

Entry

# Domestic Violence against Women and COVID-19

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**Definition:** Domestic violence against women is defined as harmful behavior that occurs within a home and it involves aggressive and violent conduct towards women. Since the outbreak of the COVID-19 pandemic, and following the restrictions imposed to combat the pandemic (lockdowns, staying at home, isolation), domestic violence against women has increased worldwide. The current entry presents existing knowledge and discusses issues important for public awareness.

**Keywords:** domestic violence; violence against women; COVID-19; pandemic; lockdown

## 1. Introduction and History of Domestic Violence

According to Carl Rogers, “*The strongest force of our universe is not overriding power, but love*” [1] (p. 204). Domestic violence is not a new phenomenon [2]. Unfortunately, domestic violence has existed since the dawn of human civilization. Additionally, even today, in some cultures and belief systems, and regardless of the existing human rights, domestic violence within families or towards women, is still encountered [2]. It has been reported that 1 in 3 women have been subject to gender-based violence by their intimate partner or by a non-partner at least once in their lifetime in different regions [3].

Domestic violence against women is not a new phenomenon [4]. It is a multidimensional and complex phenomenon that many have attempted to explain throughout the years [5–7]. It has been influenced mainly by the views of Christian and Judeo cultural and ideological beliefs, law, and Greek philosophy that purported patriarchy—male-dominant behavior which views the male as a superior figure [8]. During the Roman era and under Roman law, a woman was considered to be the property of her husband to do with as he pleased (abuse, beat or kill) as a way of demonstrating who was in control in the home [9]. According to some religions, during the 15th century the husband had the right to judge a woman for the way she behaved and acted [9]. At this stage, domestic violence against women was not evident or yet defined, as a man beating his wife was considered to be an indication that he cared about his wife’s soul [9]. During the 15th century in the United Kingdom, a man had the right to be abusive towards his wife in order to maintain discipline in his home and family [9]. All these stereotypes and beliefs were carried over from generation to generation for centuries, making it extremely difficult to prevent these views on gender-based violence [5,10]. Colonial (patriarchal) institutions benefited by the inequality between genders and colonization (power, control, and patronage) as men were further empowered to abuse women [10,11]. This brutality broke down the confidence of many women, and their sense of self, and as a result women were victimized for years [10]. During the 16th and 17th century, women who disobeyed their husbands were still punished [8,11]. For instance, during 1711–1713 in London, it was reported that a man named Antony Pitts beat, kicked, and locked-up his wife, because she disobeyed his order [8].

A new era has begun since 1960, whereby domestic violence against women became more well-known to the media as more cases started being revealed [12]. Additionally, starting in the 1970s, in some States, men were banned from having the right to beat their wife as a stricter enforcement of laws against violence was observed [12,13]. In the 1970s,



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2 to 4 million women still reported abusive behavior by their partners annually [9]. A major change in communities and in many societies began after 1970, when the Women's Movement raised awareness on domestic violence against women. The definition of domestic violence changed form, and laws appeared to be more evident in theory and practice after 1973 [14]. The term "domestic violence", after the Women's Movement, was first used in 1973 without yet being clearly defined [14].

Between 1975 and 1978, 170 shelters for abused women opened worldwide [9,14]. In the U.S. in 1978, more than 300 shelters were established to prevent domestic violence against women. Finally, during the end of the 1970s, domestic violence was defined and considered as a crime as many interventions were justified by the Criminal Justice System of the USA [15]. After the 1980s, emergency hotline services also became more visible, as well as legislation reform, new government programs and policies, and emergency support for women who were victims of domestic violence [9]. Since 1980, more legislation was enacted in different countries demonstrating the massive need to prevent domestic violence against women, a continuous battle that requires further progress [12]. During the 19th century, violence against women from their partners began to be understood [16]. As a social phenomenon, it began to be recognized. Sometimes it was implicitly accepted, and at other times, this phenomenon was ignored completely.

Laws against domestic violence and police interventions became a reality during the 20th century; in fact, convictions and arrests started taking place [16]. It is important to note, however, that since incidents of domestic violence are not always physical and apparent there are reported cases that are not convicted. For instance, the reporting of shouting in a neighbor's house might not be recorded as a notifiable crime [17].

However, since the outbreak of the COVID-19 pandemic, statistical data shows a rapid increase in cases of domestic violence against women [18]. This mainly stemmed from the implications of the restrictions imposed due to the pandemic, such as staying at home and quarantining [19]. Staying at home during COVID-19 is a method used for safety, but not every home felt safe. Domestic violence is a social phenomenon that pervades all cultures, countries, and societies, regardless of demographics, traditions, socioeconomic class, education, and health. Nowadays, it is recognized as a direct or indirect crime. This phenomenon seems to affect the entirety of society [20]. This entry will present an overview of domestic violence in crisis situations and domestic violence's association with COVID-19. It will mainly outline the types of domestic violence, the cycle of abuse, the role of the victim and perpetrator, as well as the effects, after-effects, challenges, and interventions.

## 2. Defining Domestic Violence, Pandemics, and COVID-19

### 2.1. Definition of Domestic Violence

There are numerous definitions of *Domestic Violence*, also referred to as "Domestic abuse" and "Controlling behavior" and it is defined as any form of behavior that uses control and power on a person without their permission and occurs amongst members under the same household [21]. Abuse can occur in many different types of relationships, such as couples living together, separated, married, dating, as well as in any other type of human relationship and not just between intimate partners. However, the most common form of abuse worldwide is "violence against women". *Violence against women* refers to any act of violence directed against a woman because of her gender. Violence against women is hence seen as gender-based violence [22], and is defined as a chronic syndrome characterized by physical, sexual, emotional or psychological harm in the private or public life of a woman which may include threats, acts of violence, deprivation of liberty, and coercion [23]. Violence against women can be identified in all societies to some degree, including criminal assaults within or outside the home, enforced isolation, not being allowed to contact family or friends, and many others [24].

## 2.2. Definition of Pandemics

A pandemic is defined as any type of disease that extends massively to large geographical areas, categorized as trans-regional, inter-regional and global [25]. Pandemics are eras of emergencies that have extreme mechanisms of spread which empirically have a spectrum of etiologies and no single accepted definition or explanation of their cause. Some of the most well-known pandemics around the world include COVID-19, HIV, cholera, the black death, influenza, AIDS, West Nile disease, plague, dengue, and obesity [26,27].

## 2.3. Definition of COVID-19

According to the World Health Organization [WHO], COVID-19 is defined as a disease that is infectious and is mainly caused by a virus called SARS-CoV-2 [28]. It rapidly emerged in December 2019 and continued spreading aggressively worldwide since [29]. It is believed that anyone can become infected with COVID-19 and become ill at any age. The most commonly reported symptoms include headaches, fever, tiredness, cough, loss of smell or taste, loss of appetite, sore throat, diarrhea, rash on skin, and red eyes [28]. Some more serious symptoms that people with COVID-19 experience are: chest pain, difficulty breathing, confusion, loss of speech. Therefore, most cases develop mild or moderately mild symptoms, and the majority of patients recover without being hospitalized. Unfortunately, there are cases whereby hospitalization is necessary, as people experience severe symptoms, becoming seriously ill, and needing longer periods of recovery [28]. By the 10th of December 2021, more than 267,865,289 cases of COVID-19 were reported, of which 5,285,888 died from the disease [30]. According to the WHO [28], as of 9th of December 2021, 8,158,815,265 vaccines were administered worldwide to prevent the spread of the virus [28]. Preventative measures for COVID-19 suggested by the WHO [28] are: (1) vaccination, (2) social distancing, (3) wearing a fitted mask, (4) washing hands regularly (or rubbing hands with antiseptic), (5) covering nose and mouth when sneezing and coughing, (6) choosing open places when visiting others, and (7) self-isolate when feeling unwell and stay at home until fully recovered from the virus [28].

## 3. Domestic Violence against Women and COVID-19

During the pandemic and lockdowns due to COVID-19, domestic violence increased dramatically [31–34]. Evidence supports that domestic and sexual violence are exacerbated due to numerous factors that stem from disasters (such as war, disease, illness, tsunamis, etc.) and pandemics [3,35–41]. Previous research found an association between cases of gender-based violence and crises, with inequity worsening during such periods [32,42–45]. Evidence shows an increase in sexual violence and harassment against women when individuals attempt to procure necessary needs during a crisis, such as food, water, and firewood [32]. It was found that one of the main reasons that domestic violence increases during a virus outbreak is the breakdown and reformation of laws [19], which includes the implementation of lockdowns. Such periods of forced proximity between partners increases the time spent together, and impedes victims of domestic violence from “escaping” their home (such as going to work or to social events) [46,47]. Additionally, due to the fact that social services and police have different emergencies and priorities during a pandemic, victims of domestic abuse may not be as well supported as they were before the pandemic. Similarly, perpetrators are not dealt with in the same manner as they would have been prior to a crisis; therefore, there is a lack of immediate punishment or restrictions [40]. It is worth noting that there have been reports showing that interpersonal ineffectiveness and violence within families increase rapidly during crisis situations [48]. Consequently, the need to increase support for victims has been emphasized, which might minimize violence when people are asked to quarantine or stay at home for longer periods during a crisis [32].

Research focusing on the association between the COVID-19 pandemic and domestic violence is still developing. Previous periods of crisis can provide an indication of what could be expected. Research suggests that intimate partner violence increased in previous disasters, for example, during the Earthquake in Haiti in 2007 [46], during the tsunami in

Asia in 2004 [32], and during Hurricane Katrina in 2005 [46]. Specifically, after the tsunami in Sri Lanka, violence against women and sexual abuse were proven to have an increase in cases [32]. Some outbreaks of previous viruses or diseases, such as Cholera, Nipah, and Ebola caused a huge increase in incidents of domestic violence against women [49,50]. In Africa, when the disease of Ebola began to spread, cases of sexual assault, rape, and violence against women increased as well [51]. Furthermore, crisis situations and domestic violence against women are interlinked [51] due to the many effects and circumstances that occur in people's lives either externally or internally.

Existing evidence supports that COVID-19 has also led to an increase in intimate partner violence, especially towards women [3], or has at least made it more common [52]. Since the outbreak of the pandemic, authorities, governments, and various organizations have begun to warn the public about the possible impacts it will have on areas such as domestic violence [53]. The transmissibility of the virus led many countries to declare mandatory lockdowns to reduce deaths and the further spread of the virus [53]. A global economic crisis ensued, and the circumstances of this crisis triggered many incidents of domestic violence. The stress and discomfort of people began to appear during the lockdowns [54] as people were asked to spend more time at home [55] which had a massive impact on their lives, especially on their psychological well-being. People were asked to confine themselves at home and stay away from family members, friends, schools, and even their workplace in some cases [55]. The latter has severely impacted families as it increased isolation, unemployment, and financial insecurity. All of these factors can escalate domestic violence both by men with a history of abusive behavior, as well as by those without [55].

In addition, domestic violence has become more prevalent during the COVID-19 pandemic [31] due to the increase in drug use [56], unemployment [57], criminal activity [58,59], educational difficulties [60], psychological difficulties [31], and isolation [46,47]. A drastic change in people's everyday life occurred during the pandemic as individuals had to deal with economic uncertainty, mental health problems, well-being difficulties, and negative feelings such as loneliness and anxiety [32]. Moreover, there is ongoing research for global information with regard to the association between domestic violence and COVID-19 worldwide [33,61–78].

### 3.1. Statistical Data and Percentages of Domestic Violence against Women during COVID-19

Statistical data were gathered, by country, to identify the effect COVID-19 had on domestic violence against women. In Albania, more than 245 cases were reported up to March 2020 [76]. In Argentina, more than 1280 reports were made for violence within families [62]. In Australia, an increase of 40% in calls made by victims asking for immediate help [70] was reported and there was a 75% rise in online searches for "Domestic Violence: How to get help" [71]. In Belgium, there was a 70% increase in calls during the first 16 weeks following the first lockdown [64] by victims. In Canada, 55,000 calls were made to Women's Domestic Helplines, 11,630 of which were never answered due to the massive number of calls received [74].

Inadequate funding for shelters, helplines, staff salaries, and other operating costs in such a hectic period during the pandemic was also a limitation in preventing domestic violence against women in many countries [66]. In China, 90% of reports were related to domestic violence [78]. In Colombia, 225% increase in cases were recorded during the first lockdown [69]. In Cyprus, a 30% increase was observed in helpline calling centers during the announcement of the first restrictions and the first lockdown [79]. In Fiji, 500 calls were made by women in April 2020 alone [63] and 1000 reports of violence against women were recorded by the Ministry [68]. In France, a 36% rise in domestic violence was identified by the police in Paris [71]. India reported 587 cases of domestic violence in only March and April of 2020 [75]. Israel reported a 35% increase in domestic violence from March until May 2020 [77].

For many countries, there is no information available regarding domestic violence against women. Additionally, with the continuation of the pandemic and the associated

challenges, updated statistics are continuously available. An increase in domestic violence against women has been noted in countries such as the Netherlands, New Zealand, Pakistan, Russia, Singapore, Spain, Tunisia, Turkey, United Kingdom, United States, and Venezuela [40]. Worth mentioning is the fact that the opposite effect was also observed in some countries. For instance, in Denmark there was a rise in homelessness by men who reported experiencing conflicts during the pandemic crisis [73]. Some countries, such as Switzerland and Italy, announced that there was a decrease in calls reporting domestic violence at the beginning of this crisis, which could have been caused by the fact that women might have found it difficult to ask for help during the first lockdown [67]. Additionally, in Germany, at the beginning of the pandemic, domestic violence against women was reported to be 28% lower than during the period of 2018–2019 [61].

### *3.2. Types of Domestic Violence and Their Association with COVID-19*

If the general, the public were asked about the types of violence they associate with domestic violence, and the majority of the respondents would most probably answer that they associate physical violence with domestic violence [80]. Physical abuse is the most recognizable form of abuse as it is clearly the most visible one [81]. It is likely the only abusive behavior we all know. However, it is not the only type of abuse [82]. There are several types, and each type affects people differently. As expected, some types of abuse are perceived to be riskier to an individual than others [83]. Nevertheless, no type of abuse should be regarded as more important than the other. Some of the most common forms of abuse against women include: physical, sexual, psychological, verbal, financial, spiritual, and emotional [84]. The person using abusive behavior would use control and gender privilege to commit any of the aforementioned types [85]. All those types escalated during COVID-19, mainly due to lockdowns and isolation [86]. Recent research concluded that from all the different types of abuse, the psychological one appeared to be the one most frequently reported by victims during COVID-19 [87]. 50% of women reported experiencing verbal/psychological abuse, 40% sexual abuse, and 36% physical abuse [87]. Additionally, 90% of women that experienced abuse during the first lockdown stated that they did not ask for help, and 73% of victims that experienced domestic violence before COVID-19 stated that they also experienced abuse during the first lockdown [88]. There is a lack of research on the types of abuse victims of domestic violence experience the most frequently during COVID-19. This information would have allowed researchers to focus on a particular type of domestic violence. Whether common or not, prevention of all types should be sought.

## **4. The Effects of COVID-19 in Domestic Violence against Women**

Previous pandemics, such as swine flu, influenza, as well as the current COVID-19 pandemic, were found to have many psychological effects on people [72]. Domestic violence against women during COVID-19 has affected women in various ways including experiences of chronic pain, sleep disturbances, changes in everyday life routine, depression symptoms, post-traumatic stress disorder, other types of abuse, brain injuries, sexual diseases, substance abuse and many other psychological symptoms, such as avoidance, anxiety, hyperarousal, low mood, re-experiencing trauma. [72,89–94]. It is clear that the multitude of effects domestic violence has on its victims is exacerbated during periods of crisis. According to the United Nations, there are several reasons why domestic violence incidents against women did not show an increase at the start of the pandemic, yet have increased as the pandemic progressed [40]. During the lockdowns, many women lost their jobs or had to work from home, they provided home schooling for their children, and those who lost their jobs became more financially dependent on their partners. Financial dependence on partners is identified as one of the factors that can increase domestic violence against women [95] as it makes it harder for the victim to leave the perpetrator. During lockdowns, individuals also reported experiencing higher levels of distress and depression symptoms [96]. Women coping with mental health difficulties before COVID-19, or who



were abused during COVID-19, reported having severe symptoms of stress, depression, and anxiety [96]. Additionally, women abused before and during the pandemic were at a higher risk for mental health-related difficulties [96].

In addition, alcohol sales increased during the lockdowns [97,98], and evidence shows that alcoholism tends to increase the incidence of domestic violence against women [99]. Additionally, closed proximity to male partners during quarantine gives very little to no freedom to women, which can also lead to more domestic violence at home [40]. The fact that many men lost their jobs and income during COVID-19, altered the power dynamics in many homes. Some male figures were left feeling unable to serve the role of provider for their families, which in turn made them experience inadequacy and emasculation [100,101]. Those negative feelings experienced by men were also shown to increase domestic violence against women [101]. Additionally, law enforcement was overwhelmed with new demands during COVID-19, and because of the minimal training and lack of preparation, this resulted in the reduced protection of women who experienced domestic violence by their partners [102]. This also led the victims to become hesitant to report the abuse, and led perpetrators to feel more in control and to continue the abuse. An increase in domestic homicides was also identified since the start of the pandemic [103]. Suicides were also linked to domestic violence and the pandemic [103]. Homicides and suicides illustrate the seriousness of domestic violence during COVID-19, as many women lost their lives due to this aggressive social phenomenon.

#### *4.1. The Role of the Victim*

Most victims tend to believe that abuse befalls everyone, that it is unavoidable and difficult to escape [104]. Victims feel that they are being betrayed by their intimate partner every time an abusive behavior occurs. This betrayal, accompanied with the experience of some type of abuse, causes emotional pain to the victim, and often physical injuries as well. In addition, the victim's psychological well-being and health deteriorates [105]. In particular, victims often experience some of the following: (1) live in fear and constant worry about their safety and safety of others, (2) experience loss of self-worth and low self-confidence, (3) dependency on their abuser emotionally and financially, (4) difficulty to end their marriage, (5) daily experience of danger, (6) fear of the unknown if they leave the abuser, (7) passive behavior to protect themselves and others from the experience of more abuse [104].

As mentioned earlier, some countries reported that there was no increase in domestic violence against women. According to the United Nations, this was mainly due to three reasons [40]. Firstly, the women were stuck in the same home as the abuser, which made it more difficult for the victim to escape and reach out for support. Secondly, the women felt uncertain and hesitant to ask for help as they did not know what to expect during lockdowns. Thirdly, domestic violence against women was not the only priority for social services and law enforcement during the pandemic and lockdowns [40]. Victims of domestic violence might have felt abandoned during the pandemic and their assistance options were reduced [104,106]. Additionally, many of the victims might have had to stay with their abuser during quarantines which might have caused them further distress. In cases in which victims were able to access support at a shelter home during lockdowns, the newness of the shelter home added an extra source of insecurity [104,106]. Victims of domestic violence also might have been scared to leave their homes and visit a police station to report domestic violence or visit a hospital to treat their injuries as they feared contracting the virus [106]. Undoubtedly, domestic violence victims have had to face several difficulties during the pandemic.

#### *4.2. The Role of the Perpetrator*

Perpetrators demonstrate abusive and aggressive behavior, which may vary in frequency; there are those whose behavior is exhibited more frequently and those who display the behavior on rarer occasions. Abusers usually act compulsively and their behavior can

inflict serious emotional and/or physical injuries [104]. Some men with abusive behavior find satisfaction from the suffering of the victim, and abusers can be diagnosed with various personality disorders, aggressive patterns, sociopathic tendencies, and psychological or psychiatric problems [107]. However, perpetrators are not always diagnosed, as most abusers report intense anger and feelings of remorse and guilt after an outburst [104]. Some abusers use aggressive and controlling behavior to achieve what they want. Perpetrators sometimes act in a premeditated fashion and at other times they act compulsively. For a perpetrator, personal gain is more important than what could happen to the victim [104]. Evidence shows that abusers are aware of the impact that their actions could have on a victim but act abusively nonetheless [104,105].

During the pandemic, several studies illustrated that lockdowns gave greater control, power, and freedom to perpetrators to abuse their victims [20,108]. Especially during lockdowns, abusers found it easier to enforce their tactics on their victims since they now had access to any conversation the victims had, access to their social media, their phones, and generally, access to their lives [104]. Additionally, the fact that victims had limited support options during the pandemic, accentuated the power that perpetrators felt over their victims. [109]. The increase in the power and control of the perpetrators, increases the risk of domestic violence against women.

#### *4.3. The Cycle of Violence/Abuse*

The cycle of violence identifies three stages (honeymoon period, tension building, and explosive phase), and illustrates that the perpetrator is not always abusive towards a victim [110,111]. This on/off abusive behavior by the perpetrator is what entices victims to stay. A sense of care and love wrongly convinces the victim that there is a good period as well as the honeymoon period. The honeymoon phase usually occurs at the beginning of the relationship. Abusers can highly manipulate their victims, giving them a false belief of security, love, and safety [110]. During this period, there is no sign of violent behavior, and perpetrators often behave in a way that makes their victims desire and appreciate them.

The tension-building phase is usually the time when the victim notices the tension in the relationship and some negative traits of the abuser, such as anger, jealousy, and irritation [110]. At this stage, the victim begins to feel fearful, humiliated, embarrassed, and angry. However, at this stage the perpetrator tries to act 'normal', sometimes trying to explain how they feel, but always nurturing the victim [110]. Lastly, the explosive phase is when the abusive behavior escalates. During this phase, victims may experience emotional, sexual, verbal, physical, or other types of abuse. At this stage, perpetrators have full control and power over the victim and the victim feels frightened, numb, helpless, and trapped [110]. This stage is always followed with apologies and promises for better behavior in the future. The cycle of abuse is experienced repeatedly in many domestic violence cases. During COVID-19, abusers found an opportunity to exercise more coercive control over their victims [112], thus maintaining the tension-building and explosive phases longer than usual.

### **5. Interventions for the Prevention of Domestic Violence against Women during COVID-19**

The rise of domestic violence against women during COVID-19 emphasizes the challenges faced globally and the need for immediate action. The early detection of domestic violence is the first step to intervention. Early detection often occurs by health care professionals during routine check-ups, as research has shown that victims often complain of various symptoms (chronic pain, back pain, headaches, among others) requiring medical attention [113]. However, early detection involves everyone, including health, social and mental health care professionals, people who work in criminal justice settings and abuse services, police officers, victims of violence, and the general public among others [114]. Awareness of the signs of domestic violence and reporting such an awareness to the appropriate agency is important for both professionals and the general public. Evidence suggests

that multi-disciplinary interventions can minimize the shadow of domestic violence [115]. Some interventions suggested in related research include (1) reform or development of regulations and laws, (2) development of educational programs, (3) development of new shelters, (4) improvement of mental health support, (5) development of face-to-face solutions, (6) creation of virtual solutions, and (7) creation of new escape plans [115].

#### *5.1. Reform or Development of Regulations and Laws*

The reform and development of regulations and laws can further improve the prevention of domestic violence against women. A possible way is through the development of a national registration system for abusers that would allow people to investigate whether their partner has a history of abusive behavior [115]. Thus, reducing the potential dangers faced by victims. This database could also provide valuable insight for future cases and could potentially improve the prevention of domestic violence. A national registration system for domestic violence was created in July of 2020 and it is currently being used in China [116]. In some countries, after victims report domestic violence, due to threats and fear for their lives, they drop the charges. New legislation that would accelerate the court action process and at the same time ensure the continuation of the investigation, regardless of whether the victim has recanted the charges, will further prevent the recurrence of domestic violence [19]. It is important, once a report is filed by victims, for police and social services to demand immediate court action according to the assessed risk [19].

#### *5.2. Development of Educational Programs*

Educating individuals about domestic violence, the different types of violence, how to seek help and gather support, is important in acknowledging this social phenomenon and preventing it [117,118]. Many non-governmental associations and government organizations are developing psycho-educational programs to inform the public about domestic violence. These psycho-educational programs are available for different communities, such as schools, businesses, companies, universities, among others. Psycho-educational campaigns could inform more women that might be experiencing abuse on how to acknowledge abuse and seek help from the appropriate services [115]. Raising awareness about domestic violence can help both victims and perpetrators seek support and minimize their engagement within the abusive environment. Educating different communities could also help to prevent women from experiencing domestic violence in the future. Changing norms, values, and prejudices towards gender-based violence is a goal that should be relentlessly pursued.

#### *5.3. Development of New Shelters*

The essentials that a domestic violence victim requires at a time of crisis are: access to medical support, food, psychological support, social support, and shelter [119]. The opening of more women's shelters that provide the essentials above is vital during times of crises (such as in pandemics and lockdowns). During COVID-19, and especially during lockdowns, many shelters were at full capacity and struggled to accommodate the massive number of domestic violence cases [120–123]. More shelter support services would help to accommodate the higher number of domestic violence victims during crises.

#### *5.4. Mental Health Support and Solutions*

Whilst the COVID-19 crisis remains, restrictions such as social distancing and lockdowns will continue to exist. The barrier of social distancing and the inability for in-person interaction due to restrictions, indicate some of the reasons domestic violence victims face difficulties in getting support. The inadequate mental health support services offered during lockdowns can have a great impact on domestic violence cases. During COVID-19, the lack of mental health support was evident, and many people were placed on waiting lists in order to receive support from a psychologist, psychiatrist, or other mental health professionals; something that was also noticed during previous crises [124–127]. Research



however suggests, that technology-based interventions can benefit victims that experience domestic violence and can reduce symptoms of anxiety, low mood, and depression, and reduce exposure to abusers [128,129]. Findings suggest that technological interventions and approaches have the potential for better outcomes than face-to-face interventions [130].

Many countries have helplines and virtual help solutions for victim support [131]. There is evidence that online silent services are very effective as victims can ask for help without being easily noticed by the perpetrator [131]. In the UK, statistical data gathered from the “Respect Helpline”, which is a helpline that deals with domestic abuse, showed that 581% of victims gathered support through Respects’ website, 185% through email, and 97% gathered support through Respects’ helpline [132]. Another empowering service is the ad hoc online platform which provides support to victims that are in immediate need. The ad hoc service is already used in France, Norway, Italy, Germany, and Spain, providing in one website, all the resources that a victim of domestic violence needs [115,133]. Developing such platforms worldwide is very important in preventing domestic violence, as these systems were shown to be very effective [134]. During COVID-19, domestic violence helplines, reported that some requests were delayed due to the massive number of victims’ requests [135]. More professionals and staff need to be hired to support these services and victims of domestic violence. Governments in different countries need to develop further online help-seeking services and telephone helplines to minimize the effort and time victims need to find or request help [134]. Victims’ immediate access to resources and information is another prevention method for domestic violence.

Women tend to find it easier to share information about domestic violence when they are using online support rather than in-person [136]. However, it is crucial that the victim is separated from the abuser when receiving mental health support online as the sharing of domestic violence incidents in front of the abuser can escalate the abuse [115]. Advancing technology-based interventions globally, and offering mental health support worldwide would be beneficial for preventing domestic violence against women [137]. Creating a global mental health system that connects many experts in mental health, would allow victims of domestic violence to receive support promptly [138]. Governments and organizations would have more control of domestic violence cases and would be better equipped to prevent abuse against women and children.

### 5.5. Real-Time Solutions

During lockdowns, victims of domestic violence only had access to businesses that were essential for survival, mainly supermarkets and pharmacies [115]. Those businesses created a valuable outlet and perhaps their only opportunity to seek help. Some governments established silent mechanisms, such as coded messages, sounds, and alarm buttons and signals, to assist women that experienced abuse to be able to ask for help without being noticed by the abuser [139–141]. Many countries, such as Norway, Spain, the Netherlands, France, and Italy have already created a coded message, namely “Mask 19”, that abused women can use to seek help for domestic violence [140,142,143]. In the UK, the code-word “ANI”, meaning “Action Needed Immediately”, is used by victims of domestic violence in order to request help [144]. With the use of the code-word police or social services are notified, without attracting the attention of the perpetrator [140,144]. It is worth noting that many countries do not yet have coded messages for domestic violence. The use of coded messages could potentially help to reduce domestic violence incidents. For example, training staff of global chain restaurants and coffee shops, in recognizing coded messages could ensure the notification of the appropriate services (police, social services). Additionally, creating one global code message for seeking help could eliminate potential confusion and allow individuals to be cognizant of the meaning of the message and the actions they should undertake.

### 5.6. Escape Plans

A need to develop new escape plans for victims of domestic violence is highly recommended in times of crisis. More professionals need to be trained and educated on escape plans and risk assessment. Additionally, sound collaborations between services and professionals in multidisciplinary teams, has been found to be more effective for victims when planning escape plans [115]. This is because it is hard for a victim of domestic violence to leave when the perpetrator is at home [83]. A lack of detailed escape plans can place the victim at higher risk, as an escape from the perpetrator can be very dangerous [83]. Victims usually feel more settled when they can obtain some supplies and important documents before they escape. Some important things that domestic violence victims are asked to have access to when planning an escape plan are: bank account details, copies of important documents for victim and children, clothes, house keys, and a phone without tracking settings [145]. Special protection programs for victims need further development in order to ensure the anonymity of the victim for safety purposes [146]. Additionally, the fact that some domestic violence victims are not able to prepare an escape plan, leads to a need for more support during the process after escaping. Some victims are not able to gather some essentials before leaving their home, and services or volunteers in shelters can support these victims and their children by providing these necessities. Creating shelters that not only provide safety but also, psychological support, food, clothing, phone, access to important documents, is vital.

## 6. Conclusions

- The pandemic resulted in an increase in incidents of domestic violence against women worldwide.
- Domestic violence affects everyone in the society and especially women.
- During the COVID-19 pandemic, restrictions led to grater isolation, financial dependency, insecurity, and passivity of the victim.
- The pandemic period, the perpetrators power and control over the victims was increased.
- The tension-building and explosive phases of the cycle of violence were prolonged.
- It is evident that there is a lack of psychological and practical interventions that could promote mental health and well-being, during the COVID-19 pandemic, particularly for domestic violence victims.
- New multidisciplinary teams and interventions can be established for victims of domestic violence, which may further encourage movements to globally minimize domestic violence tendencies.
- In the context of COVID-19, more research on domestic violence in times of crisis needs to be conducted. Such research should focus on identifying possible solutions, raising awareness of the problem and the resources available to combat the problem, and on the development of new interventions to help the victims.

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## References

1. Rogers, R.C. *A Way of Being*; Houghton Mifflin: Boston, MA, USA, 1980; ISBN 0-395-75530-1.
2. Fader, S. A History of Domestic Violence: How Much Have Things Changed? BetterHelp. Available online: <https://www.betterhelp.com/advice/domestic-violence/a-history-of-domestic-violence-how-much-have-things-changed/> (accessed on 9 November 2021).
3. Hunter, J. WHO: 1 in 3 Women Affected by Physical or Sexual Violence. Available online: <https://aoav.org.uk/2013/1-in-3-women-to-be-affected-by-physical-or-sexual-violence/> (accessed on 10 November 2021).
4. Fulu, E.; Miedema, S. Violence Against Women: Globalizing the Integrated Ecological Model. *Violence Against Women* **2015**, *21*, 1431–1455. [CrossRef] [PubMed]
5. National Research Council. *Understanding Violence Against Women*; Crowell, N.A., Burgess, A.W., Eds.; The National Academies Press: Washington, DC, USA, 1996. [CrossRef]
6. Miller, S.L. Expanding the Boundaries: Toward a More Inclusive and Integrated Study of Intimate Violence. *Violence Vict.* **1994**, *9*, 183–199. [CrossRef]
7. O'Toole, L.L.; Schiffman, J.R.; Sullivan, R. Preface: Conceptualizing Gender Violence. In *Gender Violence, 3rd Edition: Interdisciplinary Perspectives*; O'Toole, L.L., Schiffman, J.R., Sullivan, R., Eds.; New York University Press: New York, NY, USA, 2007; pp. xi–xvi. [CrossRef]
8. Fox, V.C. Historical Perspectives on Violence Against Women. *J. Int. Women's Stud.* **2002**, *4*, 15–34.
9. National Library of Medicine. Domestic Violence in the 1970s. Available online: <https://circulatingnow.nlm.nih.gov/2015/10/15/domestic-violence-in-the-1970s/> (accessed on 2 November 2021).
10. Nicholls, T. Concerning Violence against Women: A Fanonian Analysis of Colonizing the Female Body. *E-Cad. CES* **2012**, *16*. [CrossRef]
11. Breines, I.; Connell, R.; Eide, I. Unesco. In *Male Roles, Masculinities and Violence*; UNESCO Pub.: Paris, France, 2000.
12. Davis, J. Domestic Abuse. In *School of Law Enforcement Supervision Session XVII*; Cabot Police Department: Cabot, AR, USA, 2014.
13. Swisher, K.; Wekesser, C. (Eds.) *Violence Against Women*; Greenhaven Press: San Diego, CA, USA, 1994.
14. Rudnick Law. A Brief History & Overview of Domestic Violence. Available online: <https://www.rudnicklaw.com/blog/history-domestic-violence/> (accessed on 24 November 2021).
15. Erez, E. Domestic violence and the criminal justice system: An overview. *Online J. Issues Nurs.* **2002**, *7*, 4.
16. Johnson, R. Changing Attitudes About Domestic Violence. *J. Law Order* **2002**, *50*, 60–62, 64, 65.
17. Elkin, M. Domestic abuse and the criminal justice system, England and Wales—Office for National Statistics. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandnovember2019> (accessed on 26 January 2022).
18. World Health Organization [WHO]. Levels of Domestic Violence Increase Globally, including in the Region, as COVID-19 Pandemic Escalates. Available online: <http://www.emro.who.int/violence-injuries-disabilities/violence-news/levels-of-domestic-violence-increase-as-covid-19-pandemic-escalates.html> (accessed on 23 January 2022).
19. European Parliament. *Tackling Violence against Women and Domestic Violence in Europe—The Added Value of the Istanbul Convention and Remaining Challenges*; Think Tank; European Parliament: Brussels, Belgium, 2020.
20. Repucci, S.; Slipowitz, A. Democracy under Lockdown: The Impact of COVID-19 on the Global Struggle for Freedom. Available online: <https://freedomhouse.org/report/special-report/2020/democracy-under-lockdown> (accessed on 27 December 2021).
21. United Nations. What Is Domestic Abuse? Available online: <https://www.un.org/en/coronavirus/what-is-domestic-abuse> (accessed on 14 December 2021).
22. Perrin, N.; Marsh, M.; Clough, A.; Desgroppes, A.; Yope Phaniel, C.; Abdi, A.; Kaburu, F.; Heitmann, S.; Yamashina, M.; Ross, B.; et al. Social Norms and Beliefs about Gender Based Violence Scale: A Measure for Use with Gender Based Violence Prevention Programs in Low-Resource and Humanitarian Settings. *Confl. Health* **2019**, *13*, 6. [CrossRef]
23. World Health Organization [WHO]. *Domestic Violence: A Priority Public Health Issue in the Western Pacific Region*; Regional Office for the Western Pacific: Manila, Philippines, 1998.
24. Hegarty, K.; Roberts, G. How common is domestic violence against women? The definition of partner abuse in prevalence studies. *Aust. New Zealand J. Public Health* **1998**, *22*, 49–54. [CrossRef]
25. Taubenberger, J.K.; Morens, D.M. Pandemic Influenza—Including a Risk Assessment of H5N1. *Rev. Sci. Tech.* **2009**, *28*, 187–202. [CrossRef]
26. Morens, D.M.; Folkers, G.K.; Fauci, A.S. What Is a Pandemic? *J. Infect. Dis.* **2009**, *200*, 1018–1021. [CrossRef]
27. United Nation Women. The Shadow Pandemic: Violence against Women during COVID-19. UN Women—Europe and Central Asia. Available online: <https://eca.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19?fbclid=IwAR2VF8TfTPkzkusNRWLxjk4luVRCpwg4p4H0xsTjW35QTUJh0lCCXOPk8zE> (accessed on 10 December 2021).
28. World Health Organization [WHO]. Coronavirus disease—(COVID-19). Available online: <https://www.who.int/westernpacific/health-topics/coronavirus> (accessed on 28 November 2021).
29. Anastasiades, E.; Argyrides, M.; Mousoulidou, M. Misinformation about COVID-19: Psychological Insights. *Encyclopedia* **2021**, *1*, 1200–1214. [CrossRef]

30. World Health Organisation [WHO]. WHO Coronavirus (COVID-19) Dashboard. Available online: <https://covid19.who.int> (accessed on 27 November 2021).
31. World Health Organization [WHO]. WHO Health Emergency Dashboard. Available online: <https://extranet.who.int/publicemergency> (accessed on 27 November 2021).
32. Mittal, S.; Singh, T. Gender-Based Violence During COVID-19 Pandemic: A Mini-Review. *Front. Glob. Women's Health* **2020**, *1*, 4. [CrossRef] [PubMed]
33. International Federation of Red Cross and Red Crescent Societies. *World Disasters Report 2015*; IFRC Campaigns: Lyon, France, 2020.
34. New Zealand Family Violence Clearinghouse (NZFVC). Preventing and responding to family, whānau and sexual violence during COVID-19. Available online: <https://nzfvc.org.nz/COVID-19/preventing-responding-violence-COVID-19> (accessed on 30 November 2021).
35. Buttell, F.P.; Carney, M.M. Examining the Impact of Hurricane Katrina on Police Responses to Domestic Violence. *J. Traumatol.* **2009**, *15*, 6–9. [CrossRef]
36. Enarson, E.; Chakrabarti, P.G.D. *Women, Gender and Disaster: Global Issues and Initiatives*; SAGE Publications India Pvt Ltd.: New Delhi, India, 2009.
37. Peterman, A.; Potts, A.; O'Donnell, M.; Thompson, K.; Shah, N.; Oertelt-Prigione, S.; Van Gelder, N. *Pandemics and Violence against Women and Children*; Center for Global Development: Washington, DC, USA, 2020.
38. Rescue Organisation. Everything on Her Shoulders: Rapid Assessment on Gender and Violence against Women and Girls in the Ebola Outbreak in Beni, DRC. International Rescue Committee: New York, NY, USA, 2019.
39. Schumacher, J.A.; Coffey, S.F.; Norris, F.H.; Tracy, M.; Clements, K.; Galea, S. Intimate Partner Violence and Hurricane Katrina: Predictors and Associated Mental Health Outcomes. *Violence Vict.* **2010**, *25*, 588–603. [CrossRef] [PubMed]
40. United Nations Peacekeeping Force in Cyprus (UNFICYP). DOMESTIC VIOLENCE and COVID-19. Available online: <https://unficyp.unmissions.org/domestic-violence-and-covid-19> (accessed on 30 November 2021).
41. Weitzman, A.; Behrman, J.A. Disaster, Disruption to Family Life, and Intimate Partner Violence: The Case of the 2010 Earthquake in Haiti. *Sociol. Sci.* **2016**, *3*, 167–189. [CrossRef]
42. Dobson, N. From under the Mud-Pack: Women and the Charleville Floods. *Macedon Dig.* **1994**, *9*, 11–13. [CrossRef]
43. Enarson, E.; Fordham, M. From Women's Needs to Women's Rights in Disasters. *Glob. Environ. Change Part B Environ. Hazards* **2011**, *3*, 133–136. [CrossRef]
44. Fothergill, A.; Peek, L.A. Poverty and Disasters in the United States: A Review of Recent Sociological Findings. *Natural Hazards* **2004**, *32*, 89–110. [CrossRef]
45. Palermo, T.; Peterman, A. Undercounting, Overcounting and the Longevity of Flawed Estimates: Statistics on Sexual Violence in Conflict. *Bull. World Health Organ.* **2011**, *89*, 924–925. [CrossRef]
46. Campbell, A.M. An Increasing Risk of Family Violence during the COVID-19 Pandemic: Strengthening Community Collaborations to Save Lives. *Forensic Sci. Int.* **2020**, *2*, 100089. [CrossRef]
47. Usta, J.; Murr, H.; El-Jarrah, R. COVID-19 Lockdown and the Increased Violence Against Women: Understanding Domestic Violence During a Pandemic. *Violence Gend* **2021**, *8*, 133–139. [CrossRef]
48. UNESCO. 11th Global Summit of National Ethics/Bioethics Committees. Available online: <https://en.unesco.org/events/11th-global-summit-national-ethicsbioethics-committees> (accessed on 28 November 2021).
49. Davies, S.E.; Bennett, B. A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies. *Int. Aff.* **2016**, *92*, 1041–1060. [CrossRef]
50. Onyango, A.M.; Resnick, K.; Davis, A.; Shah, R.R. Gender-based violence among adolescent girls and young women: A neglected consequence of the west african ebola outbreak. In *Pregnant in the Time of Ebola: Women and Their Children in the 2013–2015 West African Epidemic*; Schwartz, D.A., Anoko, J.N., Abramowitz, S.A., Eds.; Springer International Publishing: Cham, Switzerland, 2019; pp. 121–132.
51. Yasmin, S. The Ebola Rape Epidemic No One's Talking About: When the Outbreak Hit West Africa, Fevers Spiked—And So Did Rates of Teenage Pregnancy. Available online: <https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/> (accessed on 20 November 2021).
52. Kluger, J. Domestic Violence is a Pandemic within the COVID-19 Pandemic. Available online: <https://time.com/5928539/domestic-violence-covid-19/> (accessed on 14 November 2021).
53. Perez-Vincent, S.M.; Carreras, E.; Gibbons, M.A.; Murphy, T.E.; Rossi, M. *COVID-19 Lockdowns and Domestic Violence: Evidence from Two Studies in Argentina*; Inter-American Development Bank: Washington, DC, USA, 2020. [CrossRef]
54. Card, D.; Dahl, G.B. Family Violence and Football: The Effect of Unexpected Emotional Cues on Violent Behavior\*. *Q. J. Econ.* **2011**, *126*, 103–143. [CrossRef] [PubMed]
55. Piquero, A.R.; Jennings, W.G.; Jemison, E.; Kaukinen, C.; Knaul, F.M. Domestic Violence during the COVID-19 Pandemic—Evidence from a Systematic Review and Meta-Analysis. *J. Crim. Justice* **2021**, *74*, 101806. [CrossRef]
56. Engel, L.; Farley, E.; Tilley, J. *COVID-19 and Opioid Use Disorder*; Council on Criminal Justice: Washington, DC, USA, 2020; Volume 11.
57. Fana, M.; Torrejón Pérez, S.; Fernández-Macías, E. Employment Impact of COVID-19 Crisis: From Short Term Effects to Long Terms Prospects. *J. Ind. Bus. Econ.* **2020**, *47*, 391–410. [CrossRef]



58. Eisner, M.; Nivette, A. Violence and the Pandemic: Urgent Questions for Research. In *HFG Research and Policy in Brief*; Harry Frank Guggenheim Foundation: New York, NY, USA, 2020.
59. Rosenfeld, R.; Lopez, E. Pandemic, Social Unrest, and Crime in U.S. Cities. *Counc. Crim. Justice* **2021**, *33*, 72–82. [CrossRef]
60. OECD. *Lessons for Education from COVID-19: A Policy Maker's Handbook for More Resilient Systems*; Organisation for Economic Co-operation and Development: Paris, France, 2020.
61. Väter ohne Rechte. Frauenorganisationen fürchten um Geld. Available online: <https://www.vaeter-ohne-rechte.at/frauenorganisationen-fuerchten-um-geld/> (accessed on 15 December 2021).
62. Argentina, C.-C.S.d.J.d.I.N. La Oficina de Violencia Doméstica Recibió Denuncias Que Comprenden a 1623 Personas afectadas. Available online: <http://www.ovd.gov.ar/ovd/verNoticia.do?idNoticia=4307> (accessed on 21 November 2021).
63. Banerjee, S. Coronavirus Lockdown. Pune Zilla Parishad Plans Tough Action to Check Domestic Violence. In *The Hindu*; Pune: Chennai, India, 2020.
64. Belga. Zeventig Procent Meer Oproepen over Geweld Bij Hulplijn 1712 Sinds Lockdown. Available online: <https://www.hln.be/nieuws/zeventig-procent-meer-oproepen-over-geweld-bij-hulplijn-1712-sinds-lockdown~{}a669952e/> (accessed on 15 December 2021).
65. Boserup, B.; McKenney, M.; Elkbuli, A. Alarming Trends in US Domestic Violence during the COVID-19 Pandemic. *Am. J. Emerg. Med.* **2020**, *38*, 2753–2755. [CrossRef]
66. CBC News. COVID-19 Exacerbated Violence Against Women. Frontline Workers Want Essential Service Funding. Available online: <https://www.cbc.ca/news/canada/british-columbia/covid-intimate-partner-violence-1.5830614> (accessed on 15 December 2021).
67. European Emergency Number Association. *COVID-19: Impact on Mental Health and Domestic Violence*; European Emergency Number Association: Brussels, Belgium, 2020.
68. Fiji Women's Crisis Centre. A "Dangerous" Rise in Domestic Violence in Fiji. Available online: <https://www.rnz.co.nz/international/pacific-news/426844/a-dangerous-rise-in-domestic-violence-in-fiji> (accessed on 15 December 2021).
69. Janetsky, M. Violence against Women up Amid Latin America COVID-19 Lockdowns. Available online: <https://www.aljazeera.com/features/2020/4/20/violence-against-women-up-amid-latin-america-covid-19-lockdowns> (accessed on 23 November 2021).
70. Johnston, K. COVID-19 Coronavirus: Domestic Violence is the Second, Silent Epidemic Amid Lockdown. Available online: <https://www.nzherald.co.nz/nz/covid-19-coronavirus-domestic-violence-is-the-second-silent-epidemic-amid-lockdown/5ZUPUGT2MBITLSTC4RVGOCK24/> (accessed on 21 November 2021).
71. Kottasova, I.; Donato, D.V. Women Are Using Code Words at Pharmacies to Escape Domestic Violence. *CNN*. Available online: <https://edition.cnn.com/2020/04/02/europe/domestic-violence-coronavirus-lockdown-intl/index.html> (accessed on 15 December 2021).
72. Mak, I.W.C.; Chu, C.M.; Pan, P.C.; Yiu, M.G.C.; Chan, V.L. Long-Term Psychiatric Morbidities among SARS Survivors. *Gen. Hosp. Psychiatry* **2009**, *31*, 318–326. [CrossRef]
73. Olsen, M. Kø til Mandecenter: Familier Kortsletter efter Ugers Hjemmeisolation. *Politiken.dk*. Available online: <https://politiken.dk/forbrugogliv/art7749751/Familier-kortsletter-efter-ugers-hjemmeisolation> (accessed on 25 November 2021).
74. Owe, B. 'Back to square one': Calls to domestic violence lines jump again as coronavirus surges—National. *Globalnews.ca*. Available online: <https://globalnews.ca/news/7398324/coronavirus-canada-gender-based-violence/> (accessed on 22 November 2021).
75. Rukmini, S. Locked down with Abusers: India Sees Surge in Domestic Violence. Available online: <https://www.aljazeera.com/news/2020/4/18/locked-down-with-abusers-india-sees-surge-in-domestic-violence> (accessed on 25 November 2021).
76. United Nations Development Program. Amidst Coronavirus Pandemic, UNDP Rings the Alarm on Domestic Violence—UNDP in Europe and Central Asia. Available online: <https://www.eurasia.undp.org/content/rbec/en/home/stories/coronavirus-pandemic-albania-domestic-violence.html> (accessed on 25 November 2021).
77. Yaron, L. More Women Die by Suicide as the Coronavirus Crisis Ushers in Rise in Domestic Violence. Available online: <https://www.haaretz.com/israel-news/.premium-suicide-cases-linked-to-rise-in-domestic-violence-in-wake-of-coronavirus-crisis-1.8835250> (accessed on 22 January 2022).
78. Zhang, W. Domestic Violence Cases Surge During COVID-19 Epidemic. Available online: <https://www.sixthtone.com/news/1005253/https%3A%2F%2Fwww.sixthtone.com%2Fnews%2F1005253%2Fdomestic-violence-cases-surge-during-covid-19-epidemic> (accessed on 22 November 2021).
79. Association for the Prevention and Handling of Violence in the Family [SPAVO]. 2021 Statistics. Available online: <https://domviolence.org.cy/statistika/> (accessed on 24 January 2022).
80. Arizona Coalition to End Sexual and Domestic Violence. Types of Domestic Violence. Available online: <https://www.acesdv.org/domestic-violence-graphics/types-of-abuse/> (accessed on 25 January 2022).
81. Doorways. Types of Domestic Violence. Available online: <https://www.doorwaysva.org/our-work/education-advocacy/the-facts-about-domestic-violence/types-of-domestic-violence/> (accessed on 25 January 2022).
82. Rakovec-Felser, Z. Domestic Violence and Abuse in Intimate Relationship from Public Health Perspective. *Health Psychol. Res.* **2014**, *2*, 1821. [CrossRef]
83. Davies, J. *Victim-Defined Safety Planning: A Summary*; National Resource Center on Domestic Violence (NRC DV): Harrisburg, PA, USA, 2017.



84. Association for the Prevention and Handling of Violence in the Family [SPAVO]. About Domestic Violence—Association for the Prevention and Handling of Violence in the Family. Available online: <https://domviolence.org.cy/en/themata-endooikogeniakis-vias/> (accessed on 25 January 2022).
85. Baugher, A.; Gazmararian, J. Masculine Gender Role Stress and Violence: A Literature Review and Future Directions. *Aggress. Violent Behav.* **2015**, *24*, 107–112. [CrossRef]
86. Evans, M.L.; Lindauer, M.; Farrell, M.E. A Pandemic within a Pandemic—Intimate Partner Violence during COVID-19. *N. Engl. J. Med.* **2020**, *383*, 2302–2304. [CrossRef] [PubMed]
87. United Nation Women. COVID-19 and Violence against Women: What the Data Tells Us. Available online: <https://www.unwomen.org/en/news-stories/feature-story/2021/11/covid-19-and-violence-against-women-what-the-data-tells-us> (accessed on 25 January 2022).
88. Lausi, G.; Pizzo, A.; Cricenti, C.; Baldi, M.; Desiderio, R.; Giannini, A.M.; Mari, E. Intimate Partner Violence during the COVID-19 Pandemic: A Review of the Phenomenon from Victims' and Help Professionals' Perspectives. *Int. J. Environ. Res. Public Health* **2021**, *18*, 6204. [CrossRef]
89. Reissman, B.D.; Watson, J.P.; Klomp, W.R.; Tanielian, L.T.; Prior, D.S. Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge. *J. Homel. Secur. Emerg. Manag.* **2006**, *3*, 1–28. [CrossRef]
90. Zhang, J.; Lu, H.; Zeng, H.; Zhang, S.; Du, Q.; Jiang, T.; Du, B. The Differential Psychological Distress of Populations Affected by the COVID-19 Pandemic. *Brain Behav. Immun.* **2020**, *87*, 49–50. [CrossRef] [PubMed]
91. Campbell, J.C. Health Consequences of Intimate Partner Violence. *Lancet* **2002**, *359*, 1331–1336. [CrossRef]
92. National Institute of Justice. *Violence Against Women: Identifying Risk Factors, Research in Brief*; National Institute of Justice: Washington, DC, USA, 2004.
93. Jackson, H.; Philp, E.; Nuttall, R.L.; Diller, L. Traumatic Brain Injury: A Hidden Consequence for Battered Women. *Prof. Psychol. Res. Pract.* **2002**, *33*, 39–45. [CrossRef]
94. Walker, L.E.A. Battered-Woman Syndrome. In *The Encyclopedia of Clinical Psychology*; John Wiley & Sons, Ltd.: Hoboken, NJ, USA, 2015; pp. 1–4. [CrossRef]
95. Arthur, C.; Clark, R. Determinants of Domestic Violence: A Cross-National Study. *Int. J. Sociol. Fam.* **2009**, *35*, 147–167.
96. Sediri, S.; Zgueb, Y.; Ouanes, S.; Ouali, U.; Bourgou, S.; Jomli, R.; Nacef, F. Women's Mental Health: Acute Impact of COVID-19 Pandemic on Domestic Violence. *Arch. Womens Ment. Health* **2020**, *23*, 749–756. [CrossRef]
97. Polakovic, G. Pandemic Drives Alcohol Sales—and Raises Concerns about Substance Abuse. Available online: <https://news.usc.edu/168549/covid-19-alcohol-sales-abuse-stress-relapse-usc-experts/> (accessed on 20 November 2021).
98. Henson, S. Survey Shows Drug & Alcohol Use Increase During COVID-19 Pandemic. Available online: <https://www.therecoveryvillage.com/drug-addiction/news/drug-alcohol-use-rising-during-covid/> (accessed on 15 November 2021).
99. Field, A.C.; Caetano, R.; Nelson, S. Alcohol and Violence Related Cognitive Risk Factors Associated with the Perpetration of Intimate Partner Violence. *J. Fam. Violence* **2004**, *19*, 249–253. [CrossRef]
100. Schneider, D.; Harknett, K.; McLanahan, S. Intimate Partner Violence in the Great Recession. *Demography* **2016**, *53*, 471–505. [CrossRef]
101. Bradbury, J.C.; Isham, L. The Pandemic Paradox: The Consequences of COVID-19 on Domestic Violence. *J. Clin. Nurs.* **2020**, *29*, 2047–2049. [CrossRef]
102. UNISEF GBViE Helpdesk. Emergency Responses to Public Health Outbreaks. Available online: <https://www.sddirect.org.uk/media/1617/health-responses-and-gbv-short-query-v2.pdf> (accessed on 19 November 2021).
103. Bates, L.; Hoeger, K.; Stoneman, J.M.; Whitaker, A. *Domestic Homicides and Suspected Victim Suicides During the COVID-19 Pandemic 2020–2021*; Home Office: London, UK, 2021.
104. Fuller, R. *Domestic Violence: Characteristics of Abusers and Victims*; New York Behavioral Health: New York, NY, USA, 2015.
105. Thompson, M.P.; Simon, T.R.; Saltzman, L.E.; Mercy, J.A. Epidemiology of Injuries among Women after Physical Assaults: The Role of Self-Protective Behaviors. *Am. J. Epidemiol.* **1999**, *150*, 235–244. [CrossRef] [PubMed]
106. Fielding, S. In Quarantine with an Abuser: Surge in Domestic Violence Reports Linked to Coronavirus. *The Guardian*, 3 April 2020.
107. Stroshine, S.M.; Robinson, A. The Decision to End Abusive Relationships: The Role of Offender Characteristics. *J. Crim. Justice Behav.* **2003**, *30*, 97–117. [CrossRef]
108. Gearin, M.; Knight, B. Family Violence Perpetrators Using COVID-19 as “a Form of Abuse We Have Not Experienced Before”. *ABC News*, 28 March 2020.
109. Van Gelder, N.; Peterman, A.; Potts, A.; O'Donnell, M.; Thompson, K.; Shah, N.; Oertelt-Prigione, S. COVID-19: Reducing the Risk of Infection Might Increase the Risk of Intimate Partner Violence. *EClinicalMedicine* **2020**, *21*, 100348. [CrossRef] [PubMed]
110. Astrid Burke Psychotherapy. Understanding Intimate Partner Violence Part II: Disrupting the Cycle of Abuse. Available online: <https://www.astridburke.com/blog-posts/understanding-intimate-partner-violence-part-ii-disrupting-the-cycle-of-abuse> (accessed on 28 November 2021).
111. Ghani, A.M. Figure 2: The Cycle of Violence in Domestic Violence Relationship. Available online: [https://www.researchgate.net/figure/The-cycle-of-violence-in-domestic-violence-relationship\\_fig4\\_334537790](https://www.researchgate.net/figure/The-cycle-of-violence-in-domestic-violence-relationship_fig4_334537790) (accessed on 28 November 2021).
112. Battered Women's Justice Project. *Coercive Control during COVID-19: New Tactics*. Battered Women's Justice Project. Available online: <https://www.bwjp.org/news/covid-coercive-control-wheel-combined.pdf> (accessed on 15 November 2021).

113. Di Franco, M.; Martines, G.F.; Carpinteri, G.; Trovato, G.; Catalano, D. Domestic Violence Detection amid the COVID-19 Pandemic: The Value of the WHO Questionnaire in Emergency Medicine. *QJM Int. J. Med.* **2021**, *114*, 637–641. [CrossRef] [PubMed]
114. National Institute for Health and Care Excellence [NICE]. Domestic Violence and Abuse: Multi-Agency Working. Available online: <https://www.nice.org.uk/guidance/ph50> (accessed on 3 December 2021).
115. Su, Z.; McDonnell, D.; Roth, S.; Li, Q.; Šegalo, S.; Shi, F.; Wagers, S. Mental Health Solutions for Domestic Violence Victims amid COVID-19: A Review of the Literature. *Glob. Health* **2021**, *17*, 67. [CrossRef]
116. Express Web Desk. Chinese City Launches Database for Couples Considering Marriage to Check If Partner Has Domestic Abuse History. Available online: <https://indianexpress.com/article/world/chinese-city-launches-database-for-couples-considering-marriage-to-check-if-partner-has-domestic-abuse-history-6474157/> (accessed on 29 November 2021).
117. McCleary-Sills, J.; Namy, S.; Nyoni, J.; Rweyemamu, D.; Salvatory, A.; Steven, E. Stigma, Shame and Women's Limited Agency in Help-Seeking for Intimate Partner Violence. *Glob. Public Health* **2016**, *11*, 224–235. [CrossRef]
118. Francis, L.; Loxton, D.; James, C. The Culture of Pretence: A Hidden Barrier to Recognising, Disclosing and Ending Domestic Violence. *J. Clin. Nurs.* **2017**, *26*, 2202–2214. [CrossRef]
119. Maslow, A.H. A Theory of Human Motivation. *Psychol. Rev.* **1943**, *50*, 370–396. [CrossRef]
120. Taub, A. A New COVID-19 Crisis: Domestic Abuse Rises Worldwide. *The New York Times*, 6 April 2020.
121. Townsend, M. Revealed: Surge in Domestic Violence during COVID-19 Crisis. *The Observer*, 12 April 2020.
122. Thompson, A. Nation's Largest Hotel Chain Shelters Domestic Abuse Survivors. Available online: <https://www.smh.com.au/national/nsw/nation-s-largest-hotel-chain-shelters-domestic-abuse-survivors-20200406-p54hl5.html> (accessed on 26 January 2022).
123. Slakoff, D.C.; Auja, W.; PenzeyMoog, E. The Role of Service Providers, Technology, and Mass Media When Home Isn't Safe for Intimate Partner Violence Victims: Best Practices and Recommendations in the Era of COVID-19 and Beyond. *Arch. Sex. Behav.* **2020**, *49*, 2779–2788. [CrossRef]
124. Xiang, Y.-T.; Ng, C.H.; Yu, X.; Wang, G. Rethinking Progress and Challenges of Mental Health Care in China. *World Psychiatry* **2018**, *17*, 231–232. [CrossRef] [PubMed]
125. Hu, X.; Rohrbaugh, R.; Deng, Q.; He, Q.; Munger, K.F.; Liu, Z. Expanding the Mental Health Workforce in China: Narrowing the Mental Health Service Gap. *Psychiatr. Serv.* **2017**, *68*, 987–989. [CrossRef] [PubMed]
126. Xu, X.; Li, X.-M.; Xu, D.; Wang, W. Psychiatric and Mental Health Nursing in China: Past, Present and Future. *Arch. Psychiatr. Nurs.* **2017**, *31*, 470–476. [CrossRef] [PubMed]
127. Caron, C. 'Nobody Has Openings': Mental Health Providers Struggle to Meet Demand. *The New York Times*, 17 February 2021.
128. Emezue, C.; Bloom, T.L. PROTOCOL: Technology-Based and Digital Interventions for Intimate Partner Violence: A Meta-Analysis and Systematic Review. *Campbell Syst. Rev.* **2021**, *17*, e1132. [CrossRef]
129. Ford-Gilboe, M.; Varcoe, C.; Scott-Storey, K.; Perrin, N.; Wuest, J.; Wathen, C.N.; Case, J.; Glass, N. Longitudinal Impacts of an Online Safety and Health Intervention for Women Experiencing Intimate Partner Violence: Randomized Controlled Trial. *BMC Public Health* **2020**, *20*, 260. [CrossRef]
130. Cohen, J.A.; Mannarino, A.P.; Jankowski, K.; Rosenberg, S.; Kodya, S.; Wolford, G.L. A Randomized Implementation Study of Trauma-Focused Cognitive Behavioral Therapy for Adjudicated Teens in Residential Treatment Facilities. *Child Maltreat* **2016**, *21*, 156–167. [CrossRef]
131. United Nations Population Fund [UNFPA]. Silent Solutions Available to Quarantined Survivors of Domestic Violence. Available online: <https://www.unfpa.org/news/silent-solutions-available-quarantined-survivors-domestic-violence> (accessed on 11 December 2021).
132. United Nations. UN Supporting 'Trapped' Domestic Violence Victims during COVID-19 Pandemic. Available online: <https://www.un.org/en/coronavirus/un-supporting-%E2%80%98trapped%E2%80%99-domestic-violence-victims-during-covid-19-pandemic> (accessed on 12 December 2021).
133. Elks, S.; Davies, S. Coronavirus Codewords: Help or Hindrance in Domestic Abuse? *Reuters*, 15 April 2020.
134. Hallsworth, M. Rethinking Public Health Using Behavioural Science. *Nat. Hum. Behav.* **2017**, *1*, 612. [CrossRef]
135. EuroMed Rights. COVID-19 and the Increase in Domestic Violence against Women. Cases of Jordan, Italy, Morocco and Tunisia. EuroMed Rights. Available online: <https://euromedrights.org/wp-content/uploads/2020/07/Domestic-violence-amid-COVID19-EuroMed-Rights.pdf> (accessed on 20 November 2021).
136. Nguyen-Feng, V.N.; Romano, F.N.; Frazier, P. Emotional Abuse Moderates Efficacy of an Ecological Momentary Stress Management Intervention for College Students. *J. Couns. Psychol.* **2019**, *66*, 461–472. [CrossRef]
137. Medecins Sans Frontieres Doctors Without Borders. Discover How We Respond to Emergencies and Manage Our Global Network. Available online: <https://www.doctorswithoutborders.org/who-we-are/how-we-work> (accessed on 15 November 2021).
138. Su, Z.; McDonnell, D.; Ahmad, J. The Need for a Disaster Readiness Mindset: A Key Lesson from the Coronavirus Disease 2019 (COVID-19) Pandemic. *Infect. Control. Hosp. Epidemiol.* **2021**, 1–2. [CrossRef]
139. World Health Organization [WHO]. The Rise and Rise of Interpersonal Violence—An Unintended Impact of the COVID-19 Response on Families. Available online: <https://www.euro.who.int/en/health-topics/Life-stages/pages/news/news/2020/6/the-rise-and-rise-of-interpersonal-violence-an-unintended-impact-of-the-covid-19-response-on-families> (accessed on 9 December 2021).

140. Ertan, D.; El-Hage, W.; Thierrée, S.; Javelot, H.; Hingray, C. COVID-19: Urgency for Distancing from Domestic Violence. *Eur. J. Psychotraumatol.* **2020**, *11*, 1800245. [CrossRef]
141. Leidner, R. *Fast Food, Fast Talk: Service Work and the Routinization of Everyday Life*; University of California Press: Berkeley, CA, USA, 1993.
142. SafeLives. SafeLives Position Paper on the use of a Code Word (ANN - Action Needed Now) for Domestic Abuse Victims During COVID-19. Available online: <https://safelives.org.uk/sites/default/files/resources/Domestic%20Abuse%20Code%20Word%20during%20Covid%2019%20-%20SafeLives%20position%20paper%20summary.pdf> (accessed on 2 December 2021).
143. Dutch News. Ministry Introduces Code Word “Masker 19” for Domestic Abuse. Available online: <https://www.dutchnews.nl/news/2020/05/ministry-introduces-code-word-masker-19-for-domestic-abuse/> (accessed on 23 January 2022).
144. UK Government. Domestic abuse: How to Get Help. Available online: <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help> (accessed on 9 December 2021).
145. Goodkind, J.R.; Sullivan, C.M.; Bybee, D.I. A Contextual Analysis of Battered Women’s Safety Planning. *Violence Against Women* **2004**, *10*, 514–533. [CrossRef]
146. Victim Connect Resource Center. Address Confidentiality. Available online: <https://victimconnect.org/learn/address-confidentiality/> (accessed on 23 January 2022).