3) Services ensured 4)
Poverty reduction 5) Environments made safe
6) Child and adolescent abuse prevented and 7)
Transformed attitudes, beliefs and norms (22).

During the Covid-9 pandemic the UN has also provided a number of recommendations to governments and civil society organizations (19), which is presented in Table 1.

Table 1. UN Recommendations for anti-violence actions in COVID-19 in national plans (19)

GOVERNMENTS- UNITED NATIONS AGENCIES
-Allocation of additional resources and evidence-based measures to address violence against women and girls during COVID-19.
-Strengthening services for women who confront violence in COVID-19 epidemic
-Building capacity of main services to progress quality of response
- Putting women at the forefront of political planning
-Being ensured about collected sex-disaggregated data for understanding the impact of COVID-19 on violence against women and girls
CIVIL SOCIETY ORGANIZATIONS-UNITED NATIONS AGENCIES
-Strengthening support and engagement of different persons to address violence against women in COVID-19 outbreak time

European Institute of Gender Equality (EIGE) propose measures to protect women in times of crisis including coordinating of support services, cooperation of police, health and social services together to identify particularly high risk women, such as those who previously confronted violence by a partner, as well as working with perpetrators. EIGE also emphasize that government-led campaigns can help people towards enhancing their awareness of domestic violence, as well as knowing the ways to spot it, and to get help (24).

Due to the high number of domestic violence, not paying attention to this problem in the future will cause to confronting with many psychological reactions among women in the society. While, these problems are now under the domination of the corona and are less addressed, it is important that the governments should address the issue of increasing violence against women during COVID-19 pandemic. The needs of women and girls facing various forms of discrimination must be prioritized. In this regard, programs should be designed to empower women and girls to uncover their problems. Also, the duration of the quarantine should be based on the advantages and disadvantages. Providing clear evidence of the need for quarantine and protocol information, as well as providing adequate resources are important. Teaching appropriate behaviors and reminding the sense of altruism by emphasizing the benefits of quarantine can be appropriate.

Establishing organizations to support women and combat violence against them, and to create shelters and safe areas to hide victimized women must be at the forefront. To sum up, all healthcare providers should be prepared and trained to deal with the increase in multiple domains (psychological, physical, and sexual) of abuse associated with the COVID-19 pandemic.

Conflict of interest

The author declares no conflicts of interest.

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