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Rising Domestic Violence Against Women During the COVID-19 Pandemic: What is the Role of the Healthcare System?

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Dear editor

As the world struggles to cope with the COVID-19 pandemic, many countries resort to “stay home” orders (1). As a result, it is estimated that at least three billion people worldwide are home-sheltered, and 142 countries have implemented some form of home quarantine (2). Although such steps are needed to control the pandemic, this “inevitable choice” has unintended consequences. One of these consequences is domestic violence against women (1).

The World Health Organization (WHO) describes domestic violence as “behavior committed by a present or former partner that leads to physical, sexual, or psychological hurt.” Before the COVID-19 pandemic, WHO reported that about one-third (25 percent) of women experienced domestic violence (3). Nevertheless, an increasing number of studies have found an increase in domestic violence against women during the COVID-19 pandemic, including 48% in Peru (2), 30% in France, 20% in Spain (4), and 28% in the United States (5). These statistics clearly show that quarantine provides an environment that triggers violence against women (6). This trend may only present the tip of the iceberg, and victims may not be able to report violence against themselves all around the world (5).

Contributing factors to violence against women during the COVID-19 pandemic include long-term restrictions, worrying about getting infected, anxiety, anarchy in social networks, reduced access to supportive networks, frustration, inadequate revenue, low awareness, unemployment, fiscal losses, and restricted social support (7). Furthermore, confined access to health and social facilities can increase the risks of violence against women. Lockdown has caused many women to be deprived of access to support networks. They cannot distance themselves from the environment in which they are persecuted. Also, during pandemics, healthcare providers could not screen appropriately for violence against women, and their access to medical services through the referral systems are disturbed (8).

Although the COVID-19 pandemic has put huge pressure on the health systems, this section still has

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a critical role in ensuring that health services for abused women stay accessible during the COVID-19 pandemic (9). The health system Responds provide a strategy for addressing this complex problem and concrete approaches for carrying it out, not only for front-line health workers but also for decision-makers in developing policies and resources (10).

On a national level, in parallel with the measures for controlling the COVID-19 pandemic, violence against women should be considered in health policies and budget programs. Also, the health system can implement a variety of programs to raise awareness of violence against women (11).

At the local level, health facilities and healthcare providers can inform people about supportive services provided in the area, including temporary shelters, hotlines, counseling services, and other valuable services for women who need help (12). In health facilities, training courses can change the health workers' inappropriate views about abused women and ensure that interactions between victims of violence and health workers are supportive, non-judgmental, non-reprehensible, and grounded in human rights-based approaches. Also, in hospitals and other health centers, it is possible to increase public awareness of various aspects of violence against women through media such as newsletters, pamphlets, and posters (13).

Health workers have a unique role in identifying survivors and providing them proper health care and referrals. The COVID-19 pandemic has made healthcare providers more focused on it. It may be negligent in identifying violence cases against women. Health workers need to be aware of the physical and psychological consequences of violence against women because they are often the first-line contact with survivors. The first-line support measures include listening empathetically and without judgment, identifying needs and addressing them, ensuring safety, and referring survivors to supportive centers (9).

During the COVID-19 pandemic, except for immediate medical treatment, survivors may need a diverse range of services (14). For example, Temporary shelters are important because they can create the conditions for women to think about their current status and future plans in a calm environment to rebuild their lives using the help of supportive networks (15). It is obvious that the health system itself cannot meet all these needs. However, the health system can link with other supportive organizations to facilitate survivors' access to help (16).

The evidence from this study show there is a need for special attention of health policymakers to consider this issue in their health programs. Also, increasing awareness of healthcare providers can be helpful in the early detection of violence against women and prevent or reduce its recurrence. Therefore, it is suggested that future studies use qualitative methods to identify barriers to accessing health services during the COVID-19 pandemic.

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Authors' contribution

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