Review

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The global prevalence and its associated factors toward domestic violence against women and children during COVID-19 pandemic—"The shadow pandemic": A review of cross-sectional studies

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Abstract

Globally, domestic violence affects women across their life span. Domestic violence against women and children during COVID-19 is a critical and substantial public health issue. This review article was aimed to determine the prevalence and its associated factors toward domestic violence against women and children during COVID-19. Several studies showed that the prevalence of domestic violence against women and children has been alarmingly enlarged during this COVID-19. Domestic violence is a significant and essential problem that is occurring all over the world for many years now, but this condition has been augmented during the lockdown situation because of this pandemic. Women and children of the worldwide are facing twin health emergencies that are COVID-19 and domestic violence. The pandemic was found as a threat to commit domestic violence against women and children. This is because, even though the measurements taken to avoid COVID-19 spread are supportive strategies and also the only opportunity to do so, reducing the risk of COVID-19 was found to raise the risk of domestic violence against women and children. Factors associated with domestic violence against women and children were; being housewives, age $<$ 30 years, marriage, husband's age being between 31 and 40 years, physical victimization, and sexual victimization were factors associated with domestic violence. Depression, spending more time in close contact, job losses, financial insecurity, lockdowns, addiction (alcohol or drugs), control of wealth in the family, technology, and quarantine were factors considered as risk factors for domestic violence. This review will serve as a "call to action" to address this crisis effectively by coming together since this crisis is the global aspect. This is a shadow pandemic growing during this COVID-19 crisis and a global collective effort is needed to prevent it. The life of women and children moves from their needs to their rights during this pandemic. It is essential to undertake urgent actions to intervene in it.

Keywords

COVID-19, domestic violence, intimate partner violence, physical violence, prevalence, sexual violence

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Introduction

The outbreak of this pandemic was originated from Wuhan, China.[1–6] World Health Organization (WHO) has confirmed COVID-19 as it was a pandemic virus on March 11, 2020.[7] In addition, it has been declared to be a worldwide health emergency.[8] There was apprehension globally toward the evolving of this pandemic as a worldwide public health threat.[5] It remains a worldwide burden.[3] It is an extremely contagious.[8] This pandemic is spreading swiftly,[9] because of this, it is spreading across all over the countries.[6,10] It affected people of all nations without considering their races and socioeconomic levels.[10] It has considerable morbidity and mortality.[1,9,11] Moreover, it has a

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significant economic crisis,[12] and a massive consequence on youth mental health.[13]

According to the report of World Health Organization[14] (June 17, 2020), several countries have implemented measures, such as lockdowns and physical distancing to control the spread of COVID-19. As strategies, governments have considered recommendations, such as social distancing and suspension of services to restrict movements.[15] COVID-19 has put several problems on the communities.[16] The quickly changing nature and extent of the COVID-19 crisis represents an unprecedented worldwide challenge to freedom of movement, enterprise, and congregation.[17] It has brought extreme changes to social behavior.[18] Besides, during this pandemic, considering the physical distancing, travel restrictions, the high human-to-human transmission rate, misinformation, doubts about sexual routes of transmission, fear about intimacy, sexuality, and safe sexual practices have augmented substantially.[19] COVID-19 has an overwhelming consequence on women and girls.[20]

To lessen the spread of this pandemic, WHO has recommended that stay-at-home order. This leads to the rise in susceptibility to mental health problems.[21] It may greatly affect the mental health of individuals due to experiencing a significant psychosocial stress.[22] The study done in Wuhan, China, revealed that 34.4%, 22.4%, and 6.2% of the participants had mild, moderate, and severe disturbance, respectively.[23] Furthermore, it could consequence in augmented depression, posttraumatic stress, anxiety disorders, and grief-related symptoms.[24] Besides, it has led to anxiety, panic disorder, and depression.[25] The evidence reported that the psychological impact of quarantine is wide-ranging, considerable, and can be long-lasting.[26] Suicide and depression are responsible for a significant problem of disease worldwide.[27] COVID-19 has many psychological and social effects. This pandemic is associated with depression, distress, insomnia, fear of contagion, and anxiety among the general population and health care professionals.[28]

"Violence" is a substantial community problem which has become a twist together with the COVID-19.[29] Domestic violence (DV) is among the most pernicious gendered conditions of the society. The unavoidable consequences of DV in augmented susceptibility to psychopathology in besides to physical morbidity.[30] As a controlling measure of COVID-19 pandemic, stay-at-home policies were used to decrease the spread globally. However, there is a rising concern that such policies could augment the violence against women (VAW).[31] Unfortunately, violence against girls and women is a human rights destruction.[32] The circumstances brought by this virus have led to more restrictions of human rights than in usual times.[33] Even though, "stay-at-home measures" to control the spread of this virus was suggested by WHO[14] (June 17, 2020), however, "a home is not always a safe place" and "violence" can augment "during and in the aftermath of disease outbreaks."

The measures taken to control its spread would have mainly serious effects on women.[34] The pandemic has put an attention on several ongoing public health crises, comprising violence within the home.[35] Sexual and gender minority people faced considerable structural and interpersonal discernment preceding to the pandemic. However, pandemic circumstances increase these inequities.[36] The community encountered an unseen and "dark enemy," "trauma and violence" at the time of this pandemic.[37] Besides, there is an upsetting increase in "gender-based violence" (GBV).[38] There has been a shocking increase in the incidents of GBV during the recent pandemic.[16] Globally, VAW is a serious problem that leads to economic costs ranging from 1% to 4% of worldwide gross domestic product (GDP).[39] The COVID-19 aggravates existing health disproportions comprising gender disparities.[40] The evidence has revealed the effect of epidemic on sexual and reproductive health was not well recognized due to that the impacts of infection are often not the direct result, rather an indirect outcome.[41]

Research question

"What is the global prevalence and its associated factors towards domestic violence against women and children during COVID-19 from early 2020 to late 2020?"

Methods

Studies from different countries were included in to this narrative review article. Different online databases were used. For instance; Web of Science, Cochrane Review, HINARI, EMBASE, Scopus, PubMed, and Wiley Online Library were used. Furthermore, Gray Literature and Google Scholar were used to search the articles. The search was performed using keywords: "magnitude," "prevalence," "proportion," "domestic violence," "psychological violence," "intimate partner violence," "violence against women," "gender-based violence," "sexual violence," "physical violence," "emotional violence," "SARS-CoV-2," "COVID-19" "associated factors," "determinant factors," and "factors." We used Boolean operators "AND" and "OR." All electronic sources of information were searched for the articles conducted up to September 12, 2021.

Ethical approval and consent to participate

This is a narrative review article which was performed through the search of literatures from different databases: PubMed, Web of Science, Scopus, Wiley Online Library, Gray Literature, and Google Scholar. Furthermore, no

human participants were used for this study. Thus, it is not applicable for this study.

Overview of DV against women and children during COVID-19

DV is a GBV that occurs at home and involves the "spouse or partner or other family members."[42] It is a worldwide public "health problem." It leads to substantial "physical and psychological" outcomes.[43] Even though the preventive measures taken are the correct strategies to reduce the spread of this virus, they are significantly raising the risk of "family violence" across worldwide. Whereas, several countries are already showing a dramatic augment of DV cases.[44] This pandemic has augmented the cases of DV against women.[45] During this pandemic and social isolation, the risk of DV rises. This is because of each country is requesting its citizens to "stay at home," which shows "sharing the same space with one's abuser if one is facing a DV."[46]

Since the outbreak of COVID-19, DV has been breeding continuously like a "silent pandemic" and also persevered worldwide. VAW aggravates during such emergencies.[47] "The pandemic exposes underlying inequalities in socioeconomic and health systems," GBV is often increased.[48] COVID-19 has caused substantial social disruption and DV globally.[49] It has caused a variety of physical and mental health issues further than the viral infection itself, as shown by a raise in DV.[50] Sexual violence (SV) can bring considerable mental and bodily harm.[51]

The evidence showed that the chronic effects of child sexual abuse were anxiety, feelings of isolation and stigma, poor self-esteem, depression, and self-destructive behavior, a tendency toward re-victimization, substance abuse, and sexual maladjustment.[52] "This pandemic disproportionately affects marginalized communities in ways unique to the impacts of structural inequalities regarding to gender, race, disability, sexuality, and socioeconomic status."[53] Restrictive global policies for controlling COVID-19 pandemic will intensify "sexual and reproductive health and justice inequities":[54]

> Intimate partner violence (IPV) is also commonly referred to as DV. It includes SV, physical violence (PV), stalking, and psychological aggression by a present or former intimate partner. The term DV encompasses the same behaviors and dynamics as IPV, while the term family violence is broader and refers to a range of violence that can occur in families, including IPV, child abuse, and elder abuse by caregivers and others.[55]

IPV is a worldwide pandemic while several are sufferers of it a long time prior to COVID-19.[56] Partner violence is a taboo subject which is often thought as a private affair with a low political priority even in the state of relative stability.[57] COVID-19 has caused negative consequences on children exposed to violence and abuse.[58] The figure of contacts to child helplines for the issues of violence against children during COVID-19 has harshly enlarged since the beginning of the pandemic.[59]

The study revealed that childhood or adulthood violence has been associated with cardiovascular disease. COVID-19 has increased the risk of DV with critical complications of mental and cardiovascular health in women.[60] Another study reported that among female survivors of DV, there was an augmented risk of cardiovascular disease, type 2 diabetes mellitus, and all-cause mortality.[61] Moreover, suicidality, injuries, psychological distress, unhealthy behaviors, sexual risk behaviors, and mental health outcomes have been reported as the consequences of intimate partner violence.[62] DV at the time of pregnancy can lead to fatal and nonfatal adverse health outcomes because of the direct trauma to a pregnant woman's body and this has stress effect on fetal growth and development. Whereas, prenatal and postpartum depression can be occurred as the risk factor for emotional violence.[63] The adverse outcomes for the woman, her developing fetus, and any children in her care would be associated with IPV if it occurred during the perinatal period. In addition, depression and anxiety are commonly occurred during the perinatal period women facing IPV.[64]

Characteristics of studies on prevalence of and associated factors

Studies that have assessed the prevalence and associated factors toward DV against women and children during COVID-19 pandemic from early 2020 to late 2020 were included. During this, a total of 17 studies conducted on the prevalence and associated factors toward DV against women and children during COVID-19 pandemic were found on the search and included. From a total of 17 studies included, only eight studies have assessed the factors associated with DV against women and children COVID-19 pandemic. The lowest sample size was 200 from the study done in Jordan, whereas the highest sample size was 15,000 from the study conducted in Australia (Table 1).

The prevalence of DV against women and children during COVID-19

A study done in Australia revealed about 4.6% of all women who responded to the survey reported experiencing PV or SV "by a current or former coexisting partner in the three months" preceding the study.[65] A research done in Ethiopia indicated that the magnitude of IPV against women was 24.6%, while "psychological violence" was 13.3%, PV was 8.3%, and SV was 5.3%.[66] A research done in California indicated that about 15.5% of the participants had a history of IPV and 10.1% of the participants had a

Table 1. Studies showing the prevalence of and associated factors toward domestic violence against women and children during COVID-19 pandemic.

Authors	Study characteristics						Findings	
	Study year	SS	ST	Participants	Instrument	Country	Prevalence	Associated factors
Boxall et al.[65]	Early February 2020	15,000	Proportional quota sampling	Women ⩾ 18 years	OQ	Australia	SV or PV was 4.6%. SV or PV among women who had been in a cohabiting was 8.8%	NA
Gebrewahd et al.[66]	April–May 2020	682	Systematic random	Reproductive age women	IQ	Ethiopia	Psychological violence was 13.3% PV was 8.3% SV was 5.3%	Housewives (AOR = 18.062, 95% CI (10.088, 32.342)), age less than 30 (AOR = 23.045, 95% CI (5.627, 94.377) women with marriage (AOR = 2.535, 95% CI (1.572, 4.087)) and women with husband's age being 31–40 (AOR = 2.212, CI 95% (1.024, 4.777))
Raj et al.[67]	March 19–March 27, 2020	2081	Voluntary	Residents aged ⩾ 18 years	OQ	California	IPV was 15.5% SV was 10.1%	NA
Buttell and Ferreira[68]	2020	275	Voluntary	Unexplained	OQ	New Orleans	IPV was 59%	NA
Hamadani et al.[69]	May 19 and June 18, 2020	2174	Randomly	Women living with their husbands	MTQ	Bangladesh	Emotional violence by 19.9% while 68.4% of reported an increased since the lockdown PV was reported by 6.5%; while 56% of reported an increased since the lockdown SV was less common 3.0%; but of those affected, 50.8% reported it had increased since the lockdown	NA
Jetelina et al.[70]	April 2020	1730	Convenience	Residents ⩾ 18 years	OQ	USA	IPV was 18% while 17% of them stated that victimization worsened during COVID-19 pandemic	The risk of IPV worsening was 4.38 (95% CI: 1.27–15.10) times higher among physical victimization compared with nonphysical victimization and 2.31 times higher among sexual victimization compared to nonsexual victimization. The risk of intimate partner violence getting better was 2.46 times higher (95% CI: 1.47–13.14) among physical victimization compared with nonphysical victimization
Abuhammad[71]	May 2020 and closed in July 2020	687	Convenience	Women ⩾ 18 years	OQ	Jordan	Violence amongst women was 40%	Having a job and marriage status
Tadesse et al.[72]	June 26, 2020–July 10, 2020	589	Systematic random	Married women	IQ	Ethiopia	22.4% IPV of which; 11.0% PV, 20.0% psychological violence, and 13.8% SV	Being illiterate, having illiterate husband, having substance user husband, and community tolerant attitude to violence
Fereidooni et al.[73]	2020	2116	Not explained	Women aged 18–60 years	IQ	Iran	Post-pandemic prevalence of IPV was 65.4% and pre-pandemic prevalence was 54.2%	Being employed was correlated with IPV (OR: 0.42; CI: 0.25– 0.68). Having the highest socioeconomic status (OR: 0.04; CI: 0.01– 0.17) and a full-time employed partner (OR: 0.02; CI: 0.01– 0.03) were correlated with physical IPV
Aolymat[74]	September 1–8, 2020.	200	Not explained	Married women 18 years or older	SAQ	Jordan	20.5% of the participants suffered from increased domestic abuse during the COVID-19 pandemic	NA
Fabbri et al.[75]	2020	1843	Not explained	Children aged 1–14 years	Not explained	Nigeria	35%–46% increase in violent discipline under high restrictions	NA
Ebert and Steinert[76]	April 22 and May 8, 2020	3818	Randomly assigned	Partnered women (18–65 years)	OQ	Germany	3.09% reported incidents of physical conflict, 7.67% reported emotional abuse, 3.57% had non-consensual intercourse with their partner, 6.58% of 1474 respondents with children reported child corporal punishment	There is an increased risk of physical conflict with home quarantine (odds ratio, OR: 2.38; 95% CI: 1.56–3.61), financial worries (OR: 1.60; 95% CI: 0.98–2.61), poor mental health (OR: 3.41; 95% CI: 2.12–5.50) and young (< 10 years) children (OR: 2.48; 95% CI: 1.32–4.64)
El-Nimr et al.[77]	April and June 2020	490	Not explained	Currently, married women living with their husbands and ⩾ 18 years	OQ	Arab countries	22.2% of women reported that they were exposed to one type of IPV during the lockdown	Region of residence (Africa), family income and husband lost his job were associated with the occurrence of IPV
Gama et al.[78]	April and October 2020	1062	Not explained	Being > 16 years old and living in Portugal	OQ	Portugal	13.7% reported having suffered DV during the pandemic. Psychological 13.0%, sexual 1.0% and physical 0.9% abuse	NA
Peraud et al.[79]	March 17–May 11, 2020	1538	Snowball sampling method	Females who were age ⩾ 18 years	OQ	France	More than 7% of women were affected by physical or sexual violence post-lockdown	NA
Rayhan and Akter[80]	August 30–September 30, 2020	510	Convenience sampling	Married women aged 15–49 years	Face-to-face survey	Bangladesh	IPV was 45.29%, where 44.12% were emotionally abused, 15.29% physically, 10.59% sexually, and 19.22% are abused either physically or sexually	Types of marriage, residency, women's employment status, husband's age, level of education, family income status, pandemic-induced economic downturns
Rockowitz et al.[81]	March–August 2020	317 adult, 224 children	Not explained	Child survivors aged ⩽ 17 years and the adult survivors aged ⩾ 18 years	IQ	Kenya	Children were sexually violated most often by neighbors (29%) and family members (20%), whereas adults were sexually violated by strangers (41%) and persons known to them (59%).	NA

SS: sampling size; ST: sampling technique; OQ: online questionnaire; IQ: interviewer questionnaire; MTQ: mobile telephone questionnaires; USA: United States; SV: sexual violence; PV: physical violence; SAQ: self-administered questionnaire.

history of SV.[67] According to the cross-sectional survey done in New Orleans, the proportion of IPV was 59%.[68] A study conducted in Bangladesh indicated that the prevalence of emotional violence was 19.9%, while 68.4% of them reported an increased since the lockdown. PV was reported by 6.5%, while 56% of reported increased since the lockdown. SV was reported by 3.0%; but of those affected, 50.8% of them described it had augmented since the lockdown.[69] A study done in the United States revealed a proportion of IPV was 18%, while 17% of them stated that victimization worsened during COVID-19 pandemic and sexual and PV was an exacerbated form of violence during this pandemic.[70] A study conducted in Jordan revealed that the proportion of VAW was 40% at the time of this outbreak.[71] According to another study done in Ethiopia, the prevalence of IPV was 22.4%. Besides, 11.0%, 20.0%, and 13.8% of women were experienced PV, "psychological violence," and SV, respectively.[72]

A research done in Iran stated a post COVID-19 prevalence of IPV (65.4%) was higher than pre COVID-19 pandemic prevalence of IPV (54.2%).[73] A study done in Jordan revealed that 20.5% of the respondents were affected by enlarged domestic abuse at the time of this pandemic.[74] A study conducted in Nigeria showed that 35%–46% increase in violent discipline on children aged 1–14 years under high restrictions.[75] A study done in Germany revealed that among partnered women (18–65 years), 3.09% reported incidents of physical conflict, 7.67% reported emotional abuse, 3.57% had non-consensual intercourse with their partner, 6.58% of 1474 respondents with children reported child corporal punishment.[76]

A study done in Arab countries showed that 22.2% of women stated that they were suffered from one type of IPV during the lockdown.[77] A study conducted in Portugal revealed that 13.7% of the respondents were affected by DV at the time of this pandemic. 13.0% affected by psychological, 1.0% by sexual, and 0.9% by physical abuse.[78] A study conducted in France showed that greater than 7% of women were suffered from PV or SV post lockdown.[79] A study conducted in Bangladesh revealed that IPV was 45.29%. Whereas, 44.12% were emotionally abused, 15.29% physically, 10.59% sexually, and 19.22% are abused either physically or sexually.[80] A study done in Kenya showed that SV among children were (29%) by neighbors and (20%) by family members. Whereas, SV among adults was (41%) which were by strangers and (59%) which were by persons they know[81] (Table 1).

Furthermore, the study done in India also showed that DV has been augmented at lockdown because of COVID-19. This adverse condition of DV is upsetting the health and safety of millions of women all through their lifetime.[82] During the COVID-19 confinement, DV has enormously augmented globally. It is a vastly dominant issue, as worldwide estimates show that around 35% women have experienced either physical or sexual IPV, and about 1 in 7 children have experienced abuse or neglect at home.[83] COVID-19 has enlarged DV against women and girls, with up to thrice in DV cases compared to the same time last year. The adverse effects of the pandemic on DV are still emerging.[84]

During the COVID-19 era, the likelihood of women and their children being exposed to violence is severely augmented.[34] This pandemic considerably were affected the occurrence of DV globally.[85] The incidence of VAW has augmented globally since a lockdowns.[86] This pandemic has elevated the VAW and violence children within the globally.[87] Containment policies for COVID-19 pandemic may elevates DV, substance abuse, major depression, anxiety, and suicide.[88] Due to COVID-19 pandemic crisis, domestic abuse increases globally.[89] This is because of that at the time of pandemic, "stay-at-home" has led to the increase of DV and abuse claims in several localities worldwide.[90] Household isolation to lessen the transmission of this pandemic virus caused an augmented risk of DV and abuse.[91]

Evidence showed that there are several ways in which COVID-19 may influence on VAW and girls: increased risk of DV, violence in the health sector, risk of abuse and exploitation of vulnerable women workers.[92] The increased risk of DV has been related to measures conducted by governments to control COVID-19.[93] The study done by "Sharma and Borah" on countries across the world reported that the measures performed for COVID-19 are escalating the incidence of DV and also its severity.[85] The evidence showed that one in three females globally suffered PV or SV mostly by a close spouse. Emerging data and reports have revealed that all types of VAW and girls, principally DV, have exaggerated since the outbreak of COVID-19. Besides, the data show a raise in calls to DV helplines in numerous countries since the outbreak of the current pandemic.[32] According to the agency of Vancouver City in Western Canada, British Columbia, which handles calls from women who suffered of GBV, their staffs have seen a 300% raise in calls.[94]

DV calls surge during COVID-19. In Ontario, there was a report of a 22% rise in domestic incidents.[95] The study conducted in Tunisia showed that VAW augmented during lockdown from 4.4% to 14.8%. Whereas, 96% experienced psychological violence, and 10% of them experienced PV.[96] The Eastern Mediterranean region has the second highest proportion of VAW globally, which was 37%.[34] A research from Taiwan stated that 1.6%–2.9% of respondents described a raise in various aspects of their sex life.[97] A study done in America indicated that 34% of the participants in relationships were described conflict with their romantic partners because of a spread of COVID-19.[98] A study done in Bangladesh reported that during this COVID-19 pandemic, there were increments in the magnitude of emotional, PV and SV.[69] The magnitude

of IPV is hidden and unspoken as its critical impact of COVID-19.[68]

SV and GBV, and principally, IPV have enlarged intensely at the time of COVID-19.[99] The study showed that there was a greater incidence and severity of physical IPV at the era of COVID-19 relative to that of a preceding 3 years.[100] The evidence showed that there was 60% raise in emergency calls from women endangered to violence by their close partners has been described in the WHO Europe member states. When April 2020 is compared with the same period of last year, WHO said that online requests to violence prevention help hotlines had also augmented five times. The United Nation's population fund has warned that continuing lockdowns for 6 months could consequence in an extra 31 million cases of GBV worldwide.[101]

The evidence showed that many countries have emphasized a substantial growth in the cases of IPV in the era of COVID-19.[102] Furthermore, the study reported from Ethiopia revealed that there was high proportion of IPV against women.[66] A research report from New Orleans showed that 59% reported an escalation of IPV in those who subjected IPV prior to a COVID-19, which was 9.82%.[68] The study showed that among women who were experiencing emotional or moderate PV, more than half of them reported it had increased since the lockdown.[69] The study done in Pakistan showed that men's violent behavior against women is on the increase because of COVID-19.[103] Generally, the evidence from 11 countries showed that the difference-indifference estimates revealed 31% rise in DV after lockdown.[104]

Factors associated with DV against women and children during COVID-19

According to a study done in Ethiopia, the IPV against women during this pandemic was significantly associated with being housewives, age < 30 years, being married, and husband's age; 31–40 years.[66] A study done in the United States showed that the risk of IPV was greater in physical victimization than in nonphysical victimization and greater in sexual victimization than in nonsexual victimization.[70] A study conducted in Jordan revealed that job and marriage status were found to be predictors of VAW.[71] According to the study done in Ethiopia, being illiterate, being married to an illiterate husband, having a substance user husband, and attitude toward violence were found to be the determinants of IPV.[72]

A study done in Iran showed that being employed was correlated with IPV. Having the highest socioeconomic status and a full-time employed partner were correlated with physical IPV.[73] A study conducted in Germany revealed that there is an increased risk of physical conflict with home quarantine, financial worries, poor mental health, and young (< 10 years) children.[76] A study done in Arab countries showed that residence (Africa), income of family, and lost jobs husband were associated with the occurrence of IPV.[77] A study conducted in Bangladesh showed that residency, type of marriage, women's employment status, husband age, educational level, income status of family, and pandemic induced economic downturn[80] (Table 1).

An evidence showed that IPV was associated with an event of depressive symptoms and incident suicide attempts, while depressive symptoms were associated with incident IPV in women.[27] At the time of COVID-19, the VAW and violence against children were severely increased since family members spend more time in close contact and household stress intensifies.[34]

Besides, job losses and financial insecurity during this COVID-19 pandemic may lead risk relationships to violence.[88] The highest proportion of VAW in Eastern Mediterranean Region was associated with structural systems that maintain gender inequalities, political crises, and socioeconomic instability.[34] A study finding from Nigeria showed that lockdowns for COVID-19 in their country have accidentally placed women at risk for experiencing more severe partner violence.[105]

A study conducted in Taiwan revealed that anxiety, gender, age, perception of COVID-19 risk, and sexual orientation were factors associated with more changes in various aspects of the person's sex life.[97] The study suggested that COVID-19 and VAW are interrelated pandemics. Therefore, VAW is a priority for public health systems and the response of health policies must be structural.[106] The study showed that husband-related risk factors comprising addiction (alcohol or drugs), unemployment, family wealth control, and physical aggression to other men were significant determinants for spousal PV.[107]

The study indicated that the transition of all people's activities in the home offers an increase with two forms of VAW, which were DV and online SV during COVID-19. Furthermore, social media becomes a trajectory of change in SV that is primarily physical to online SV.[108] The evidence revealed that gender and sexual minority public might be harmed excessively by health emergencies, such as COVID-19.[109]

Factors associated with quarantine and isolation, such as emotional, social, and economic stressors augment a risk of IPV.[57] The rates of IPV augmented and remain a significant health care issue as a consequence of the economic burden of the pandemic COVID-19.[110] The evidence on violence against children, VAW, and older people shows that numerous risk factors are likely to be exacerbated by the response to the COVID-19.[14]

An increasing number of researchers and organizations have cautioned that the risk factors related to DV and GBV may be aggravated during quarantine. For instance, augmented stress and frustration as well as limited personal time and space probably raise conflicts in the home.

Similarly, the restrictions on leaving one's home significantly inhibit victims' ability to reach out for aid.[111] "Stay-at-home orders" for control of COVID-19 were found to be victims of DV while home is often not a place of safety, rather it is a risk for more violence.[88]

Recommendations

The findings showed that prompt recognition of "psychological distress" and accurate categorizing of mental health requirements across people during a COVID-19 will simplify the progress of targeted psychological interventions for subjects in epidemics.[112] Offering cost-effective mental health services to people who already have mental disorders or who have developed it at the time of COVID-19 must be prioritized.[113] The evidence revealed that social media has the potential to give swift and effective dissemination routes for fundamental information if used responsibly and appropriately in the control of the present pandemic.[114] The attention toward psychological issues of medical staff, particularly nonfrontline nurses, and general public during a condition of spread and control of COVID-19 should be increased. Early methods that intend to avoid and treat shocking traumatization are extremely compulsory.[115]

According to the report of WHO (June 17, 2020), to address violence in the home in a COVID-19 response, governments and policy-makers should include violence inhibition and feedback in pandemic readiness, response plans, and in risk alleviation communications. Moreover, program managers should adhere to WHO's ethical and safety suggestions on VAW to inform inhibition and response efforts. Furthermore, facility managers should collect data on age, gender, and ethnicity from documentation on reports of violence to notify prevention and response measures. Whereas, health care providers should provide information about services available locally, incorporating opening hours, contact details, and create referral connections to these services.[14] The evidence suggests that physical distancing must be united with social support. Although distancing measures will certainly alleviate the viral epidemic, it should not be permitted to worsen the violence epidemic.[116]

During this situation, if we do not campaign seriously to increase awareness and apply quick action for IPV, and other forms of interpersonal violence, the harmful effects on individuals, families, and communities will repeat for decades.[57] Interconnecting injustices, distinguishing power structures, and uniting across characteristics, is indispensable for monitoring and addressing the inequitable gender, health, and social effects of the current pandemic.[54] Since the magnitude of DV is high, not paying critical attention to this problem will cause substantial psychological reactions among women. However, these problems are now under the domination of COVID-19 pandemic and are less addressed. Therefore, it is critical that governments should address these issues during this pandemic. The needs of women and girls suffering a variety of discrimination must be prioritized.[117] In fact, no one has expected a world will observe the augment of DV cases. However, governments, law application administrations, and society should come together to formulate active methods to fight the impact of COVID-19 on DV.[85]

During this pandemic, more significantly, it needs to strengthen an operational method and actions to guard the sexual and reproductive health and rights of women, young people, and exposed populations. This necessitates scientists, policy-makers, physicians, public organizations, and international agencies to work in coordination, trust, and solidarity.[118] In any pandemic, uncertainty, fear, and stigmatization are common and could act as obstacles to proper medical and mental health interventions. Depending on the experience from the past critical novel pneumonia outbreaks worldwide and the psychosocial influence of viral epidemics, the formulation and implementation of mental health assessment, aid, treatment, and services are vital and urgent goals for the health response to a current pandemic.[119] Besides, during this time, it is significant that multidisciplinary mental health services should be strengthened.[93]

Since DV is a critical issue, the government should address this issue by considering it as crucial and obligation to set modalities in place for prompt relief to women in such suffering.[120] Policy-makers should apply a community health approach to fight DV during the recent pandemic delivery of interventions for DV survivors.[121] The government, community-based organizations, non-governmental organizations, voluntary organizations, and religious leaders must use various media and platforms to increase awareness toward DV. Furthermore, law enforcement agencies require to have more working tools accessible to reply and take suitable action at all levels like district level, sub-district level, and village area. Responsive emergency helpline numbers and websites should be introduced.[122]

Primary prevention of SV, stalking, and IPV must start early due to the considerable magnitude being suffered at a young age. Furthermore, the initial prevention of IPV is focused on the advancement of healthy relationship manners and other protective factors. This has the plan of assisting children and adolescents to develop these good behaviors prior to their first relationship.[123] During this COVID-19 pandemic, a threefold risk of harm to which sidelined individuals are endangered runs as opposed to the concept of social justice that underpins public health. Social distancing is a manner that needs talking to harmed populations and giving social aids to sidelined persons, despite the associated costs.[124]

The police, psychiatrics, and other professionals should be conscious of more probability of augmented

victimization rates both during and after the crisis.[125] In addition to the service offers' reliance on phone and Internet-based services during this pandemic, helping technologists to create safe online spaces for IPV sufferers is important. This is because of that a technologist can support the sufferers and supporters in numerous ways.[126] The mental health and well-being of the population will unsurprisingly suffer during and after this pandemic. An integration of evidence-based public policy, risk communication, assertive online outreach, and reinforced in-person necessary services is compulsory to maintain care and enlarge human connections.[127]

Furthermore, special concern must be provided to more susceptible groups, comprising disabled women, who are at augmented risk of DV and may face extra obstacles in the attainment of the services they need like home care, and social assistance because of curfews and social distancing/restrictions on movement.[34] There are significant limitations within the literature about a surveillance and appraisal of effective interventions to aid who are at risk of DV, and child abuse at COVID-19 era. The health care providers have an obligation to give help to overcome these difficulties and offers a community health approach in helping who are utmost susceptible in the society at the time of this pandemic.[128]

Conclusion

DV affects women and children across their life span globally. This pandemic is an unexpected occurrence that is significantly affecting the incidence and prevalence of DV against women and children globally. The health consequences of DV are wide-ranging and severe, which include physical injuries, reproductive complications, and psychological disorders, such as depression and posttraumatic stress disorder. DV against women and children is a health, moral, legal, educational, economic, social, developmental, and human rights issue. Women and children who face SV are also at enlarged risk for unintended pregnancy, illegal abortion, sexually transmitted infections, and adverse pregnancy consequences.

Besides, survivors of DV are highly at risk of displaying destructive health behaviors like substance abuse and unhealthy diet-related habits in her future lifetime. Several studies showed that the prevalence of DV against women and children have been alarmingly raised during this COVID-19. This pandemic is driving a DV pandemic increasingly. DV is a significant and essential problem that is occurring all over the world for many years now, but this condition has been augmented at a lockdown condition because of this pandemic. Women of a worldwide are facing twin health emergencies that are COVID-19 and DV. The pandemic was found as a threat to commit DV against women and girls. This is because, even though, the measurements taken to avoid the spread of pandemic are supportive strategies and also the only opportunity to do so, reducing the risk of COVID-19 was found to increase a risk of VAW and violence against girls. Factors associated with DV against women and children during COVID-19 were, such as being housewives, age $<$ 30 years, marriage, husband's age (31–40 years), physical victimization, and sexual victimization were factors associated with DV. Depression, spending more time in close contact, job losses, financial insecurity, lockdowns, addiction (alcohol or drugs), control of wealth in the family, technology, and quarantine were factors considered as risk factors for DV.

It is recognized that peace is not just the absence of war. This statement is to explain and reveal a lack of recognition for DV against women and girls, which is a real crisis recently occurred during this COVID-19 pandemic with its substantial impact in all dimensions. However, in fact, women and children are currently facing a critical and significant crisis due to DV across the worldwide. Several women and children who were under lockdown for COVID-19 have been suffering with DV where they should be safest in their own homes in reality and as it is also expected to be so. However, today, we are kindly begging and also request for peace in homes globally to protect women and girls. We also advocate and call up all governments, global health institutions, human rights organizations, stakeholders, and humanitarian organizations to focus on DV impact of COVID-19 and put women and girls' safety as their priority as DV against women and children are in a state of silent and shadow pandemic. Furthermore, a well-being of women and children moves from their needs to their rights during this pandemic. The governments, human rights organizations, society, stakeholders, public health workers, health policy-makers and implementers, researchers, global health institutions, and humanitarian organizations need to participate in the prevention of DV by designing appropriate and effective methods to battle a burden of COVID-19 on DV and support those women experiencing this violence.

Overall, DV against women and children is a silent pandemic secondary to COVID-19 pandemic. Thus, this review article will serve as a "call to action" to fight this emergency effectively and efficiently by coming together since this crisis is the global issue. It is essential to undertake urgent actions to intervene in these high-risk contexts. This is probably needs to undergo profound changes, and the defense of their rights and protection must remain a major priority. During this crisis, women and children should be encouraged and be a front line of the response to COVID-19 and DV by participating in the preparedness, policy-making and implementing effectively considering the critical situation and crisis induced by COVID-19 and DV on women and girls, society, and the country as a whole. Finally, this review article recommends a requirement for further study to comprehend a reason and

dynamics of DV focusing all unique characteristics of women and girls. Moreover, the challenges and the effective design to address this shadow pandemic are better to be investigated critically.

Author contribution(s)

Addisu Dabi Wake: Conceptualization; Data curation; Methodology; Validation; Writing – original draft; Writing – review & editing.
Usha Rani Kandula: Conceptualization; Data curation; Methodology; Validation; Writing – original draft; Writing – review & editing.

Data sharing statement

The data used to support the findings of this study are available from the corresponding author on reasonable request.

Ethical approval and consent to participate

This is a narrative review article which was performed through the search of literatures from different databases; PubMed, Web of Science, Scopus, Wiley Online Library, Gray Literature, and Google Scholar. Furthermore, no human participants were used for this study. Thus, it is not applicable for this study.

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