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Domestic Violence during COVID 19: The hidden pandemic

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Domestic Violence during COVID 19: The hidden pandemic

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As COVID-19 cases surged worldwide since early 2020, so did the incidence of domestic violence. Domestic violence, particularly violence against women, is a worldwide public health problem and a human rights violation (World Health

Organization, 2021). Violence against women, as defined by the United Nations (1993), is “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” Approximately 28.8% of Indian women are affected by lifetime physical and/or sexual intimate partner violence (IPV) (UN Women, 2016; International Institute of Population Sciences [IIPS] and ICF, 2017).

Before the COVID-19 outbreak, one in three women experienced violence by an intimate partner globally (UN Women, 2020). IPV against women in India has deep historical roots originating from the Indian patriarchal system (Tonsing & Tonsing, 2017). Women with lower socioeconomic and educational status and women with partners who consume alcohol were found to be at significantly higher risk for experiencing IPV (Mahapatro et al., 2012). Violence against women has always been alarming, but with the surge of COVID-19, violence has significantly increased (Krishnakumar & Verma, 2021). This finding aligns with the global increase of domestic violence during the pandemic (Mittal & Singh, 2020). During the nationwide lockdown early in the pandemic, women were confined to their domestic

space with their abusers. In addition, the psychological impact of economic losses and the fear of the pandemic has affected not only women but also their perpetrators. Conversely, the availability of support networks for women diminished significantly owing to quarantine. The result of these circumstances is widespread silent suffering (Vijayalakshmi & Dev, 2020).

Currently, India is facing the second surge of a highly virulent strain of COVID-19. The major health and economic impact from this second surge have led to a crisis. Such a desperate situation could prompt another lockdown, as any measure to save lives takes precedence over other socioeconomic concerns. With the implementation of another lockdown, women will face more violence from their partners and other family members. The outcome of such violence can be long-lasting. Thus, acknowledging the presence of domestic violence and implementing measures to reduce the social stigma associated with victims of violence is important (Vijayalakshmi & Dev, 2020).

Healthcare providers and clinicians have a unique role in identifying the victims of this abuse. Healthcare workers should be alerted about the possibility of increased domestic violence during the lockdown, and patients should be screened for any signs of abuse routinely during teleconsultation visits (Sharma & Khokhar, 2021). Nurses on the frontline of healthcare services can provide interventions to women facing IPV. These include teaching safe and healthy relationship skills, promoting positive relationship expectations, creating awareness about IPV, strengthening family support systems, supporting survivors, and offering counselling services. Some of the successful communication strategies that nurses can employ with victims of domestic violence include active listening, validating their decisions to disclose, and emphasizing the unacceptability of violence (Power, 2021). These strategies can provide an empowering experience to victims of domestic violence. Women empowerment

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support programs that focus on coping strategies and expanding social support can strengthen women facing challenges associated with IPV. Information about support services and other resources should be easily available. Specific support systems should be available to underserved populations who do not have access to online platforms or have limited digital literacy (Gama et al., 2021).

On a broader scale, efforts should be made at the government level to improve services to prevent IPV and protect the victims of IPV, and public health policies should be modified to address the inadequacy of the current healthcare system in managing IPV. Allocating community health resources to this public health crisis of domestic violence is crucial for effective and implementable interventions for women who experience IPV. Economic hardship resulting from unemployment was a key factor in perpetuating violence during the initial pandemic lockdown (Sharma & Khokhar, 2021). Providing monetary support and food supplies to families to address the economic hardship would reduce the stress in families and possibly reduce violence against women (Vijayalakshmi & Dev, 2020). Finally, programs should be implemented to improve community awareness about domestic violence, and friends and family should be encouraged to report incidences of violence to appropriate authorities (Sharma & Khokhar, 2021).

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