

Received 2022-11-15

Revised 2023-03-02

Accepted 2023-03-04

## When Home Is Not a Safe Place: Confronting Domestic Violence During the COVID-19 Era

Nader Aghakhani<sup>1</sup>, Mohammad Delirrad<sup>2</sup>, Elham Jafari<sup>1</sup>✉<sup>1</sup> Food and Beverages Safety Research Center, Urmia University of Medical Sciences, Urmia, Iran<sup>2</sup> Department of Forensic Medicine, School of Medicine, Food and Beverages Safety Research Center, Taleghani Hospital, Imam Khomeini Hospital, Urmia University of Medical Sciences, Urmia, Iran

*Dear Editor,*

Domestic violence refers to a variety of physical, economic, psychological, or potentially sexual intimate partner abuse within a familiar environment. It can be known as a public health issue with serious implications, and a violation of human rights [1].

When the worldwide coronavirus disease 2019 (COVID-19) pandemic increases, many countries are taking enthusiastic programs, such as encouraging individuals to adopt social distance, limitation of business and schools, and restriction of travel. Unfortunately, these programs can result in a reduction of optimal safety [2].

During the COVID-19 crisis, health professionals were at the forefront of fighting against disaster. Therefore, it is crucial to think of a safe condition for the victims to declare and do something against invasive behaviors. One approach is to ask them if they feel safe in a fair and safe manner. However, it is critical that health professionals have the opportunity and motivation to listen to and respond to the commonly useful ways in which victims demonstrate that they are at risk of a dangerous condition [3].

For providing advice and counselling, the use of online technologies is necessary for the victims, who may not have access to these abilities. This emphasizes the importance of providing various technological types of support

and recognizes that people may be unable to seek help or enough care while social obstacles affect their safety, and well-being. Additionally, it is crucial to organize educational groups and community awareness missions to take action against unsafe opinions and habits [4].

Consultants, therapists, advocates, and helpline practitioners working in rehabilitation services should provide adequate support and care to victims and survivors exposed to imminent risks during the COVID-19 pandemic, and should incorporate disaster readiness into upcoming service delivery procedures, building on previous lessons with a complete understanding of the psychological consequences of social isolation on survivors and the abuse tactics of perpetrators, and developing urgent strategies in creating, testing, and mapping out digital and digitally delivered responses. On the other hand, governments should reinforce these services to remain open, access to personal protective equipment to help their own clients [5].

The occurrence of domestic violence has grown during the COVID-19 pandemic. Accordingly, it is suggested to increase knowledge about victimization rates and reports in order to make the appropriate referral and reduce the burden of the problem. Also, the information services, such as telehealth, hotlines, and support and counseling centers, should be accessible via social and traditional

**GMJ**

Copyright© 2021, Galen Medical Journal.  
This is an open-access article distributed  
under the terms of the Creative Commons  
Attribution 4.0 International License  
(<http://creativecommons.org/licenses/by/4.0/>)  
Email: info@gmj.ir



✉ Correspondence to:

Elham Jafari, Food & Drug vice chancellor, Shahid Dr.  
Gholipour Street, Initiation of Salmas Highway, Urmia,  
Iran

Telephone Number: +98 9143868894

Email Address: elham.jafari6666@gmail.com

or established broadcasting or publishing media, as well as effective health care settings.

[GMJ.2023;12:e2814]

DOI: [10.31661/gmj.v12i0.2814](https://doi.org/10.31661/gmj.v12i0.2814)

### Conflict of Interest

The authors declare no conflict of interests.

**Keywords:** Domestic Violence; COVID-19

### References

1. Aghakhani N, Sharif Nia H, Moosavi E, Eftekhari A, Zarei A, Bahrami N, Nikoonejad AR. Study of the Types of Domestic Violence Committed Against Women Referred to the Legal Medical Organization in Urmia - Iran. *Iran J Psychiatry Behav Sci.* 2015;9(4): e2446.
2. Moawad AM, El Desouky ED, Salem MR, Elhawary AS, Hussein SM, Hassan FM. Violence and sociodemographic related factors among a sample of Egyptian women during the COVID-19 pandemic. *Egypt J Forensic Sci.* 2021; 11(1):29.
3. Bradbury-Jones, C., & Isham, L. The pandemic paradox: The consequences of COVID-19 on domestic violence. *J Clin Nurs.* 2020; 29(13-14), 2047–2049.
4. Simpson S, Richardson L, Pietrabissa G, Castelnovo G, Reid C. Videotherapy and therapeutic alliance in the age of COVID-19. *Clin Psychol Psychother.* 2021 Mar;28(2):409-421.
5. Emezue C. Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19. *MIR Public Health Surveill.* 2020; 6(3): e19831.