Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures

A violência contra mulheres, crianças e adolescentes em tempos de pandemia pela COVID-19: panorama, motivações e formas de enfrentamento

Violencia contra mujeres, niños y adolescentes en tiempos de la pandemia de COVID-19: panorama, motivaciones y formas de afrontamiento

The COVID-19 pandemic caused by the novel coronavirus SARS-CoV-2 has altered the routine of a huge share of the global population. Since confirmation of the first case of COVID-19 in the city of Wuhan, China, in December 2019 until 5:30 PM on April 8, 2020, there had been 1,500,830 confirmed cases and 87,706 deaths in the world. As of this same date, Brazil had recorded 15,927 confirmed cases and 800 deaths from the novel coronavirus.

With the spread of the disease and community transmission in numerous countries, social containment measures have been proposed in various countries, including Brazil. The measures recommended by the World Health Organization (WHO) to fight the pandemic feature isolation of suspected cases and social distancing, fundamental strategies for containing the exponential increase in cases and overload on health systems. However, since such recommendations have severe negative repercussions on economic activities at all levels and life in society, the timing for making such measures mandatory has triggered discussions and tensions between researchers, business, and government officials. In this scenario of disputes over measures to be adopted and with a timid public policy to provide economic support for poor communities, a large share of the population continues its regular work routine aimed at survival, unable to benefit from the protective measures of social distancing.

In this debate, one issue that has received little attention from researchers, administrators, and other members of the COVID-19 crisis committees involves the repercussions of social distancing on interpersonal relations, especially between intimate partners and between parents and children. Based on previous situations of social distancing and the sudden increase in reports of violence in the pandemic’s context, international organizations, researchers, and the mainstream media have expressed concern over evidence of increasing domestic violence, where the home often becomes a place of fear and abuse.

A brief review of the topic on the social media and internet shows that the increase in violence against women, children and adolescents during the social distancing period has been seen in various countries, such as China, United Kingdom, United States, France, and Brazil. In Brazil, according to data from the 180 Hotline provided by the Ministry for Women, Family, and Human Rights, there was a 17% increase in the number of calls denouncing violence against women in the month of March 2020, when the recommendation for social distancing first issued in the country.
In Rio de Janeiro, data from the Office of the State Public Prosecutor showed a 50% increase in cases of domestic violence in the first weekend after statewide social distancing orders, with most of the complaints involving violence against women. Likewise, in the state of Paraná, there was a 15% increase in reports of domestic violence received by the Military Police in the first weekend of social distancing. Similar situations have been reported in the states of Ceará, Pernambuco, and São Paulo.

Institutions in the network for the protection of women, children, and adolescents in Brazil are also reporting an increase in the number of cases and warn of the possibility of less visibility of such situations, due to the stay-at-home order, besides the closing or reduction of office hours at protection services such as the special police precincts for women, boards of children’s rights, etc. The situation is all the more serious because most cases of domestic violence against women also involve violence against children and adolescents. As discussed below, the increased incidence and aggravation of situations of domestic violence have common factors, but also specificities.

Factors that increase women's vulnerability to domestic violence

Based on the ecological model proposed by the WHO to summarize the main individual, relational, community, and social dimensions that act synergistically in the occurrence of violence, the health, economic, and social crisis of the COVID-19 pandemic and the necessary measures to confront it can greatly increase the risk of violence against women. For many women, the necessary emergency measures in the fight against COVID-19 increase their load of housework and care for children, the elderly, and ill family members. Restrictions on movement, financial constraints, and widespread insecurity also encourage abusers, giving them additional power and control.

The pandemic also has repercussions at the ecological model’s community level, to the extent that it decreases social cohesion and access to public services and the institutions comprising individuals’ social support networks. The search for help, protection, and alternatives are jeopardized by the suspension or reduction of activities in churches, daycare centers, schools, and social protection services, as well as by shifting priorities in health services to actions targeted to care for patients with respiratory symptoms and suspected and confirmed cases of COVID-19. All these factors contribute to the persistence and aggravation of preexisting situations of violence.

At the relational level, longer time in contact with the aggressor is a central factor. In addition, due to the reduction in the victim’s social contact with friends and family, the possibilities are reduced for the woman to create and/or strengthen a social support network, seek help, and escape the situation of violence. Daily around-the-clock contact, especially in low-income families living in housing with few rooms and overcrowding, reduce the possibilities for filing complaints safely, thus discouraging women from making this decision.

The following individual factors can lead to aggravation of the violence: the aggressor’s increased stress due to fear of falling ill, uncertainty about the future, impossibility of social contact, the imminent threat of reduced income (especially in the underprivileged classes, where a large proportion make their living from informal labor), and the consumption of alcoholic beverages and other psychoactive substances. Overload on the woman with housework and care for the children, elderly, and sick family members can also reduce her ability to avoid conflict with the aggressor, in addition to leaving her more vulnerable to psychological violence and sexual coercion. Fear of violence also affects her children, confined to the house, another paralyzing factor that hinders the search for help. Finally, financial dependence on the husband due to the economic stagnation and the impossibility of informal work due to the quarantine also reduces the possibility of breaking away from this duress.

Factors involved in violence between parents and children

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), some 1.5 billion children and adolescents worldwide are out of school due to the closing of teaching institutions to help contain COVID-19. In Brazil, public and private daycare centers, schools and universities are also closed. As commented above, in many regions of Brazil, the closing of com-
merce (except for what are considered essential services), companies etc., has stimulated remote work (telework) for most workers. The dynamics of families with young children and adolescents has thus required greater effort by parents and guardians who need to reconcile telework, housework, and care for the children.

Emphasizing some key aspects highlighted in the publication The Alliance for Child Protection in Humanitarian Action and in the declaration by leaders of organizations committed to the struggle against violence against children and adolescents, as well the issues addressed above in discussing violence against women, we add other repercussions that COVID-19 and the strategies to deal with the pandemic can have on the increased risk of violence against children and adolescents. The social sphere suffers from the erosion of social support (especially schools) and structural issues related to gender inequality. At the community level, competition for limited resources (especially in health), partial functioning of many services for the defense of children’s and adolescents’ rights, and the reduction of social networks can increase the risk of violence.

The relational level involves the work overload and parents’ stress due to multitasking and the crisis itself we are experiencing. Children and adolescents themselves can also become more irritated due to the constraints on their mobility and the fact that they miss their classmates and friends, leading to aggressive behaviors and disobedience. In addition, the increased time in contact and increasing tensions in interpersonal relations can favor episodes of violence against children and adolescents during this period. The individual level also reveals the relevance of preexisting mental disorders and the possibility of their exacerbation, which can decrease the capacity to cope with conflicts and reduce parental supervision.

The situation as a whole and especially social distancing can generate feelings of fear in society. Such feelings can be even more pronounced in children, particularly when they do not understand what is happening. There are also risks of loss or separation of parents, due to the isolation/quarantine, which can leave the child unattended by an adult, or depending on the child’s age, by the head of the family. Families in unfavorable socioeconomic conditions or living in overcrowded areas are particularly vulnerable to this situation.

Final remarks

Given the above, we wish to emphasize the seriousness of COVID-19 in Brazil and the world and the need to spare no effort to reduce the speed of novel coronavirus transmission at the population level and reduce incidence of the disease, especially the severe cases. Thus far, social distancing is part of the set of necessary measures for achieving these goals. It is necessary to follow the WHO and Brazilian Ministry of Health recommendations to adhere to social distancing and home quarantine. However, based on the evidence and arguments addressed in this article, we emphasize the need for specific measures to deal with the violence against women, children, and adolescents.

Given the perceived increase in domestic violence during the pandemic, institutions and social organizations have developed materials on the prevention of violence during social distancing. These feature the materials produced by WHO, United Nations Children’s Fund (UNICEF), U.S. Centers for Disease Control and Prevention (CDC), End Violence Against Children, Internet of Good Things, Parenting for Lifelong Health, U.S. Agency for International Development (USAID), and End Violence Partnership. The topics include quality time for parents and children during the COVID-19 pandemic; creation of spaces for talking about feelings and anxiety; use of positive discipline as a way of dealing with unruly behaviors and disobedience; tips on organizing the family routine, staying calm, and reducing stress during this period; and tips to maintain positive thinking during social distancing. UN Women also prepared a document on the pandemic’s impacts and implications and gender differences. The publication emphasizes that in an emergency context there is an increase in violence against women due to the difficulty in breaking with abusive relations.

It is necessary to take advantage of existing experiences and reinforce what has already been done by government and nongovernmental institutions in the country, adapting these initiatives to the specific situation we are experiencing with COVID-19. We consider the following points essential:
(1) Guarantee 24/7 service on the 180 Hotline, 100 Hotline (on human rights violations), and 190
(Civilian Police) and maintenance of services by the boards for children’s right, either in person or
by telephone, WhatsApp, cellphone apps, and other online channels should be available for filing
complaints of violations;
(2) Guarantee speedy processing of complaints, which can be lodged by the victims with the police
precinct officer or through the Office of the Public Prosecutor, aimed at establishing urgent protec-
tive measures when necessary;
(3) Reinforce advertising campaigns with a central focus on the importance of other people not turning
their backs on cases of spousal abuse. Awareness-raising campaigns are also needed on various
forms of child abuse. Neighbors, relatives and friends can make all the difference in such situations;
(4) Encourage initiatives to support women, children, and adolescents in situations of violence, based
on solidarity and social assistance, legal aid, and psychological and physical healthcare;
(5) Insofar as possible, it is important for women in situations of violence to practice social distancing
in the company of other family members besides just the abusive husband and the children;
(6) In extreme situations, it is important for the woman to keep her cellphone protected, as well as
the telephones of family members and friends that the woman can count on in emergency situations,
besides a safe escape plan for the woman and her children.

We hope that this article has shone light on the problem and sensitized government officials and
society as a whole to incorporate these strategies into the set of interventions aimed at harm control
and reduction during the pandemic.

Contributors

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References

1. Guo YR, Cao QD, Hong ZS, Tan YY, Chen SD, Jin HJ, et al. The origin, transmission and
clinical therapies on coronavirus disease 2019 (COVID-19) outbreak – an update on the sta-
2. Johns Hopkins University. COVID-19 Global Cases by the Center for Systems Science and
edu/map.html (accessed on 08/Apr/2020).
3. Ministério da Saúde. COVID-19: Painel Coro-
on 08/Apr/2020).
4. World Health Organization. WHO Director-
General’s opening remarks at the media brief-
www.who.int/dg/speeches/detail/who-direc-
tor-general-s-opening-remarks-at-the-media-
briefing-on-covid-19---16-march-2020 (ac-
cessed on 16/Mar/2020).


Cad. Saúde Pública 2020; 36(4):e00074420


