

## ORIGINAL ARTICLE

# Intimate partner violence and the situation of women experiencing intimate partner violence during the COVID-19 pandemic: A qualitative study of Japanese clinician views

Hinako Katou<sup>1</sup> | Yaeko Kataoka<sup>2</sup> 

<sup>1</sup>Kansai Medical University Medical Center, Osaka, Japan

<sup>2</sup>St. Luke's International University, Women's Health & Midwifery, Tokyo, Japan

**Correspondence**

Yaeko Kataoka, St. Luke's International University, 10-1, Akashi-cho, Chuo-ku, Tokyo 104-0044, Japan.  
Email: [yaeko-kataoka@slcn.ac.jp](mailto:yaeko-kataoka@slcn.ac.jp)

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**Abstract**

**Aim:** Intimate partner violence (IPV) is a major global threat to women's health. Stay-at-home orders during the coronavirus disease 2019 (COVID-19) pandemic were associated with an increase in IPV. The purpose of this study was to clarify IPV and the situation of women experiencing IPV during the COVID-19 pandemic in Japan.

**Methods:** A semi-structured interview was conducted with five healthcare providers who gave support to women experiencing IPV during the COVID-19 pandemic. All interviews were audio-recorded, transcribed and analyzed in accordance with thematic analysis methodology.

**Results:** Two categories concerning IPV and the situation of women experiencing IPV during the COVID-19 pandemic emerged from analysis of interviews: (1) the possibility that IPV might change during the pandemic; and (2) barriers that prevent women getting support. "Possibility that IPV might change during the pandemic" consisted of three subcategories: "Male partner takes his stress out on her"; "Male partner forced her out of the home"; and "Conflict occurred more easily at home". "Barriers that prevent women getting support" had four subcategories: "Difficulty in accessing outside support"; "Restricted access to get care due to financial difficulties"; "Lack of support from her family"; and "Women experience a loss of energy".

**Conclusions:** During the COVID-19 pandemic, there were barriers to provide support for women despite increased IPV. Healthcare providers should support women using effective methods to protect women's health and safety.

**KEYWORDS**

COVID-19, domestic violence, intimate partner violence, qualitative research, women

## 1 | INTRODUCTION

Intimate partner violence (IPV) refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual

coercion, psychological abuse and controlling behaviors (World Health Organization, 2021). According to the latest World Health Organization 2021 report, IPV and sexual violence by a non-partner, combined, have affected one-in-three women worldwide, and it can be said that violence

against women is a global problem. Also, in Japan, it has been reported that approximately one in four women have been subjected to some form of violence by their partner (Gender Equality Bureau Cabinet Office, 2021). Furthermore, approximately 50–80 women are victims of spousal murder each year (National Police Agency, 2013), making IPV a serious social problem in Japan.

IPV has a serious effect on the health of women. Physical violence causes injury. IPV is one of the most common causes of non-fatal injury in women (Ellsberg et al., 2008). Moreover, mental health problems are prevalent, and include depression (Bacchus et al., 2018), anxiety (Vicard-Olagne et al., 2022), suicide attempts (Devries et al., 2013), post-traumatic stress disorder and alcohol use disorders (Howard et al., 2013; Rees et al., 2011; Trevillion et al., 2012). Women exposed to IPV often also suffer from low self-esteem and hopelessness (Papadakaki et al., 2009). Sexual and reproductive health problems (e.g. sexually transmitted diseases, vaginal bleeding and pelvic pain) are also common (Grose et al., 2021). Other health problems, including chronic pain and gastrointestinal symptoms, were also reportedly related to IPV (Bonomi et al., 2009; Campbell, 2002; Coker et al., 2000). In particular, the health risks caused by IPV during pregnancy are substantial. A systematic review of the effects of IPV on perinatal health during pregnancy found that high instances of pre-term birth (50%), low birth weight (46%), miscarriage (30%), perinatal death (20%) and premature rupture of membranes (20%) occurred (Pastor-Moreno et al., 2020). Due to the serious effect of IPV on pregnant women, IPV screening in antenatal care settings is recommended because antenatal care is an opportunity to enquire routinely about IPV due to the dual vulnerability of pregnancy (World Health Organization, 2013). In Japan, IPV screening for pregnant women is also recommended (Japan Academy of Midwifery, 2020) and its widespread use is urgent.

In December 2019, coronavirus disease 2019 (COVID-19) was confirmed in Wuhan City, Hubei Province in China, and the World Health Organization declared a “Public Health Emergency of International Concern (PHEIC)” on January 30, 2020. Lockdowns were declared as a preventative measure in countries and cities where the infection spread. In Japan, a national state of emergency was declared on April 16, 2020, due to spread of the infection. In particular, Tokyo was the city whereby the number of COVID-19 cases was the highest. As a result, a state of emergency was declared four times: April 2020, January 2021, April 2021, and July 2021. The situation has not yet been resolved as of May 2022. Under the declaration of a state of emergency, measures such as stay-at-home/work-from-home (remote work), business suspension and admission restriction for shopping complexes or events were implemented.

Data from all over the world show that violence against women and girls has intensified since the outbreak of COVID-19 (UN Women, 2020). The UN Women (2020) report states that behind this is the fact that security, health and money worries create tensions and strains accentuated by cramped and confined living conditions under public stay-at-home orders. Furthermore, it has been pointed out that in the current situation in which women victims of IPV are living under increasingly hard conditions, the COVID-19 pandemic and lockdowns have made it even more difficult for victims to obtain support, or support agencies are not sufficiently functioning (UN Women, 2020). Japan also has exhibited a similar trend, with the number of IPV consultations reported in 2020 exceeding 130,000; a 1.6-fold increase from the previous year (Gender Equality Bureau Cabinet Office, 2020), which is clearly attributable to the effects of the COVID-19 pandemic. IPV has been referred to as “A Pandemic within a Pandemic” (Evans et al., 2020) or “The Shadow Pandemic” (UN Women, 2020), which has been pointed out as a serious issue that must not be overlooked during the COVID-19 pandemic.

Abuse of women and children increases during disasters and emergencies. Domestic violence increased by 53% after the 2011 Canterbury earthquake (Parkinson & Zara, 2013), and IPV injury was reported to have increased approximately three-fold after Hurricane Katrina (Anastario et al., 2008). In Japan, although the number of cases of spousal violence increased from 2010 to 2011 by 477, the number of cases reported increased sharply by 9621 cases from 2011 to 2012 after the Great East Japan Earthquake (East Japan Disaster Women's Support Network, 2013). Regarding the background of the increase or escalation of IPV in a disaster situation, under extreme circumstances, a woman may feel fear or anxiety and her psychological state may become unstable, making it difficult to ask for help. It is also believed that the effects of the disaster situation strengthens the structural discrimination and disparities that existed before the disaster, and strengthens the patriarchal thinking they are based on, leading to exacerbation of the damage (East Japan Disaster Women's Support Network, 2013). The COVID-19 pandemic is also classified as a disaster, and it is clear that the current increase in IPV is a consequence. However, during the COVID-19 pandemic, few studies have researched what the current situation is and what is happening to women affected by IPV.

In this study, we interviewed midwives, clinical psychologists, counselors, and other healthcare providers who conducted IPV screenings and supported women who experienced IPV, with the aim of clarifying IPV and

the situation of women experiencing IPV in Japan during the pandemic of COVID-19.

In the unprecedented situation of COVID-19 infection spread, this research should assist with understanding the circumstances in which IPV occurs and the situation of IPV victims. In addition, this research will be a useful resource when considering what support is necessary for IPV victims, which in turn will contribute to safe and secure lives for these women and children.

## 2 | METHODS

### 2.1 | Participants

We conducted a qualitative study among clinicians in Japan who have provided care and support for women experiencing IPV during the COVID-19 pandemic. Purposive snowball sampling was used to select nurses, midwives and counselors. We recruited clinicians in Tokyo where the first COVID-19 outbreak occurred in Japan.

### 2.2 | Data collection

Semi-structured interviews were conducted between October and November 2020. After informed consent was obtained, face-to-face or online interviews with a researcher (HK) were conducted. Participants could choose the time and request their preferred method of interview.

A semi-structured interview guide was developed by researchers (HK, YK), including open-ended questions to extract information about IPV and the situation of women experiencing IPV during the COVID-19 pandemic, particularly during public stay-at-home orders. In the interview guide, questions included: “What actually happened at home under stay-at-home orders?”; “What type of partner violence did women experience in the COVID-19 pandemic?”; “What was the woman’s situation and what was she doing?” and “What did you do then?” to promote participants to recall clients they helped.

Interviews were recorded and transcribed verbatim. When the data were obscure or deficient, we had the opportunity to ask participants by email or phone to clarify the meaning of the data. At the beginning of the interview, participants were asked their occupation, work place and years of clinical experience.

### 2.3 | Qualitative analysis

We analyzed transcripts using the thematic approach of Braun and Clarke (2006). The primary researcher

(HK) read transcripts thoroughly for underlying meaning, extracted codes identifying IPV and situations of women experiencing IPV to represent units of meaning, and developed subcategories by identifying patterns of meaning within and across transcripts. The other researcher (YK) reviewed codes across transcripts and whether developed subcategories were well grounded in the data. Finally, researchers (HK, YK) classifying similar subcategories in more general categories. To ensure the trustworthiness, including credibility and dependability of the data (Graneheim & Lundman, 2004), discrepancies throughout the process of analysis between researchers were discussed until consensus was obtained. In addition, we have included representative quotations from the transcribed text to indicate how well the categories have covered the data.

### 2.4 | Ethics

Our study was approved by the St. Luke’s International University Research Ethics Review Committee (20-A029). It was conducted in accordance with the guidelines of the Declaration of Helsinki and the Ethical Guidelines for Medical and Health Research Involving Human Subjects.

## 3 | RESULTS

### 3.1 | Participants

Participants comprised five clinicians: three midwives, one clinical psychologist and one counselor. Participants’ mean years of clinical experience was 15.8 years. Two midwives were working in a general hospital, and one midwife was working at a tertiary medical center. The clinical psychologist and counselor were practicing at a support center for IPV survivors. All participants were located in Tokyo, Japan. The mean duration of interviews was 63.6 min. Table 1 details the characteristics of the study participants.

### 3.2 | IPV and the situation of women experiencing IPV during the COVID-19 pandemic

Two categories pertaining to IPV and the IPV experiences of women during the COVID-19 pandemic emerged from analysis of clinician interviews: (1) the possibility that IPV might change during the pandemic; and (2) barriers that prevent women getting support. Table 2 describes the categories and subcategories,

TABLE 1 Characteristics of study participants

	Occupation	Workplace	Years of clinical experience
A	Counselor	DV survivor support center (private)	13
B	Midwife	General hospital	15
C	Midwife	General hospital	15
D	Clinical psychologist	Spousal violence counseling and support center (public)	29
E	Midwife	Tertiary medical center	7

Abbreviation: DV, domestic violence.

TABLE 2 Categories and subcategories of IPV and the situation of women experiencing IPV during the COVID-19 pandemic in Japan

Categories	Subcategories
The possibility that IPV might change during the pandemic	Male partner takes his stress out on her
	Male partner forced her out of the home
	Conflict occurred more easily at home
Barriers that prevent women getting support	Difficulty in accessing outside support
	Restricted access to get care due to financial difficulties
	Lack of support from her family
	Women experience a loss of energy

Abbreviation: IPV, intimate partner violence.

revealing the actual state of IPV during the COVID-19 pandemic found in this study.

### 3.3 | Category 1: The possibility that IPV might change during the pandemic

The IPV carried out by male partners changed under stressful situations. Most of the IPV cases became worse during the COVID-19 pandemic. There were various causes of stress during the COVID-19 pandemic. Financial distress caused by deterioration of business conditions had a significant effect on couples, especially on the male partner. Moreover, stay-at-home orders and remote work made the situation for violence worse. Women are forced into an unsafe situation in their own home because of violence from their partner. There were three subcategories in this category: (1) “Male partner takes his

stress out on her”; (2) “Male partner forced her out of the home”; and (3) “Conflict occurred more easily at home”.

#### 3.3.1 | “Male partner takes his stress out on her”

Stress upon male partners has increased due to the COVID-19 pandemic. Stay-at-home orders and remote work that required refraining from going out decreased the environments and opportunities where stress could be relieved. Stress upon the male partner increased, especially due to financial distress because they had been laid off work or had a decreased amount of work, or maybe it was because of uncertainty about the future. Being the dominant one in the relationship, a male partner may take his stress out on his partner. As a result, sometimes violence might be exacerbated; for example, “harsh words alone are not enough [verbal abuse progressed to physical abuse]” or “the physical violence worsened”, as shown in the quotes below. These types of violent acts cause women to feel unsafe, feel scared or incur serious injury.

Physical violence by the male partner began to be seen at the time that stay-at-home orders were issued. If they [male partners] refrained from going out due to the pandemic and their stress increased, it seems that harsh words alone are not enough. (A).

Her husband is a pilot, and it seems that there was originally DV [domestic violence]. He lost his job because he could not fly because of the pandemic, so he could not pay the rent, and the violence worsened, and she came to the gynecology clinic with severe physical trauma and bruises. (B).

Men who were doing expressive activities, or self-employed running a pub or a restaurant

and so forth, this type of person was [economically] hit directly by COVID-19, right? So then, these men are really stressed and start dishing out physical violence that would really surprise you. (D).

There were a number of cases where, when the woman comes home, he is drunk and disorderly. Alcohol, water, or food is deliberately spilled on the bed and the whole room is messed up. So she's scared and stays out all the time. (D).

### 3.3.2 | “Male partner forced her out of the home”

In order to work alone in peace while remote working at home, some male partners force their partner out of the home. In some cases, the wife is kicked out of the house and the door then locked. For these women, they have no place in their own home. Sometimes women feel that they do not want to go back home because of the fear they have of their partner. Even during public stay-at-home orders, there are situations in which women cannot stay at home and are forced outside.

If the woman is a non-regular employee, the man will naturally have priority to do telework, so he says, “Get out of the house for the day”. Even during the COVID-19 pandemic, he ejects his wife from the house. I've received a lot of consultations like that. (D).

A woman said she was kicked out and the door locked from inside. She felt that if she dare to unlock it and go inside, she would meet with physical violence. (D).

When she says “I also have to telework”, it's like a rant is really going to come down on her. Like “Annoying. Get out of here”. (E).

### 3.3.3 | “Conflict occurred more easily at home”

Due to stay-at-home orders, the increased time couples spend together in the house creates a situation in which conflict was more likely to occur between the couple, which is a factor in increasing violence from partners. Sometimes with both members of the couple having to

remote work, this creates an environment in which conflict between the couple is more likely to occur.

Due to self-restraint from going out she was alone with her husband at home. Moreover, she had to take care of a child and she had to work. She could not release stress. If it becomes stressful for both of them to be in a place where they cannot go outside, is it possible that they are creating an environment where conflict is likely to occur? (B).

I think that anxiety about COVID-19 also has an effect. On the psychological side, everyone is hypersensitive during the pandemic, especially both husband and wife who are irritable, anxious, aggressive and yelling. (C).

## 3.4 | Category 2: Barriers that prevent women getting support

Despite home being an unsafe place, the COVID-19 pandemic poses barriers to women taking action to get support. There were four subcategories in category 2: “Difficulty in accessing outside support”, “Restricted access to get care due to financial difficulties”, “Lack of support from her family” and “Women experience a loss of energy”.

### 3.4.1 | “Difficulty in accessing outside support”

With public stay-at-home orders occurring during the COVID-19 pandemic, there is a mood to refrain from obtaining support, such as face-to-face consultations and counseling that cannot be provided without a physical visit. Also, for some women, going out may cause fear or anxiety about becoming infected with COVID-19. In addition, women feel fear about suffering IPV from a male partner if he knew she went out and got infected. It is very difficult for women to go out for help, even in situations where their home is no longer safe.

Even if I say “Would you like to come here once?” like I used to before, when the women hear our location (downtown in Tokyo), hardly anyone comes. After all, they are afraid to go out, so they have to stay (at home). (A).



What would her husband say if she went out and got infected with COVID-19? (A).

### 3.4.2 | “Restricted access to get care due to financial difficulties”

In the economically difficult environment of COVID-19, the income of some male partners has declined due to unemployment and worsening business conditions. The stress suffered by these male partners is increasing due to their strained financial difficulties. Some of these men inflict economic violence in which women are deprived of their financial freedom by their partner, not recognizing the costs required by women for activities such as maternity check-ups and breastfeeding outpatient requirements. As a result, women had restricted access to get support from healthcare providers.

There are some husbands whose income has decreased due to the pandemic, so when their wife wants to go to a pregnancy medical examination or be a breastfeeding outpatient, they ask “Why is that necessary?” (E).

The most common type of violence was financial. For example, “I have to supply a receipt for what I want to spend money on properly” or “I have to tell [my partner] how much the fee is for the medical examination”. (E).

### 3.4.3 | “Lack of support from her family”

Under the conditions of self-restraint from going out and restrictions on movement, it is not easy for familiar and dependable people such as parents to help these women. In particular, women, during the period from pregnancy to child-rearing, could not get support from their parents who planned to come to their homes to help out. Women were forced to raise their child with either their partner or by themselves, in an environment where violence exists.

He works from home, so they are together all the time, and that situation has not changed even after giving birth, and there is no other place she can rely on such as her parents. We can no longer move around, due to travel self-restraint because of the pandemic. (B).

In almost all cases, no one comes to help, although their mother was supposed to come. Most women are raising their children by themselves because their mother could not come. (E).

### 3.4.4 | “Women experience a loss of energy”

During the COVID-19 pandemic, it is difficult for women to have relationships with people and institutions that they can rely on, as opportunities to interact with outsiders are decreased due to measures that refrain one from going out and restrictions on movement. Having difficulty in engaging with a reliable person reduces the willingness and determination to act with the desire to “do something about domestic violence” and “consult a professional”, causing women to give up the desire to change their life in which violence is inflicted. Accordingly, women end up having to live their life in the presence of IPV.

When it comes to refraining from going out during the COVID-19 pandemic, it means women cannot consult with anyone, and they are convinced that they have to put up with it. In this situation where the woman cannot decide “This is what I want to do”, women are suffering from domestic violence so I think it is getting harder and harder to make decisions. The situation is continuing where the power to decide “I want to consult” and “I want to do something about it” is not being facilitated. (A).

In the financially difficult environment of the COVID-19 pandemic, when women imagine their life after leaving their male partner, it increases their anxiety about being in need. A woman who needs financial support in her life after leaving her partner is made to imagine herself in need all the more to the extent that she is aware of the economic difficulties of society. (A).

I think there are many women who think “I don't work, and even if I want to escape, I have no money”, so if they are in that situation, they have no choice but to continue living there as they are. Some people say that it's about money, that they cannot go anywhere else, and that they have no other choice in order to live. (B).

## 4 | DISCUSSION

### 4.1 | IPV during the COVID-19 pandemic

In this study, we clarified IPV and the situation of women experiencing IPV during the COVID-19 pandemic by interviewing midwives and clinical psychologists currently involved in IPV screening and support for women. Despite the small sample size, this was the first study in Japan that depicted the reality of IPV during the COVID-19 pandemic. The results will be helpful when considering the system of support for women and their children during and after the COVID-19 pandemic.

From the results of this study, it was found that during the COVID-19 pandemic, “IPV might change during the pandemic” and, in most cases, violence levels increased. In fact, the number of consultations for spousal violence counseling and support center requests increased by 1.6-fold (Gender Equality Bureau Cabinet Office, 2021). This is a global trend, with reported IPV up 30% in France, emergency calls up ~30% in Cyprus, Singapore and Argentina; and Canada, Germany, Spain, the United Kingdom and the United States having reported increases in cases of IPV and demand for emergency shelter (UN Women, 2020). Furthermore, it is predicted that underreporting applies to all these statistics. Reasons for this include aggressive and controlling behavior of the aggressors, reduced privacy, fear of infection by COVID-19, decreased social support and protection during the COVID-19 pandemic, and scarcity of facilities (Sánchez et al., 2020). Also, in this study, a category labeled “barriers that prevent women getting support” was created, and it is speculated that the number of women seeking help was reduced because “Women experience a loss of energy”; therefore, it is predicted that even more physical and psychological damage is actually occurring during the COVID-19 pandemic.

In this study, “Possibility that IPV might change during the pandemic” includes “Male partner takes his stress out on her”, “Male partner forced her out of the home” and “Conflict occurred more easily at home”. Many studies warn of the risk of higher violence as a direct consequence of the restrictions imposed to prevent COVID-19 spreading (Viero et al., 2021). In terms of IPV during the COVID-19 pandemic, UN Women (2020) points out that security, health and money worries create tensions and strains, which is accentuated by the cramped and confined living conditions of lockdown. As a contributory factor for IPV in particular, it has been pointed out that the increased time couples are forced to spend together as a result of compulsory remote working and travel restrictions has increased domestic tension and violence (Fraser, 2020). Also, in this study, the research

participants described the enclosed space of the home as leading to “Conflict occurred more easily at home” between husband and wife. It has been pointed out that the “stay home, save lives” slogan used to protect people from COVID-19 becomes paradoxical in the context of domestic violence (Neil, 2020).

Due to potential economic or job losses, male partners have become stressed during the COVID-19 pandemic. They might be feeling irritated and vent their frustration on their partner. Some study participants said that the original domineering relationship was enhanced due to stress affecting the male partners, and that violence was escalating. Specific stress factors for male partners include fear of COVID-19 infection, uncertainty about the future, impossibility of social contact and threat of reduced income (Marques et al., 2020). It is possible that anger and violence against women is occurring as an anger outlet for various stress factors arising from the COVID-19 pandemic. A subcategory “Male partner takes his stress out on her” indicated that violence is increasing during the COVID-19 pandemic, and it might cause severe physical injury. We should recognize this fact as healthcare providers.

In addition, “Male partner forced her out of the home” was the most obvious type of IPV during the COVID-19 pandemic, and was identified as a new type of violence. In April 2020, the Japanese government announced a state of emergency and stay-at-home orders were issued all over Japan to prevent the spread of COVID-19. Male partners had to stay at home and work remotely, so some forced their partners out of the home if they did not want them to stay at home. Forcing their partners out of the home is relevant to both physical and psychological violence. In terms of physical violence, not only is pushing or kicking a partner out of the house considered under this category, but so too is women wandering around outside during the COVID-19 pandemic, as they are also exposed to danger in these situations. Threats of harm or locking women out of the house is considered as psychological aggression and includes intent-to-harm women mentally or emotionally and/or to exert control over their partner (Centers for Disease Control and Prevention, 2021). During the COVID-19 pandemic, the occurrence of different types of violence should not be overlooked.

### 4.2 | Situation of women experiencing IPV

In terms of women experiencing IPV during the COVID-19 pandemic, there are “barriers that prevent women getting support”. This has four subcategories:

“Difficulty in accessing outside support”, “Restricted access to get care due to financial difficulties”, “Lack of support from her family” and “Women experience a loss of energy”.

Under the stay-at-home orders, the most relevant situation is “Difficulty in accessing outside support”. Due to refraining from going out and fear of infection from COVID-19, it is very difficult for women to go out to seek help. In other words, it is difficult to get support. An Italian study also showed that refraining from going out itself creates a situation where no support is available. After lockdown, the number of IPV counseling and criminal proceedings reportedly decreased by ~50% between April 2019 and April 2020, despite the increasing IPV damage (Barbara et al., 2020). Furthermore, it has been pointed out that even when treatment is required during the COVID-19 pandemic, such as when the patient is injured because of IPV, the current situation is that consultations are blocked and help cannot be provided (Almeida et al., 2020). There may also be problems such as staff shortages among the support providers during the COVID-19 pandemic. The lack of adequate support, despite the increased risk of IPV, has a tremendous effect on women and children.

In addition, pregnant or postpartum women are in a particularly vulnerable situation of having “Lack of support from her family” due to the COVID-19 pandemic. In order to prevent the spread of infection, it was not recommended for pregnant women to return home to their mother to give birth, and it was difficult for the mother to come to their daughter’s place and help after childbirth. It is speculated that these situations may lead to frustration for the male partner who is remote working, when he can hear the crying of the newborn baby and the mother may be unable to move normally after childbirth. If the woman’s mother is with her daughter, she can help her daughter after childbirth and allow her daughter to take action such as asking for help. In addition to family support, public support such as maternity check-ups and consultations, childbirth preparation classes and newborn health visits were restricted. It can be said that COVID-19 hinders both these situations.

A study of women by Naghizadeh et al. (2021) reported that the most common phenomenon during the COVID-19 pandemic was emotional violence, which would include controlling behaviors like restricting access to financial resources. In Japan, during the COVID-19 pandemic, the number of unemployed people exceeds 2 million, which has a particularly strong effect on household incomes, and household income and expenditures from May to July 2020 showed many households with a deficit, with 40% of freelance workers falling into the red (The Japan Institute for Labour Policy and Training, 2020). Decreased household income has put women in a situation where they have

“Restricted access to get care due to financial difficulties”, and even if they are pregnant, it was said that even necessary items such as maternity check-ups and breastfeeding consultations were monitored by the partner. If financial difficulties are prolonged due to the effects of COVID-19, women and children, who are vulnerable in the home, will often fall into a situation where they cannot afford to live, and there is concern about the effect on their health. It has also been shown that women who are more commonly non-regular staff are more likely to lose their jobs, which can result in greater financial reliance on husbands and partners (Evans et al., 2020; Kotlar et al., 2021).

Women experienced a loss of energy due to the effects of IPV and the COVID-19 pandemic, particularly in terms of their mental health (e.g. depression). The effects of IPV on women’s mental health have been clarified in many studies (e.g. Devries et al., 2013), and the effects of the COVID-19 pandemic on women’s mental health are also becoming clear (Almeida et al., 2020; Sediri et al., 2020). It has been said that the situation where women cannot find the strength and energy to “do something” continues. It can also be said that behind this mental state of women is anxiety about the environment and life with reduced external involvement, which is brought about by the influence of society and living environment created by the COVID-19 pandemic.

### 4.3 | Required support during the COVID-19 pandemic

This study found that IPV was exacerbated due to the COVID-19 pandemic, and support was difficult to obtain. If this happens all over the world, the safety of women and children cannot be guaranteed. The UN Women (2020) has recommended strengthened services for women who experience violence by increasing the capacity of key services to improve access and the quality of response. Specifically, long-term funding for organizations supporting victims, strengthened social support online and through social networking services, and in responding to perpetrators mobilization of police and judiciary are needed (UN Women, 2020). Especially in terms of medical care, the need to screen for IPV and promote early interventions at the time of consultation are clear for women unable to seek assistance due to public stay-at-home orders. However, it is not easy to get medical care, so it is recommended that IPV screening and support be carried out using digital and technology-based modalities (Emezue, 2020; Rossi et al., 2020). The effectiveness of information and communications technology (ICT)-based IPV interventions has already been verified (El Morr & Layal, 2020). In addition, there is a proposal for telehealth



consultations as an alternative to home visits and face-to-face consultations (Ragavan et al., 2020). Moreover, the number of shelters to protect women and children should be increased under the pandemic. During this COVID-19 pandemic, it is necessary to create new support methods to protect women and children.

#### 4.4 | Study limitations

The majority of the study participants (three out of five) were perinatal midwives experienced in the process of screening and providing support for IPV victims. In this study, interview data from participants included information about both pregnant women and non-pregnant women, and it was impossible to split the data into these two categories. The number of participants in the study is limited to five because recruitment of participants was difficult under the COVID-19 pandemic. A semi-structured interview was used to identify the reality of what is happening during the COVID-19 pandemic in terms of IPV; therefore, it is undeniable that there was a bias in trying to demonstrate the whole picture of IPV during the COVID-19 pandemic. The research participants included counselors from local IPV support facilities and public spousal violence counseling and support centers, who provided new perspectives on the current status of IPV during the COVID-19 pandemic in Japan. This study is based on the interviews of healthcare providers, so data collected might have included these providers' thoughts or biases. In order to understand women's experiences appropriately, interviews with women who experience IPV are required. In addition, further research focusing on pregnant women and their experiences will be needed to obtain data from their perspectives.

## 5 | CONCLUSIONS

In this study, five clinicians working in Tokyo, Japan, were interviewed, and two categories concerning IPV and the experiences of women who endured IPV during the COVID-19 pandemic emerged from the analysis: (1) the possibility that IPV might change during the pandemic; and (2) barriers that prevent women getting support. In order to provide support for women in healthcare settings, it is necessary to understand IPV and the experiences of women during the COVID-19 pandemic properly to provide appropriate support using innovative methods.

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## AUTHOR CONTRIBUTIONS

Hinako Katou and Yaeko Kataoka were involved in the design of this research. Hinako Katou collected data, and Hinako Katou and Yaeko Kataoka conducted data analysis. Both authors drafted the manuscript and approved the final version.

## CONFLICT OF INTEREST

All authors declare they have no conflicts of interest.

## ORCID

Yaeko Kataoka  <https://orcid.org/0000-0002-4093-4946>

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