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ORIGINAL ARTICLE

Violence against women during the pandemic from the viewpoint of a tertiary forensic medicine clinic

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Abstract

COVID-19 pandemic and measures to combat the pandemic caused an increase in the risk of violence against women. In this study, it was aimed to examine the change in violence crimes against women evaluated in a tertiary forensic medicine clinic over a two-year period by focusing on periods of lockdown and domestic violence. Victims of violence against women who admitted to our center between 01/01/2020 and 12/31/2021 were included in the study. Patient files and forensic reports were used to acquire information regarding the age, date of the incident, relationship of the offender, type of incident, usage of weapons, injuries sustained, and if the incident was domestic violence. The ages of 121 cases evaluated ranged from 10 to 88 years, and the mean age was 36.1 (SD=17.6) years. When the mean number of incidents per day was examined, it was shown that cases of domestic violence were most common during the lockdown period. When all cases were considered together, it was shown that the highest mean number of cases occurred in the first days following the restrictions. Violence against women increased during the periods of the pandemic. In cases of domestic violence, as expected, the most significant rise occurred during lockdown periods. The 24-hour period following the lockdown application has been identified as the most intensive time of violence against women during the pandemic.

Keywords: Clinical forensic medicine, violence against women, domestic violence, COVID-19

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Introduction

Aside from being identified as a public health issue, violence against women is a topic that has been examined and attempted to solve on a global scale [1-3]. Because of the changes in social life caused by COVID-19, which was proclaimed as a pandemic in January 2020, numerous problems were predicted to worsen, particularly due to restrictions imposed to battle the pandemic. The stress burden of being confined on the aggressor, the effects directly related to the disease caused by the pandemic, the economic and social stressors arising from pandemic-prevention measures, and the necessity of being in the same environment as the aggressor and the victim bring additional risks in domestic violence cases, and the necessity of taking precautions on these issues has been widely discussed in the literature [2-11].

Along with papers warning that violence against women, particularly domestic violence crimes, may increase during the pandemic period due to the psychological pressure that was caused by the outbreak of the pandemic and shutdown processes, studies investigating the change in domestic violence by comparing the pandemic period with the pre-pandemic periods have also been published in the period following the COVID-19 pandemic, and it has been shown that violence against women increased during the pandemic [12-17]. Furthermore, the assumption of a substantial pattern change in violent crimes during this period led to the expectation of a pattern change in clinical forensic medicine cases [4]. Domestic violence, which is believed to increase particularly during the lockdown periods, has been studied more thoroughly in these studies. Other forms in the broad definition of violence against women and the change in the number of violence cases during the pandemic period seem to be areas that still need to be investigated in the literature.

In this study, it was aimed to examine the change in violence crimes against women evaluated in a tertiary forensic medicine clinic over a two-year period, including the pandemic period, by focusing on periods of lockdown and domestic violence.

Materials and Methods

Within the scope of the study, cases that admitted to Afyonkarahisar Health Sciences University Hospital and were victims of violence that took place between 01/01/2020 and 12/31/2021 were included. After excluding male cases among 6643 applications between the mentioned dates, 1466 female cases were identified. Among these cases, after excluding cases found to be related to accident, self-harm/suicide and natural diseases and repeated applications for the same incident, it was determined that a total of 121 cases were cases of violence against women and were included in the study population. Patient files and forensic reports were used to acquire information regarding the age, date of the incident, relationship of the offender, kind of incident, usage of weapons in the incident, injuries sustained in the incident, and if the incident was domestic violence.

The data were recorded as two separate data sets. The first data set was collected by documenting the case features on a case-by-case basis, while the second data set was collected by documenting the number of domestic violence and total violence cases admitted on a date-by-date basis. According to the reported dates of the incidents, the cases were separated into four groups. The period between 01/01/2020 and 3/11/2020, when the first case was detected in our country, was designated as group I, the lockdown and quarantine periods as group II, the days immediately following the removal of lockdown period as group IV, and the days in between as group III.

In addition to simple descriptive statistics derived from the case-based recorded data set, Pearson's Chi square test was used to compare violence against women to other instances in terms of injury forms. The date-based data set was evaluated in terms of variations across groups based on daily frequencies. The level of significance in statistical analysis was set at p=0.05. SPSS 22.0 (MA, USA) was used for all statistical analyses.

The study was approved by Afyonkarahisar Health Sciences University Medical Ethics Board with the decision numbered 2022/570 and dated 02.12.2022.

Results

The ages of 121 cases evaluated between the specified dates ranged from 10 to 88 years, and the mean age was 36.1 (SD=17.6) years. Table 1 shows the number of cases by date groups, type of injury, discharge status, scene of incident, injured body part, injury, and whether there is domestic violence or not.

The type of injury, discharge status, scene of the incident and injuries of the cases of domestic violence cases and other cases are shown in Table 2.

No statistically significant difference was found between domestic violence cases and other cases in terms of soft tissue trauma, bone fracture or visceral organ injury.

When the mean number of incidents per day was examined, it was shown that cases of domestic violence were most common during the lockdown period. When all cases were considered together, it was shown that the highest mean number of cases occurred in the first days following the restrictions, and the lowest mean number of cases occurred before the pandemic was declared (Table 3).

Discussion

Violence against women has emerged as an unacknowledged pandemic that cannot be stopped in recent decades around the world. Many studies have been conducted on the

Table 1. Case numbers according to the date group, injury type, discharge status, incident scene, injured body parts, injuries, and presence of domestic violence.

Table 1		**n**	**%**
Date group	*I*	11	9.1
	II	25	20.7
	III	80	66.1
	IV	5	4.1
	Total	121	100.0
Injury type	*Blunt injury*	106	87.6
	Sharp instrument injury	5	4.1
	Firearm injury	7	5.8
	Sexual assault	3	2.5
	Total	121	100.0
Discharge status	*Home discharge*	117	96.7
	Death	4	3.3
	Total	121	100.0
Incident scene	*Home*	55	45.5
	Workplace	1	.8
	Other	65	53.7
	Total	121	100.0
Injured body parts	*No injury*	6	5.0
	Head/neck	71	58.7
	Thorax	15	12.4
	Abdomen/pelvis	18	14.9
	Extremities	36	29.8
Injury	*Soft tissue injury*	116	95.9
	Bone fracture	15	12.4
	Visceral organ injury	7	5.8
Presence of domestic violence	*Yes*	52	43.0
	No	69	57.0
	Total	121	100.0

subject since the COVID-19 pandemic appeared in 2020, especially with the idea that risk factors for domestic violence have increased [2,15,18-20]. The impacts of the COVID-19 pandemic on violence against women have been studied since the outbreak began, with research based on several surveys, hotline call records, criminal records, and health system records [7,10,15,18,19].

The majority of the studies in the literature are studies comparing the pandemic period to the pre-pandemic period. The vast majority of these studies described an increase in cases of violence against women and domestic violence during the pandemic period, with the most dramatic increase occurring in cases of emotional violence [7,15,19,21,22]. Furthermore, it has been demonstrated that there is a substantial rise in domestic violence during lockdowns [23,24]. Our data also revealed an increase in violence against women throughout the pandemic era, as well as an increase in domestic violence during lockdown times. There were no cases admitted to our center owing to emotional violence in our study. The socio-cultural acquis of people, their avoidance of hospital admissions during the pandemic period, and less reflection of emotional violence on judicial authorities can be counted among the possible reasons for this situation.

It has been revealed in the literature that women's help-seeking behaviors have changed during the pandemic process, especially during lockdown periods, and these changes also differ regionally [18,25,26]. One of the reasons for the inability to seek help or the change in help-seeking behavior in domestic violence may be staying in the same house with the aggressor and fearing that seeking help will aggravate the violence. According to a research based on hospital records that used a methodology similar to ours, applications for violence against women

Table 2. Case numbers of injury type, discharge status, incident scene and injuries according to the presence of domestic violence.

		Domestic violence cases		Other cases		Total	
		n	%	n	%	n	%
Injury type	*Blunt injury*	48	45.3%	58	54.7%	106	100.0%
	Sharp instrument injury	3	60.0%	2	40.0%	5	100.0%
	Firearm injury	1	14.3%	6	85.7%	7	100.0%
	Sexual assault	0	0.0%	3	100.0%	3	100.0%
Discharge status	*Home discharge*	50	42.7%	67	57.3%	117	100.0%
	Death	2	50.0%	2	50.0%	4	100.0%
Incident scene	*Home*	47	85.5%	8	14.5%	55	100.0%
	Workplace	0	0.0%	1	100.0%	1	100.0%
	Other	5	7.7%	60	92.3%	65	100.0%
Injury	*Soft tissue injury*	50	43.1%	66	56.9%	116	100.0%
	Bone fracture	4	26.7%	11	73.3%	15	100.0%
	Visceral organ injury	2	28.6%	5	71.4%	7	100.0%

Table 3. Mean violence against women and domestic violence against women case numbers per-day.

		Date group				All days
		I	II	III	IV	
All violence cases	Mean	0.0571	0.2137	0.1641	0.25	0.1642
	SD	0.0234	0.0613	0.0433	0.055	0.0457
Domestic violence cases	Mean	0.0143	0.1111	0.0706	0.05	0.0711
	SD	0.0120	0.0390	0.0278	0.0224	0.0287

reduced during the pandemic period, which was attributed to people's unwillingness to admit to the hospital until the violence reached a very serious level [27]. There are also studies reporting that violence against women and domestic violence decreased during the pandemic period due to the possible lack of reporting [14,25,26]. In our study, when simple soft tissue injuries, bone fractures, and visceral organ injuries were evaluated separately in terms of severity, there was no statistically significant difference in injury severity between domestic violence and other forms of violence against women. This finding suggests that the effect of refraining from reporting due to fear of being closed with the aggressor after reporting the incident is not at a level that will cause a significant difference, and it may also occur as a result of the complex effect of other factors including refraining from admitting to the hospital during the pandemic process. However, it is understood that the dynamics that prevent hospital admissions for emotional violence do not apply to cases of physical violence.

Romito et al., discovered that during lockdown periods, partner violence increased in couples living together but reduced in couples living apart, as expected [7]. In our study, the fact that most of the domestic violence cases occurred during the lockdown period and all but 5 cases (9.6% of domestic violence cases) occurred in the home environment confirms that the necessity of being with the aggressor in a closed environment poses a risk for domestic violence.

Aside from emotional violence, research show a rise in domestic sexual violence incidents [2,15]. Although there were three cases of sexual violence in our study, none of them were cases of domestic sexual assault. It was also worth noting that these three incidents occurred on days other than the lockdown period. It appears more acceptable to credit the fact that assaults in the form of non-consensual sexual intercourse have never been reported, rather than the fact that these incidents did not occur, but were hidden for reasons comparable to those in situations of emotional violence.

It has been observed that in the days following the lockdown measures, people tend to enter social environments more frequently, and traffic and outdoor activities increase [28-30]. Considering this information, the events that occurred within 24 hours after the end of the lockdown measures were considered as a separate group in our study. Although domestic violence is more common during the lockdown period, when all forms of violence against women are evaluated together, it has been determined that the most common daily violence event is in the days following the lockdown. Similar to our findings, there are studies in the literature showing that when all forms of violence against women are evaluated together, there are studies showing that more incidents occur in the interim periods than during lockdown periods [14], but our study reveals that this increase is especially concentrated in the first hours after the lockdown.

Death, the most severe consequence of violence, occurred in four cases in our study. Two of these cases died as a result of domestic violence. An inverse link between the amount of violence and the frequency of reporting appears to corroborate an inverse relationship between the level of violence and the frequency of reporting in a study revealing the impacts of the epidemic on violence against women in Mexico and Colombia [14]. Although it seems possible that data reflecting the population in terms of death numbers can only be revealed as a result of studies to be conducted throughout the country, it is known that violence against women resulting in death in our country increased even before the pandemic [31]. Multicenter and nationwide researches are needed to determine how and how much the pandemic affects this increasing pattern.

One of the notable limitations of our study is its retrospective design. Apart from this, the small number of cases has led to its low adaptability to the whole population and the inability to examine the different types of injury subtypes and broadly defined violence against women separately. There is a need for studies on the subject in which both multicenter and clinical forensic applications, as well as hot-line applications and survey results can be evaluated comparatively.

Conclusions

Similar to the literature, it appears that violence against women has increased during the periods of the pandemic. The 24-hour period following the lockdown application has been identified as the most intensive time of violence against women during the pandemic. In cases of domestic violence, as expected, the most significant rise occurred during lockdown periods. In this period, when pandemic measures have vanished, there is a need for studies that conduct detailed analyses of the pandemic period, and as a result of these studies, there is also a need to determine the measures to be taken to reduce violence against women in future crisis periods.

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Conflict of interest

There is no conflict of interest between the authors concerning the materials or methods used in this study or the findings specified in this paper.

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