

Araştırma Makalesi– Research Paper

**BEING A WOMAN IN THE COVID-19 PANDEMIC: QUARANTINE AND
DOMESTIC VIOLENCE**

COVID-19 PANDEMİSİNDE KADIN OLMAK: KARANTİNA VE AİLE İÇİ ŞİDDET

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Özet

Bu çalışmanın amacı, COVID-19 pandemisinde yaşanan aile içi şiddetin belirlenmesi ve değerlendirilmesidir. Tanımlayıcı tipteki çalışmaya Ocak- Haziran 2021 tarihleri arasında 470 kadın dahil edildi. Veriler, Kişisel Bilgi Formu ve Kadına Yönelik Aile İçi Şiddeti Belirleme Ölçeği (KYAİŞBÖ) ile toplandı. Kadınların yaş ortalamasının 34,64±8,93 olduğu, %87,7'sinin evli olduğu ve %12,3'ünün partneri ile birlikte yaşadığı belirlendi. Kadınların pandemi döneminde (%17,9) pandemi öncesine göre (%17,0) daha fazla şiddete (her türlü şiddet) maruz kaldıkları saptandı (p<0,01). Pandemi öncesi ve sırasında şiddet gören kadınların en çok sözlü şiddete maruz kaldıkları belirlendi. Pandemi sürecinde kadınların %20'sinin eşleriyle ilişkilerinin olumsuz etkilendiği belirlendi. Eş ile ilişkiyi olumsuz etkileyen nedenler olarak; psikolojik sorunlar (%94,9), kaygı-belirsizlik (%79,1) ve karantina süreci (%63,9) gösterildi. KYAİŞBÖ'nün puan ortalaması 136,11+43,85 olarak belirlendi. KYAİŞBÖ puanı ile yaşanan yer, eğitim durumu, gelir durumu, çalışma durumu, aile tipi ve çocuk sahibi olma durumu ile anlamlı bir ilişki bulundu. Bu çalışmada pandeminin kadına yönelik şiddeti etkileyen bir durum olduğu tespit edildi. Araştırmaya göre aile içi şiddetin, pandemi döneminde yaşanan psikolojik sorunlar, kaygı-belirsizlik, karantina gibi çeşitli nedenlerden kaynaklandığı belirlendi. Bu nedenle COVID-19 pandemisi sürecinde aile içi şiddetin önlenmesine yönelik eğitim programları ve psikolojik destek programlarının hazırlanması önerilmektedir.

Anahtar Kelimeler: Covid-19; pandemi; aile içi şiddet; kadın

Abstract

The aim of this study is to determine and evaluate domestic violence experienced during the COVID-19 pandemic. A descriptive study enrolled 470 women between January and June 2021. The data were collected Personal Information Form and the Domestic Violence Against Women Determining Scale (DVAWDS). It was determined that the mean age of the women was 34.64±8.93, 87.7% of them were married and 12.3% of them lived with their partner. It was found that women were exposed to more violence (all type of violence) in the pandemic (17.9%) than before the pandemic (17.0%) (p<0.01). It was determined that women who were experienced violence before and during the pandemic were most exposed to verbal violence. It was determined that 20% of women had a negative impact on their relationships with their spouses during the pandemic. As the reasons that negative impact the relationship with the spouse; psychological problems (94.9%), anxiety-uncertainty (79.1%) and quarantine process (63.9%) were shown. The mean score of DVAWDS was determined 136.11+43.85. The DVAWDS score was significantly associated with place of residence, education status, income status, employment status, family type, and having children. In this study, it was found that the pandemic is a condition that affects violence against women. According to the research, domestic violence was caused by various reasons such as psychological issues, anxiety-uncertainty, and quarantine during the pandemic. Therefore, educational programs and psychological support programs need to be prepared for prevention of domestic violence during COVID-19 pandemic.

Keywords: Covid-19; pandemic; domestic violence; woman



1. INTRODUCTION

The coronavirus, also known as the Covid-19 outbreak, which first appeared in Wuhan, China in December 2019, has affected the world in numerous ways both directly and indirectly (Jakovljevic et al., 2020, p. 6-14). Because of virus's global spread, World Health Organization (WHO) has declared the coronavirus as pandemic on March 11, 2020 (Cucinotta and Vanelli, 2020, p. 157). The WHO Coronavirus (COVID-19) dashboard announced that globally, as of 17 February there have been 756,581,850 confirmed cases of COVID-19 and 6,844,267 deaths reported to WHO. (WHO, 2023). As of April 2020, numerous countries have started to implement the "stay at home" measure due to Covid-19 (Feder et al., 2021, pp.1-2; Piquero et al., 2021, p.601-635; Roesch et al., 2020, p.1712). As the virus continues to spread around the world, it has brought various vital stresses such as physical and mental health risks, arising from social isolation and loneliness, the closure of many schools and companies, economic instability, and job losses (Evans et al., 2020 p. 2302-2304; Anjum et al., 2020, pp. 245-250). It is stated that the cases of domestic violence have increased with the quarantine implemented within the scope of the measurements and these stresses (Piquero et al., 2021, p.601-635).

DV (Domestic violence) frequently occurs in a domestic space when one individual holds power over another (Huecker and Smock, 2020). Domestic violence affects both men and women, however it is reported that the rate of violence against women is much higher. According to WHO, one-third of women have suffered domestic violence or abuse at some point in their lives (WHO, 2021). It is stated that 30% of women all over the world have been exposed to violence by their close partner/spouse at some point in their lives. This violence takes many forms, including physical, sexual, psychological, verbal, and economic forms and may increase in a time of crisis (Roesch et al., 2020, pp.1712). Although the "safe house", which is tried to be created within the scope of the pandemic, is aimed at protecting public health and preventing the spread of infection, it ironically becomes a dangerous environment for women due to the increasing danger of domestic violence. At the same time, it is stated that the level of violence experienced by women who have previously been subjected to violence by their partners, in addition to the risk of violence for women who have not previously been subjected to violence by their partners (Feder et al., 2021, pp.1-2). The implementation of quarantine measures, as well as the accompanying decrease in economic, the fear of contracting Covid-19, child care and home education processes, individual coping troubles increase the risk of women being exposed to violence (Baig et al., 2020, pp. 525-526; Ravi, Rai et al., pp.1-12). A meta-analysis based on various studies from different cities, states and countries of the world; states that domestic violence has increased in response to stay-at-home/lockdown orders (Piquero et al., 2021, p.601-635). Domestic violence cases have been reported that also increased is 30-36% in France, 40-50% in Brazil, 25% in Argentina, 33% in Singapore, and 10-35% in different states of the USA (Ergonen et al., 2020, p. 48-57). Domestic violence related to the pandemic was supported by local governments and non-governmental organizations through hotlines and online resources, and cases were reported, but the reporting of violence cases by health institutions was insufficient (Piquero et al., 2021, p.1; Feder et al., 2021, p.1-2). According to one study, it was found that reports of domestic violence from health institutions decreased by 34% compared to 2019 (Feder et al., 2021, p.1-2). According to Google, domestic violence searches on search engines in Australia have climbed by 75% (Usher et al., 2021, p. 549). In a study conducted in Turkey, it was determined that 35.5% of women were exposed to violence during the pandemic (Akalin and Ayhan, 2021, pp. 68-75). The results of the study show the



effects of the pandemic on domestic violence. As a result, the aim of this study aims to determine and evaluate the domestic violence during the COVID-19 pandemic.

2. MATERIAL AND METHODS

2.1. Study participants

This research was conducted in descriptive type between January and June 2021 to determine and evaluate the domestic violence during the COVID-19 pandemic.

The required sample size was calculated using the G*Power software by the researchers. Statistical tests were performed using a point biserial model correlation test with a significance level of 0.05, a power of 0.95 and Cohen's effect size of 0.20 resulting in a minimum number of participants being 314. However, since using electronic survey have a low response rate, the researcher sent 500 questionnaires to ensure adequate responses. The study's participants were women over the age of 18, married for at least one year, or living with a partner who lived in Istanbul were able to read and understand Turkish. The sample of the study consisted of 470 women who met the criteria and eligible to participate and agreed to be in the study by convenience sampling method.

2.2. Procedures

Research data was collected online due to the pandemic between January and June 2021 by snowball sampling method. In the data collection, an informed consent form was filled by giving information about ethical permission, research aim and scope, and the confidentiality of the data. The online survey form was prepared on the Google Survey platform, the first page of the survey included the informed consent form and questions including the inclusion criteria, the personal information form on the second page, and the DVAWDS form on the third page. The usability and technical functionality of the form were tested, updated and made ready to use. It has been established to request permission from the Google Drive platform to fill out the form, in an attempt to prevent multiple users from filling out the same form. Furthermore, the questionnaire could not be sent until it was completely finished. By posting an announcement on the pages that share the content of violence against women, the survey form link was shared on the social media platforms such as Facebook, Instagram, and Twitter. Participants who fulfill the inclusion criteria were asked to answer. Participants were asked to reach out to as many people as possible with this study. As participants were free to participate and contribute to the study, we considered the survey's completion as consent for the usage, analysis, and publication of the collected survey data. Data collection took an average of 15 min per person. Only researchers are able to access the data.

2.3. Measures

The data were collected by applying the "Personal Information Form" prepared by the researchers and the Domestic Violence Against Women Determining Scale developed by Yanikkerem and Saruhan (2002). DVAWDS, which has nine factors/subscales, was preferred in order to evaluate the violence in the pandemic in many aspects (Yanikkerem and Saruhan, 2005, pp. 198-204).

2.3.1.1. Personal Information Form



In this form, which was developed by the researchers in line with the literature, there are 48 questions asking the socio-demographic information of the participants (age, educational status, economic status, employment status, etc.), marriage/partner history, witnessing violence, history of exposure to violence, and pandemic experiences.

2.3.1.2. Scale for Determining Domestic Violence Against Women

It was developed by Yanikkerem and Saruhan in 2005 to determine the views of married women aged 15-49 on domestic violence, to examine their exposure to violence and to determine domestic violence against women. The scale consists of 87 items and nine factors/subscales. These factors/ subscales are as follows; Factor 1. Physical violence at the level that harms the woman's body integrity, Factor 2. Insulting, belittling and emotional pressure on women, Factor 3. Economic violence against women, Factor 4. Social pressure and isolation against women (restrictive behaviors), Factor 5. Disdain for the female gender and threatening behavior, Factor 6. Sexual violence against women and the need for respect, Factor 7. The woman's negative affect towards herself, Factor 8. Spousal worries and fears, Factor 9. Using the male privilege in marriage to the woman and not sharing. On the scale, 5-point Likert-type questions are used and each woman is asked how often violent behaviors occur. Items are scored between 1-5 (Never:1, Once or rarely:2, Sometimes:3, Often:4, Always:5) and a score can be obtained from the scale between 87-435 points. In order to evaluate the frequency of violence, the score calculation of the scale was standardized. Accordingly, the total score obtained from the scale is divided by the highest score (435) and multiplied by 10. The result is between 1-10 and evaluated as 0.00-2.00 (very low), 2.01-4.00 (low), 4.01-6.00 (medium), 6.01-8.00 (high) and 8.01-10.00 (very high). The scale's Cronbach Alpha reliability coefficient was found to be 0.979 in Yanikkerem and Saruhan (2005) and 0.973 in this study (Yanikkerem and Saruhan, 2005, pp. 198-204).

2.4. Statistical analysis

The data were analyzed according to inclusion criteria (women over the age of 18, married for at least one year, or living with a partner who lived in Istanbul), all the data met the criteria with SPSS Statistics 20 program. It was analyzed the data using descriptive statistics such as mean and standard deviation for continuous variables, and numbers and percentages for categorical variables. The Chi-square test, student t-test, one-way ANOVA test were used to compare the means of normally distributed data. Statistical significance was evaluated at the $p < 0.05$.

3. RESULTS

The mean age of the participants was 34.64 ± 8.93 years (min: 20, max: 62). More than three quarters (87.7%) were married and 12.3% were living with their partner. The mean age of marriage for the women was 24.96 ± 4.45 , and the mean duration of marriage was 11.08 ± 9.32 years. Analysis revealed that 71.3% of women were living in the city center. 25.7% of the women were primary and secondary school graduates, 28.5% were housewives. During the pandemic, 3.2% of women and 3.4% of their spouses quit their jobs. Before the pandemic, 20.2% of women reported that their income was "Income is less than expense", this rate increased to 43.6% and their income had decreased because of the COVID-19 pandemic. Almost all (92.9%) of the women lived with their nuclear family and 66.6% had children (Table 1).

Table-1: Socio-demographic characteristics of the participants (n=470)

Variables	X±SD	Min-max
Age	34.64±8.93	20-62
Spouse's age	37.89±10.09	21-70
Age of marriage (n=412)	24.96±4.45	1-41
Duration of marriage (n=412)	11.08±9.32	1-44
	n	%
Age group		
20-29	172	36.6
30-39	172	36.6
40<	126	26.8
Marital status		
Married	412	87.7
Partner	58	12.3
Place of residence		
City center	335	71.3
County-Village	135	28.7
Educational status		
Primary School	70	14.8
Secondary Education	51	10.9
Higher education	349	74.3
Occupation		
Housewife	134	28.5
Public sector	178	37.9
Private sector	138	29.4
Other	20	4.2
Pre-pandemic working status		
Unemployed	200	42.6
Employed Full-Time	230	48.9
Employed Part-Time	40	8.5
Change in working status during the pandemic		
I continued working	121	25.7
I continued to work from home	137	29.2
I quit my job	15	3.2
Unemployed	197	41.9
Pre-pandemic working status of spouse		
Unemployed	58	12.4
Employed Full-Time	382	81.3
Employed Part-Time	30	6.3
Change in spouse's working status during the pandemic		
I continued working	294	62.6
I continued to work from home	125	26.6
I quit my job	16	3.4
Unemployed	35	7.4
Pre-pandemic income status		
Income is less than expense	95	20.2
Income equivalent to expense	242	51.5
Income is more than expenses	133	28.3
Income status during the pandemic		
Income is less than expense	205	43.6
Income equivalent to expense	172	36.6
Income is more than expenses	93	19.8
Type of family (n:412)		
Extended family	29	7.1

Nuclear family	383	92.9
Have children		
Yes	313	66.6
No	157	33.4
	470	100

When women were asked to evaluate their relationship with their pre-pandemic and pandemic spouses out of ten points; It was found that they gave an average of 7.88 ± 1.90 points before the pandemic and an average of 7.43 ± 2.26 points in the pandemic (0: very bad, 10: very good). It was found that the score given to the spousal relationship before the pandemic was significantly higher than during the pandemic. When women's witnessing of violence was examined, it was determined that women witnessed more violence (all type of violence) before the pandemic (45.5%) compared to the pandemic (28.3%). Approximately one in six (17.0%) women reported being exposed to some form of domestic violence during the COVID-19 pandemic. It was found that women were significantly more exposed to all type of violence in the pandemic than before the pandemic. Women who experienced violence stated that they were most frequent types of violence exposed to verbal violence pre-pandemic and pandemic. It was determined that the rate of those who were “often” exposed to violence during the pandemic increased significantly (Table 2).

Table-2: Comparison of characteristics of participants' witnessing/exposure to violence pre-pandemic and pandemic

Variable	Pre-pandemic X±SD		Pandemic X±SD		Test value	P value
Score on spousal relationship 0 (very bad) -10 (very good)						
	n	%	n	%	Test value	P value
Witnessing to violence						
Yes	214	45.5	133	28.3	164.862	.000*
No	256	54.5	337	71.7		
Type of witnessing to violence						
Physical	154	32.8	90	19.1	40.528	.000*
Verbal	165	35.1	103	21.9	49.306	.000*
Psychological	170	36.2	109	23.2	42.760	.000*
Sexual	28	6.0	18	3.8	34.938	.000*
Economical	110	23.4	73	15.5	46.336	.000*
Exposure to domestic violence						
Yes	80	17.0	84	17.9	219.077	.000*
No	390	83.0	386	82.1		
Type of domestic violence exposed						
Physical	31	6.6	19	4.0	10.129	.000*
Verbal	62	13.2	65	13.8	15.156	.000*
Psychological	57	12.1	62	13.2	15.892	.000*
Sexual	6	1.3	5	1.1	15.748	.000*
Economical	26	5.5	37	7.9	40.318	.000*
Frequency of exposure to violence						
Rarely	41	8.7	31	6.8		

Sometimes	34	7.2	33	7.0	51.135	.000*
Often	7	1.5	16	3.4		

*Chi squared test, *p<0.05*

When women were asked how the pandemic affected their relationships with their spouses, almost half of the women (45.2%) reported that it did not affect them, while 33.6% stated that it had a negative impact. Psychological problems with a rate of 94.9%, anxiety-uncertainty with a rate of 79.1%, and the quarantine process (long stay at home, worries about children, increased domestic workload of women, lack of private time zone) with a rate of 63.9% were cited as the reasons for negative impact. 12.5% of women stated that they justified the violence they were subjected to. 30% of the women who experienced violence reported that they received help after the violence and that they received these aids from family/relatives/neighbors with 58.3%, and from health institutions with 41.7% (Table 3).

Table -3: Characteristics of participants' exposure to violence in the pandemic (n=470)

Variables	n	%
How has the pandemic affected your relationship with your spouse?		
Positive	100	21.2
Negative	158	33.6
It did not affect	212	45.2
Reasons for negatively affecting the relationship (n:158)*		
Economical	89	56.3
Psychological	150	94.9
Quarantine process	101	63.9
Anxiety-uncertainty	125	79.2
Fear of infected by the virus	55	34.8
Exposure to domestic violence		
Yes	84	17.9
No	386	82.1
Do you think you deserve violence? (n:80)		
Yes	10	12.5
No	70	87.5
Getting help after violence (n:80)		
Yes	24	30.0
No	56	70.0
Place of having help (n:24)		
Family/Relative/Neighbor	14	58.3
Security forces	1	4.16
Health organizations	10	41.7
	470	100

**More than options*

The Domestic Violence Against Women Determination Scale total mean score of the women was 136.11+43.85, and the standardized score was 3.12+1.08 (low-level violence). It was found that the factors with the highest mean scores were factor 1 (Physical violence at the level of damaging the body integrity of the woman), factor 9 (Using and sharing the privilege of men in marriage over women), and factor 3 (Economic violence against women). When the standardized scores were examined, it was found that Factor 9 (Using and sharing the privilege of men in marriage to women) indicated moderate violence and all other factors indicated low-level violence (Table 4).

Table-4: Average scores of Women from the Domestic Violence Against Women Determination Scale

Determining Domestic Violence Against Women Scale Factors	X±SD (total)	Min- Max	X±SD (Standardize)
Factor 1. Physical violence at the level that harms the woman's body integrity	31.49+11.85	26-128	2.42+0.91
Factor 2. Insulting, belittling and emotional pressure on women	11.98+5.52	8-36	2.99+1.38
Factor 3. Economic violence against women	16.28+6.91	4-45	3.61+1.53
Factor 4. Social pressure and isolation against women (restrictive behaviors)	10.90+4.41	4-35	3.11+1.26
Factor 5. Disdain for the female gender and threatening behavior	11.88+4.89	9-44	2.64+1.08
Factor 6. Sexual violence against women and the need for respect	13.21+5.69	7-34	3.77+1.62
Factor 7. The woman's negative affect towards herself	7.08+3.70	4-20	3.54+1.85
Factor 8. Spousal worries and fears	11.48+5.39	7-34	3.28+1.54
Factor 9. Using the male privilege in marriage to the woman and not sharing	21.81+5.76	13-44	4.36+1.15
Scale for Determining Domestic Violence Against Women	136.11+43.85	90-409	3.12+1.08

It was found that the standardized scores of women in DVAWDS were low with 83.2% (0-2 scores out of 10 points) and moderate with 15.1% (4.01-6 scores out of 10 points) .

A statistically significant difference was found between the score of the Scale for Determining Domestic Violence Against Women and the place of residence, education level, income status, employment status, family type, and having a child. Women living in towns and villages, with primary educational levels, having income less than expenditure, living in an extended family, and having children experienced of violence more than others during pandemic COVID-19 (Table 5).

Table-5: Comparison of the Women's Domestic Violence Against Women Scale with some features

Variable	DVAWDS	Test and p value
Age		
20-29	135.15+3.49	F:1.199
30-39	132.22+2.96	P:0.101
40<	142.78+4.20	
Place of Residence		
City center	132.78+42.90	T: -2.604
County-Village	144.35+45.21	P:.010*
Educational status		
Primary School	160.78+6.89 ^a	F:1.534
Secondary Education	143.36+6.20 ^b	P:.001*
Higher education	130.12+2.06 ^c	a>b>c
Income status during the pandemic		
Income is less than expense	147.30+3.56 ^a	F:1.498
Income equivalent to expense	128.18+2.67 ^b	P:.002*
Income is more than expenses	126.22+3.70 ^c	a>b, a>c

Working status during the pandemic		
I continued working		
I continued to work from home	132.00+3.77	F:1.303
I quit my job	125.54+2.54 ^a	P: .032*
Unemployed	160.20+16.14 ^b	b>a
	144.19+3.54	
Marital Status		
Married	135.72+41.64	T:-.396
Partner	138.82+57.48	P:.693
Type of family (n:412)		
Extended family	177.48+74.98	T:3.33
Nuclear family	133.48+38.19	P: .000*
Have children		
Yes	139.47+44.91	T:2.349
No	129.43+40.99	P: .019*

*Independent sample t test, One Way Anova *p<0.05*

4. DISCUSSION

As a result of this study, it was found that 17% of women were exposed to domestic violence during the pandemic and they were frequently exposed to verbal, psychological, physical and economic violence. Factors that increase the burden on women's shoulders (such as housework, caring for children, patients, the elderly) and fear of infection, uncertainty about the future, prevention of social contact, unemployment, economic difficulties bring stress in the pandemic (Marques et al., 2020, pp.1-2). Different countries' quarantine procedures forces families to stay at home longer and this allows them to interact more with family members. Often, social isolation can worsen relationships and become a social problem by increasing conflicts and quarrels between couples. When all these reasons are considered, women became more vulnerable to domestic violence (Solorzano et al., 2020, pp. 10-18). As a result of pandemic, women had to stay at home together with the perpetrator of violence, and they entered a process which their risk of being exposed to domestic violence increased even more by being trapped in an abusive relationship (Unal and Gülseren, 2020, pp. 89-94).

A systematic review and meta-analysis of 18 studies found that stay-at-home/isolation orders increase the incidence of violence in a great deal of countries (Piquero et al., 2021, p.1). From the first days of stay-at-home calls, an increase of 25% in the UK, 20% in Spain, and 30% in Cyprus have been reported in domestic violence hotline calls (Jones and Isham, 2020, pp. 2047-2049). In a study of 15,000 Australian women about their experiences of domestic violence in the early stages of the Covid-19 pandemic, it was reported that 4.6% of women experienced physical or sexual violence from their partner and that the pandemic started or increased violence (Boxall et al., 2020). A study of 751 women in Tunisia reported that violence against women increased significantly during quarantine (from 4.4% to 14.8%) (Sediri et al., 2020, pp.749-756). As a different result, a study conducted in Dallas found that there was a short-term increase in violence within two weeks of the beginning of the quarantine, but then a decrease (Piquero et al., 2020, pp. 601-635). While cases of violence have increased all over the world with the pandemic, a similar situation was in question in our country. In a study conducted in our country, it was determined that 35.5% of women were exposed to violence during the pandemic (physical (10.1%), sexual (4.0%), psychological (32.2%) or economic



(11.5%) violence) (Akalin and Ayhan, 2021, pp. 68-75). As a result of this study, it was found that women were exposed to less violence during the pandemic process compared to the results of other studies. However, other study results were similar in that they were exposed to more violence than before the pandemic. The women that took part in our study had more freedom of movement (they felt safe enough to enroll for the study online), while women contacting the “Federation of Women's Associations of Turkey” are likely those who have experienced violence in the past and are therefore at increased risk of experiencing violence during the pandemic. Also, the women participating in our study that have a high level of education, the majority of them stated that the pandemic did not affect their relationships or had a positive effect (more sharing, spending time, sharing household/childcare responsibilities, etc.) make us think that this result is related to the fact that women's awareness of violence was low or they avoided expressing violence.

As a result of this study, it was found that women were exposed to the most verbal and psychological violence types. In the statement made by the "We Will Stop Femicide Platform", it was stated that the highest number of calls were made to the application line in May due to psychological violence (www.kadincinayetleridurduracagiz.net, 2020). In a study conducted in Tunisia, it was determined that almost all of the women (96%) were exposed to psychological violence, but that helplines were not called for this reason. In addition, it has been reported that the emotional violence scores of women who do not work and whose spouses do not work due to the pandemic are higher (Sediri et al., 2020, pp.749-756). In the study of Adibelli et al., (2021), it was stated that women are most frequently exposed to psychological violence and that economic problems trigger violence (Adibelli et al., 2021, p.335-350). Low- or insufficient-income levels can create an environment where violence can easily be triggered, along with increased stress, frustration, and inadequacy in the family (Barnawi, 2017, pp.1171–1186). Women in Turkey experience higher levels of job loss changed their workplace and started to work from home than men after the spread of COVID-19 (Un Women, 2020). Therefore, economic independence is a critical factor in preventing violence (Evans et al., 2020, pp. 2302-2304). These data are consistent with the finding of our current study. In our study, it was determined that income level is a factor that increases the level of violence. In addition to job loss and economic difficulties during the pandemic process, it is thought that protection measures against coronavirus increase the level of stress in society and trigger violence.

Some of the participants of our study declared that they deserve violence. In a study, it was found that 38.6% of women blame themselves for being exposed to violence (Nacar et al., 2009, pp. 131-138). In another study, 3.7% of women think that they deserve beating for their behavior (Ciftci and Acık, 2022, pp. 1-7). Our culture teaches that women must submit to all difficulties and problems that life brings without resisting. Some stereotypes embedded in the language cause the violence to be kept secret at home, causing the victim to see the violence as his own fault (Dogrucaan and Yıldırım, 2020, pp. 122-138). Some of the women in our study may have thought they deserved violence because of the physical, psychological, and economic problems associated with the pandemic process, along with the cultural perspective.

In this study, it was found that women who live in extended families and have children are more exposed to violence. The concept of “women's invisible labor” refers to the unpaid labor that women spend physically or emotionally for domestic life, children, care of the elderly and sick, in their relations with their relatives in the home/family. Increasing housework burden caused by closing schools and kindergartens and switching to online education, increasing the hygiene measures to be followed, increasing the risk of finding someone sick and/or in need of care at home, and caring for children/sick/elderly are placed on women (Unal and Gülseren,



2020, pp. 90-94). A study has shown that being a young parent, being a first-time parent, having many children, or having a baby is a potential source of exhaustion (Vigouroux and Scola, 2018, p. 887). In the study of Adibelli et al. it was determined that women who have children are more exposed to different types of violence (Adibelli et al., 2021, p.335-350). This result, which is similar to our study, shows that the increased care burden of women brings along the emotional burden, and together with many factors mentioned above, women become more vulnerable to violence.

When a pandemic is declared, the "home environment" ceases to be a secure place to live and becomes a place where physical, psychological, and sexual violence is commonly inflicted (Jones and Isham, 2020, pp. 2047-2049). Women have found it difficult to obtain the social support they need, such as from family or friends, due to social isolation, and the traces of violence are hidden inside the home (Unal and Gülseren, 2020, pp.91-92). Perpetrators can further restrict access to services, assistance, and psychosocial support through formal and informal networks. Access to other basic support services such as helplines, crisis centers, shelters, legal aid and protection, and counseling services can be further reduced (Roesch et al., 2020, p.1). Similarly, in this study, it was found that very few of the women received help after the violence they experienced.

5. LIMITATIONS

The results can only be generalized to this sample since volunteers who met the inclusion criteria were included in the study without using the convenience sampling method. Violence is a public health issue that is often avoided. For this reason, the possibility of giving false answers when filling out the online questionnaire is one of the limitations of this study. In addition, the fact that the research topic is domestic violence has created a limitation for women to participate in the research.

6. CONCLUSION

As a different result in our study, it was determined that the level of domestic violence was low during the pandemic. It was found that the place of residence, education status, income status, employment status, family type, and having children were the factors affecting violence levels. Quarantine and social isolation, along with social and economic stressors, increased domestic violence against women and increased the burden of housework and care services on women in this process. In addition to social stressors such as fear of disease, health concerns and economic crisis during the pandemic, the problems related to women in these areas were overshadowed. For this reason, economic support of the society during the pandemic process will reduce the economic problems that are risk factors for domestic violence. In addition, to manage the stress experienced during the pandemic process, support can be provided to strengthen and develop mechanisms to cope with stress. The most important step in struggling with violence against women and making women's invisible domestic labor visible is to raise public awareness of gender inequality.



Media attention on domestic violence needs to be increased, especially during government-mandated quarantine periods. Victims need to know who to call and reach when they are a victim, and the public needs to understand the warning signs that may prompt them to call the police. Health care providers should be aware of the risks and consequences of violence against women and provide support and relevant medical treatment and care to those affected. In addition to the use of mobile health and telemedicine to safely support women exposed to violence, other means of reaching women should be found in environments where access to mobile phones or the Internet is limited or lacking.

Ethics Committee Approval: Ethical permission for this research was obtained from Istanbul University-Cerrahpasa Social and Human Sciences Research Ethics Committee (dated 11/11/2020 - numbered 148526). The study was conducted in accordance with the provisions of the Declaration of Helsinki in 1995.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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