







Research Article

HAS DOMESTIC VIOLENCE REALLY INCREASED DURING THE COVID-19 PANDEMIC? AN EXAMPLE FROM TURKEY

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Abstract: *This study aims to evaluate the frequency of domestic violence based on court orders for treatment issued against perpetrators of domestic violence under Law No. 6284 on the Protection of Family and the Prevention of Violence against Women. We retrospectively analyzed violence cases reported by the court to the provincial health directorate under Law No. 6284 and information recorded by health workers about women who stated they were subjected to violence in 2019, 2020, and the first 6 months of 2021. The data were presented using descriptive statistics. Compared to the pre-pandemic period, the number of court orders for medical evaluation and treatment under Law No. 6284 increased by 333.4% in the first year of the pandemic. In the first 6 months of 2021, this number exceeded the total for 2020. More than half of the perpetrators had at least one addiction. Although health workers continue to provide service under the extreme circumstances brought about by the pandemic, they have a social responsibility to act with an awareness of violence in all areas of service provision (even contact tracing) and remain vigilant for signs of violence, especially in women.*

Keywords: COVID-19, Pandemics, Domestic violence, Women, Türkiye

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1. Introduction

Violence is one of the most important public health problems today. The primary environment in which violence occurs is within the family. The perpetrator is often the victim's intimate partner, and most victims are women. An estimated one in four women and one in 10 men have been subject to partner violence [1]. The World Health Organization (WHO) reports that one in every three women experiences physical or sexual violence by an intimate partner [2].

Some known risk factors for domestic violence include low income, unemployment, economic stress, depression, emotional insecurity, and social isolation [3]. Studies show that stress during periods of crisis leads to an increase in domestic violence, and epidemic diseases are among these crises [2, 4]. This phenomenon has been observed in outbreaks of cholera, Zika virus, and Ebola [5].

At the start of the COVID-19 pandemic, stay-at-home orders were implemented worldwide to reduce disease transmission, and this strategy is still being employed to varying degrees as the pandemic continues. Although this approach effectively curbs transmission, it forces women and children to stay at home, which is reported to be the most dangerous place for victims of violence [6].

The pandemic is considered a dangerous risk factor for domestic violence because it has increased social, economic, and psychological stressors while social isolation measures have increased the amount of time victims spend with perpetrators, reduced their access to people/institutions that provide social

support, and limited their opportunities to escape violence [7]. In fact, reports of increased domestic violence in many countries have been published in the literature [6]. It was also reported in the publications that violence against children had increased and that children were kept away from the control of those who were obliged to report due to the interruption of face-to-face education [8 - 10]. Most of these publications are based on calls to support hotlines. However, there is no information regarding cases that were reported to law enforcement authorities and resulted in legal action. It is known that violence during this period may be a first occurrence or may have increased in frequency or severity to the point that it is reported to authorities despite the obstacles involved [11].

This study aimed to evaluate whether there has been an increase in domestic violence against women during the COVID-19 pandemic by comparing protective injunctions against the perpetrator ordered by judicial authorities under Law No. 6284 on the Protection of Family and Prevention of Violence against Women by year.

2. Materials and Methods

This descriptive study included 29 cases resulting in protective injunctions under Law No. 6284 in 2019 through June 2021, retrospectively. The study was approved by the Clinical Research **Ethics Committee** of the Erzurum Regional Training and Research Hospital. (Date: April 19, 2021, Number: Erzurum BEAH KAEK 2021/08-161). Owing to the retrospective nature of the study, the need for informed consent was waived. The study was conducted under the principles of the Declaration of Helsinki. Also, we obtained a work permit from the provincial health directorate.

2.1. Study setting

The study was conducted in the Erzurum province, in eastern Turkey. It consists of a total of 20 districts, three central and 17 peripheral, with the most remote district located 180 km from the center. According to data from the Turkish Statistical Institute, the population was 762062 in 2019 and 758289 in 2020 [12]. Some characteristics of the province are presented in Table 1.

Table 1. Selected demographic data for Erzurum province, 2019-2020

	2019	2020
Female population by age	762062	758289
0-9 years	63821	62475
10-19 years	68634	65278
20-29 years	68377	68305
30-39 years	52188	51316
40-49 years	44129	45765
50-59 years	34280	34711
60-69 years	25290	25775
70-79 years	17507	17803
80-89 years	6774	6902
≥90 years	1169	1288
Number of marriages	4760	4343
Number of divorces	632	530
Crude divorce rate (per thousand)	0.83	0.7
Crude marriage rate (per thousand)	6.22	5.71
Crude birth rate (per thousand)	16.9	-
Total fertility rate (number of children)	2.15	-
Crude death rate (per thousand)	5.4	-
Literacy rate (%)	92.53	-
Average household size	3.81	3.75
Middle school enrollment rate among girls (%)	76.53	77.15
Gross domestic product per capita (\$)	5324	-

Source: Turkish Statistical Institute [12, 13].

In a study of domestic violence against women in Turkey in 2014 , it was determined that in the Northeast Anatolia region, which includes our province, 48.7% of women had no formal education, 30.9% completed elementary school, 12.5% completed middle school, 5.9% completed high school, 2.0% had an undergraduate/graduate education, and the average length of education was 5.3 years. Among men, 29.2% had no education, 33.8% completed elementary school, 18.3% completed middle school, 13.8% completed high school, 4.9% had an undergraduate/graduate education, and the average length of education was 5.9 years. In the same study, it was reported that in Turkey overall, the distribution of education level among women was 32.2% no education, 34.3% elementary school, 14.7% middle school, 11.9% high school, and 6.9% undergraduate/graduate education and the average length of education was 5.8 years. For Turkish men overall, this distribution was 19.2% no education, 34.0% elementary school, 19.1% middle school, 17.5% high school, and 10.1% undergraduate/graduate education and the average length of education was 7.3 years. In our region, 23.0% of women 15 to 59 years of age were illiterate, 81.5% of women were not employed, and 34.2% married before the age of 18 years [14].

2.2. Law No. 6284 on the Protection of Family and Prevention of Violence against Women

Law No. 6284 on the Protection of Family and Prevention of Violence against Women went into effect in our country on March 8, 2012. This law defines violence, domestic violence, and violence against women and specifies injunctions to protect and prevent violence against women, children, family members, and stalking victims. It expanded the scope of protective injunctions to prevent further violence against victims and established authorities to enable preventive injunctions to be made against perpetrators of violence.

Within the scope of a protective injunction, the judge can order the offender to present to a health care center for evaluation or treatment, including hospitalization and inpatient treatment in case of addiction. In this case, the provincial health directorates are also notified of the injunction and its enforcement must be overseen by health managers. If the offender does not have health insurance, the health care services received by both the victim and perpetrator of violence are covered by the state.

If the offender does not comply with the injunction orders, the judge may order coercive imprisonment for three to ten days, and if the offense is repeated, for 15 to 30 days depending on the nature and severity of the violation.

To combat violence against women, the Domestic Violence Bureau affiliated to the Chief Public Prosecutor's Office; Anti-Domestic Violence Branch Offices affiliated to the General Directorate of Security in each police station; and the Division of Children and Women affiliated to the Gendarmerie General Command were established. In situations where a delay is deemed problematic by these units, they can make a preliminary order. However, orders not approved by the judge within 24 hours are void.

In this study frequency of domestic violence cases reported by the court to the provincial health directorate in Erzurum, Türkiye, during COVID 19 period resulting in legal action under Law No. 6284 on the protection of family and prevention of violence against women were evaluated retrospectively .

2.3. Data collection

The provincial health directorate records the information of perpetrators of violence who are reported to have court-ordered protective injunctions. The health measures ordered by the judge are fulfilled and feedback is provided to the court. In this study, we retrospectively reviewed all 29 records from 2019, 2020, and the first six months of 2021 held by the provincial health directorate without any selection criteria. From these records, we evaluated the following information pertaining to the victim and perpetrator of violence:

- Marital status,

- Age,
- Relationship to the victim,
- Duration of the injunction,
- Type of violence,
- Results

In addition, in order to provide general information about violence in our province, we also conducted a chart review to collect the information of women who stated to health workers that they were subjected to violence. This information included the woman's age, marital status, education, type of violence she was exposed to, and what actions the health worker took in response to the case.

2.4. Statistical analyses

In this descriptive study a statistics software package was used for all analyses. Continuous data were presented as mean and standard deviation (SD) or median and interquartile range (IQR), and categorical variables as frequency and percentage.

3. Results

3.1. Characteristics of women subjected to violence

The demographic information of women who stated they were subjected to violence is presented in Table 2. Violence was reported by 269 women in 2019, 323 women in 2020, and 141 women in the first six months of 2021. Between 2019 and 2020, the frequency of violence increased by 20.1%, the frequency of physical and sexual violence increased by 28.62% and 85.71%, respectively, and there was a six-fold increase in the number of victims with an associate degree or higher education. The number of cases reported to law enforcement by health workers increased by 256.1%. Although only the first half of 2021 was analyzed, the number of notifications to law enforcement exceeded those made in 2019.

Table 2. Characteristics of women who reported being subjected to violence between 2019 and 2021, Erzurum.

		2019	2020	2021 (first 6 months)
Age (years)	18	11	19	13
	19-30	138	131	50
	31-40	86	112	40
	41-50	24	41	25
	51-60	9	20	13
	≥60	1	0	0
	TOTAL	269	323	141
Education Level	Illiterate	9	22	5
	Elementary school	115	153	45
	Middle school	106	79	30
	High school	34	33	18
	Associate degree or higher	5	32	29
	Unknown	0	4	14
	TOTAL	269	323	141
Marital Status	Single	9	13	13
	Divorced/Widowed/Separated	14	30	11
	Married	240	278	107
	Not Specified	6	2	10
	TOTAL	269	323	141

Table 2 Continued.

		2019	2020	2021 (first 6 months)
Type of Violence	Physical	248	319	127
	Emotional/Verbal/Psychological	176	118	54
	Economic	46	37	14
	Sexual	7	13	4
	TOTAL	477	487	199
Referral and Evaluation Due to Violence Against Women	Informing the victim	212	138	57
	Medical diagnosis and treatment	225	310	115
	Referral for psychological support	40	84	22
	Creating a safety plan	2	2	7
	Filing a forensic report	179	175	48
	Referral to women and children protective services	1	0	1
	Notifying law enforcement	24	85	27
	TOTAL	683	794	277

3.2. Characteristics of domestic violence incidents resulting in legal action under Law No. 6284

A total of 29 cases were reviewed in this study. The provincial health directorate was notified by the judicial authorities of three protective injunction orders in 2019, 13 in 2020, and 13 in the first six months of 2021.

The descriptive characteristics of the perpetrators of violence are presented in Table 3. The number of perpetrators whose injunctions included court-ordered evaluation/treatment increased by 333.4% and surpassed the total for 2020 in the first six months of 2021. Perpetrators of violence who had addictions predominated during the pandemic, with 53.9% of perpetrators in 2020 and 61.5% in 2021 having at least one addiction.

Table 3. Descriptive characteristics of perpetrators of domestic violence, 2019-2021, Erzurum.

		2019	2020	2021 (first 6 months)
Sex (male), n (%)		3 (100)	12 (92.30)	12 (92.30)
Age (years)				
$\bar{X} \pm SD$		37.0 \pm 16.64	31.38 \pm 10.84	41.77 \pm 8.99
Median (interquartile range)		30 (25.0 – 30.0)	28 (23.50 – 37.50)	41 (34.0 – 47.0)
Marital status, n (%)				
Married		1 (33.3)	6 (46.2)	12 (92.3)
Single		2 (66.7)	6 (46.2)	1 (7.7)
Unknown		-	1 (7.7)	-
Employment status, n (%)				
Working		3 (100)	7 (53.8)	12 (92.3)
Not working		-	4 (30.8)	1 (7.7)
Unknown		-	2 (15.4)	-
Addiction, n (%)				
Yes		-	7 (53.9)	8 (61.5)
Alcohol		-	3 (23.1)	2 (15.4)
Illicit drugs		-	4 (30.8)	5 (38.5)
Gambling		-	-	1 (7.7)
None		2 (66.7)	5 (38.5)	5 (38.5)
Unknown		1 (33.3)	1 (7.7)	-

The types of violence committed are presented in Table 4. Most victims were subjected to multiple types of violence. Concurrent physical and psychological violence was remarkably common.

Table 4. Types of violence, 2019-2021, Erzurum.

	2019 n (%)	2020 n (%)	2021 (first 6 months) n (%)
Psychological	2 (66.7)	5 (38.5)	1 (7.7)
Physical	-	1 (7.7)	2 (15.4)
Physical and psychological	-	6 (46.2)	9 (69.2)
Psychological and sexual	-	-	1 (7.7)
Unknown	1 (33.3)	1 (7.7)	-

The victims' relationships to the perpetrators of violence are shown in Table 5. Most victims were female and the spouse of the perpetrator.

Table 5. Victim's relationship to the perpetrator of violence, 2019-2021, Erzurum.

	2019* n (%)	2020* n (%*)	2021 (first 6 months) * n (%)
Spouse	-	7 (53.9)	10 (76.9)
Child	-	1 (7.7)	3 (23.1)
Mother	-	6 (46.2)	2 (15.4)
Father	-	1 (7.7)	2 (15.4)
Other female relative	3 (100)	2 (15.4)	1 (7.7)

*Some cases involved multiple victims.

Durations of court injunctions against perpetrators of violence and the results of follow-up are presented in Table 6.

Table 6. Duration and results of court injunction orders, 2019-2021, Erzurum.

	2019 n (%)	2020 n (%)	2021 (first 6 months) n (%)
Validity period of injunction,			
3 months	-	3 (23.1)	2 (15.4)
4 months	-	1 (7.7)	-
6 months	3 (100)	9 (69.2)	11 (84.6)
Result			
Ongoing	1 (33.3)	5 (38.5)	9 (69.2)
Complied with order	1 (33.3)	4 (30.8)	1 (7.7)
Refused treatment	1 (33.3)	4 (30.8)	3 (23.1)

4. Discussion

This study focused on cases officially reported by the court to the provincial directorate of health. The aim of this practice is to ensure that perpetrators of violence receive court-ordered treatment as part of their injunction. According to the injunction communicated by the court to the health directorate, an appointment in the psychiatric outpatient clinic is made for the perpetrator and they are followed up as deemed appropriate by the psychiatrist. If the perpetrator does not comply with the order, they may be subjected to fines or coercive imprisonment.

With the pandemic, domestic violence against both women and children has increased [6 – 10]. In our study, there have been marked increases in cases of violence resulting in protective injunctions. We observed a 20% increase in 2020 compared to 2019, while the total number of injunctions in 2020

was reached in the first six months of 2021. Similarly, the number of cases reported to law enforcement by health workers in 2019 increased nearly four-fold in 2020 and was exceeded in the first half of 2021. As practices vary by country, we were unable to find data comparable to ours in the literature. A United Nations report dated April 9, 2020 stated that cases of domestic violence had increased more than 25% during the pandemic process and even doubled in some countries. A 30% increase in domestic violence incidents after quarantine in France on March 17, 2020, a 25% increase in calls to a domestic violence call center after quarantine in Argentina on March 20, 2020, and a 30% increase in calls to Cyprus and Singapore hotlines were reported. In Canada, Germany, Spain, the United Kingdom, and the United States, there is information that cases and shelter demand have increased [15]. In Australia, domestic abuse increased by 5% and searches for support against domestic violence in internet search engines increased by 75% [16]. A technical note from Argentina noted a 32% increase in call center calls, and although there was a 62% decrease in police reports, calls from victims increased by 127% [17]. According to a report from the Office for National Statistics based on England and Wales police data, domestic abuse cases increased in April to June of 2020 compared to the same period in previous years. In the same study, it was determined that the greatest increase in notifications compared to previous months occurred in May, when the quarantine measures implemented in March were relaxed. This was thought to be attributable to the victims' late reporting of abuse due to safety concerns. In addition, the number of arrests for crimes related to domestic abuse increased during this period by 24% compared to the previous year [18].

It is known that some mental disorders are associated with higher risk of perpetrating domestic violence, including depression, anxiety, alcohol/substance addiction, attention deficit and hyperactivity disorder, and personality disorder [19]. In one study, it was reported that a majority (53.3%) of domestic violence perpetrators had substance addiction or mental disorders [20]. Similarly, we observed that addicts comprised the majority of perpetrators during the pandemic in our study, with substance addiction being most common.

In another study conducted in our country during the pandemic, it was reported that violence against women increased by 27%, physical violence by 81%, and psychological violence by 93%. A study from Argentina showed that psychological violence increased by 76% [4, 17]. In our study, however, the high proportion of victims reporting multiple types of violence at the same time is more striking. Based on the statements of women, it can be understood that cases of physical and sexual violence have increased.

5. Conclusion

This study of one province in Turkey demonstrates once again that violence against women has increased during the pandemic. Considering the sociodemographic characteristics of our province, the scale of the increase in cases reported to judicial authorities is an indication that this violence has become unbearable for women. Moreover, the global economic problems brought about by the pandemic make women think that worse days are ahead. Our study data are limited due to the nature of domestic violence, which is often hidden, and only encompass what is reflected to healthcare providers. Therefore, our recommendations are addressed more broadly in the context of the provision of health services.

Health workers should inform all women about the resources available to them. This can be done through brochures, or through notes placed in restrooms for women who present to health institutions with the perpetrator. Violence against women should also be discussed more in public health education. In this context, there is a need to increase activities to inform the public about programs and institutions where women who are victims of violence can get support in regards to their legal rights (e.g., Women's Asylum Houses, Purple Roof, Women's Support Program, Violence Prevention and Monitoring Centre).

Health workers' awareness of this issue should be raised, and they should remain vigilant for signs of violence during all parts of service provision. Even health personnel working in sample collection or contact tracing should consider the possibility of violence as the pandemic continues. It must be kept in mind that the home is not a safe environment for everyone.

Ethical statement:

The study was approved by the Clinical Research Ethics Committee of the Erzurum Regional Training and Research Hospital. (Date: April 19, 2021, Number: Erzurum BEAH KA EK 2021/08-161). Owing to the retrospective nature of the study, the need for informed consent was waived. The study was conducted under the principles of the Declaration of Helsinki.

Conflict of interest:

The authors have no potential conflicts of interest to disclose.

Authors' Contributions:

E.F.K, Ö.K., B.İ. conceptualized and designed the study (33%).

E.F.K., U.A., C.C.K., M.K collected the data (25%).

E.F.K., Ö.K., U.A., C.C.K., M.K analyzed the data (20%).

E.F.K., U.A., C.C.K., M.K reviewed the literature (25%)

E.F.K., Ö.K., B.İ. drafted the initial manuscript (33%).

E.F.K, Ö.K., B.İ., G.B. reviewed the manuscript, approved the final manuscript, and agree to be accountable for all aspects of the work (25%).

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