

Investigation of Anxiety Levels and Domestic Violence During COVID-19 Outbreak in Context of Various Variables

COVID-19 Salgın Sürecinde Kaygı Düzeyinin ve Hane İçi Şiddet Sıklığının Çeşitli Değişkenler Açısından Değerlendirilmesi

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ABSTRACT

Objective: The study aimed to examine the level of anxiety and domestic violence perceived by individuals during Covid-19 pandemic in the context of socio-demographic variables.

Methods: A cross-sectional research methodology including participants from Turkey. The data was collected by using Demographic Information Form, Covid-19 Information Form and State-Anxiety Form which is part of the The State-Trait Anxiety Inventory throughout the process. In the analysis, ANOVA and independent sample t-test were applied as parametric tests; Kruskal Wallis and Mann – Whitney U were applied as non-parametric tests. In order to determine the relationship and dependencies of binary categorical variables, chi-square analysis was performed.

Results: 266 valid surveys were submitted. 58.6% (156) of the participants stated an increase in domestic violence and anger since the start of the social isolation period. In addition, anxiety levels of participants who stated that they have been exposed to verbal and emotional violence since the beginning of the social isolation period and those who noted an increase in violence and anger within their family are statistically higher than other participants.

Conclusion: In accordance with the result of analysis, the findings indicate that there has been an increase of verbal and emotional domestic violence. These findings show that there is a need for new policies and planning is required to prevent domestic violence are needed in addition to disease prevention measures.

Keywords: COVID-19, pandemic, anxiety, domestic violence

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ÖZ

Amaç: Bu çalışmada, Covid-19 pandemisi sırasında bireylerin algıladıkları kaygı ve aile içi şiddet düzeylerinin sosyo-demografik değişkenler bağlamında incelenmesi amaçlanmıştır.

Yöntemler: Kesitsel nitelikteki araştırma Türkiyede yaşayan katılımcılar ile yürütülmüştür. Veriler Demografik Bilgi Formu, Covid-19 Bilgi Formu ve Durumluk-Süreklili Kaygı Envanteri'nin bir parçası olan Durum-Kaygı Formu kullanılarak toplanmıştır. Normal dağılım gösteren verilerin analizinde ANOVA ve bağımsız örneklem t testi kullanılmış; normal dağılım göstermeyen verilerin analizinde ise Kruskal Wallis ve Mann-Whitney U testi uygulanmıştır. İkili kategorik değişkenlerin ilişkisini ve bağımlılıklarını belirlemek için ki-kare analizi yapılmıştır.

Bulgular: 266 geçerli anket çalışmaya dahil edilmiştir. Katılımcıların %58,6'sı (156) sosyal izolasyon döneminin başlangıcından itibaren aile içi şiddet ve öfkede artış olduğunu belirtmiştir. Ayrıca sosyal izolasyon döneminin başından itibaren sözel ve duygusal şiddete maruz kaldığını ifade eden ve aile içinde şiddet ve öfkenin arttığını belirten katılımcıların kaygı düzeylerinin diğer katılımcılara göre istatistiksel olarak anlamlı derecede yüksek olduğu tespit edilmiştir.

Sonuç: Analiz sonuçlarına göre elde edilen bulgular aile içi sözlü ve duygusal şiddette artış olduğunu göstermektedir. Bu bulgular, hastalık önleme tedbirlerine ek olarak aile içi şiddeti önlemek için yeni politikalara ve planlamaya ihtiyaç olduğunu göstermektedir.

Anahtar Kelimeler: COVID-19, pandemi, anksiyete, ev içi şiddet

INTRODUCTION

Coronavirus disease 2019 (COVID-19) (severe acute respiratory syndrome coronavirus 2 infection) emerged in Wuhan, the state capital of Hubei Province in China, in December 2019. On January 30, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern. After increase in deaths and case reports from different regions of the World, on February 11, they declared COVID-19 a pandemic.¹ This pandemic caused and still causes a large transformation in many people's lives due to extensive precautions taken, economic uncertainty, and changes in social life. Soon after it started to spread beyond the borders of countries, following the advice from the WHO, Turkey brought in various precautions to stop the spread of the disease like many other countries. In addition to social protection precautions taken all around the world such as isolation of suspected cases, the establishment of social distancing rules, lockdowns, and many businesses adopting remote work, Turkey also brought in weekend lockdowns, and residents aged under 20 and over 65 were mandated to isolate themselves, stay at home, and not get together with other people.

In a study conducted by Beck,² it was pointed out that epidemics cause people to behave differently than usual due to an increase in perception of the threat posed by the disease. In parallel with this study, individuals started to exhibit different behaviors and attitudes during COVID-19 period than they did in the pre-epidemic period. During pandemics, behavior changes were dependent on variables such as a wide range of precautions taken, increased risk of disease, and future uncertainties. People tend to show psychological symptoms. As a matter of fact, scientific studies in the literature emphasize that negative psychological effects occur both individually and socially, during and after international outbreaks such as severe acute respiratory syndrome (SARS) and COVID-19.³⁻⁶ A study conducted with the Chinese general population following the COVID-19 outbreak presented that a significant number of participants suffered from psychological impacts and anxiety.⁶ Another

study carried out in Italy during COVID-19 pandemic underlines factors related to higher anxiety, depression, and stress.⁵ It is noteworthy that findings related to anxiety of post-pandemics that occurred around the world are in parallel with the current findings. A study about the SARS epidemic, carried out by Cheng et al.³ stated that anxiety and stress symptoms were evident in individuals. Studies conducted with SARS survivors a year after the outbreak show elevated stress and worrying levels of psychological distress in individuals.⁷ So, distress symptoms exhibited by individuals continue to show their effects not only during the pandemic but also in the post-pandemic times.

In addition to psychological distress, domestic violence stands out as another factor in studies regarding people and human relations during pandemics. According to the WHO,⁸ domestic violence is a type of interpersonal violence that usually, though not exclusively, takes place at home. Even though defining interpersonal violence is extremely complex, it can be considered as the intentional use of power resulting in injury, death, psychological harm, or deprivation of another. It can be physical, verbal, or emotional among other types. Reports and field studies of international organizations point out that domestic violence can increase during pandemics similar to its increase during or after large-scale disasters and crises.⁹⁻¹¹ During pandemics, victims have to stay with their abusers in a house where any contact with the outside world is extremely limited.¹² For domestic violence victims, being at home may also mean being away from people who can validate their experiences and give help, because of quarantines.¹³ Likewise, women's rights activists in England, the United States, Canada, Germany, and France and international civil society organizations also address the seriousness of the situation. They point out that there is a significant increase in domestic violence during this crisis and they note an increase of demand for emergency shelters.^{11,14-16} Some evaluations point out that during pandemic periods, perpetrators can increase their control/pressure by limiting victims' access to economic support, hygienic equipment, or health insurance.¹⁷ Therefore, the risk of violence in the family/household is an important factor that

should be taken into consideration especially during the current pandemic, as emphasized in other studies.¹⁸

Considering the common evaluations of aforementioned factors, in connection with COVID-19 precautions, as in other natural disasters, the duration of isolation and organizational closures, unemployment, decrease in household income, limited purchase of resources to survive, the decrease in social support, and the increase in stress are also thought to be affecting the increase of risks related to anxiety and domestic violence experienced.¹⁹⁻²¹

In the light of those mentioned, within the scope of the research, it was aimed to examine the level of anxiety and domestic violence perceived by individuals in Turkey during COVID-19 pandemic in the context of sociodemographic variables.

METHODS

In this study, cross-sectional research methodology, which is one of the quantitative research methods, was used. Ethical approvals were obtained from Turkish Ministry of Health (date: May 21, 2020) and Yeni Yuzyil University's Ethics Board of Science, Social and Non-Invasive Medical Research (Date: June 09, 2020, ref.: 2020-06/451) to conduct the study. Upon receiving the formal approvals, the data collection process was started.

Participants living in Turkey and over the age of 18 and who are willing to give informed consent were included. Data collection was initiated during lockdowns in Turkey and was finalized following the announcement of lifting lockdown measures and initializing normalization phase. In this period, 266 valid surveys were submitted.

The data were collected by an online form between 15 June and 1 August. Data collection tool was a self-reported, semi-structured questionnaire that consisted of 3 sections developed by the researchers, with a consent form appended to it. Participants were enrolled in the study by snowball sampling with the use of social media platforms. Participants were expected to answer the Demographic Information Form, COVID-19 Information Form, and State-Anxiety Form which is part of the State-Trait Anxiety Inventory²² throughout the process.

Data Collection Tools

Demographic Information Form: A form, which consists of 8 questions, prepared by the authors was used to determine the demographic characteristics of the participants such as age, gender, marital status, profession, educational status, financial status during lockdown, and the details of their household status.

COVID-19 Information Form: The form, which aimed to determine the conditions experienced related to quarantine during the pandemic, was created by the researchers and included grading questions regarding verbal, physical, and emotional violence experienced during the lockdown.

State-Anxiety Form (State Trait Anxiety Inventory-State): The original scale was developed by Spielberger et al²² and the Turkish version was published by Öner and Le Compte.²³ The inventory consists of 2 parts which are State Trait Anxiety Inventory (STAI)-State and STAI-Trait. The responses in the STAI-State are formulated as 4-point Likert-type scale with the following category options: (1)

not at all, (2) somewhat, (3) moderately so, and (4) very much so, and the responses in the STAI-Trait have the following category options: (1) almost never, (2) sometimes, (3) often, and (4) almost always. There are 20 questions on both scales, resulting in a total of 40 questions. The scores obtained from both scales theoretically range from 20 to 80. High scores reflect high anxiety levels, and low scores reflect low anxiety levels. The internal consistency alpha coefficients of the State Anxiety Inventory ranged from 0.90 to 0.96. The internal consistency alpha coefficients of the Trait Anxiety Inventory ranged from 0.81 to 0.90.²⁴

STAI-State form of the inventory was used for the study, as it aimed at determining levels of anxiety and domestic violence during COVID-19 pandemic.

Statistical Analysis

The Statistical Package for the Social Sciences 23 (IBM SPSS Corp., Armonk, NY, USA) software was used in the data analysis of the research. In the analysis process, analysis of variance (ANOVA) and independent sample *t*-test were applied as parametric tests; Kruskal-Wallis and Mann-Whitney *U* tests were applied as non-parametric tests. In order to determine the relationship and dependencies of binary categorical variables, chi-square analysis was performed.

RESULTS

Participants

A total of 266 participants were enrolled in the research; 72.2% (*n* = 192) of them were female and 27.8% (*n* = 74) were male, and the average age was \bar{X} = 39.93 (*SD* = 12.52). Results related to the demographic information of the participants are given in Table 1.

Participants were asked how much and under which circumstances they adhered to the "stay at home" precautions that were intensely recommended by the government during the pandemic. Participants' compliances seem to differ. When asked, 15% (*n* = 40) of the participants stated they leave their houses since they "have to work," 8% (*n* = 21) of them leave since they are "bored," 56.4% (*n* = 150) of them leave for their "needs such as groceries, medicine, and so on," and 6% (*n* = 16) stated that they went out "for physical exercises." Moreover, 1.1% (*n* = 3) of the participants stated that "neither their frequency nor the motives of leaving home has changed before and after the pandemic"; 15.8% (*n* = 42) stated that they "never go out," 4.9% (*n* = 13) stated that they did not go out because they were "under official lockdown related to age limits."

Differences According to Variables with State Trait Anxiety Inventory-State Scale

According to the research, the STAI-State Scale score average of the participants was \bar{X} = 41.40 (*SS* = 10.34). To see whether the demographic differences of the participants were related to the level of anxiety, *t*-test analysis was conducted. In the evaluations according to gender, the results show that the anxiety levels of female participants were statistically significantly higher than men (*K*: \bar{X} = 42.44, *SS* = 10.37; *E*: \bar{X} = 38.72, *SS* = 9.82; t_{264} = 2.66, *P* = .008, *d* = 0.37) (Table 2). In the evaluation made based on the marital status variable, the anxiety levels of single participants were significantly higher than those of married participants (*P* < .01).

Non-parametric Kruskal-Wallis test, which was conducted to determine whether the level of education has any effect on anxiety points, showed statistically significant differences (χ^2 = 11.564, *df* = 4;

Table 1. Demographic Information of the Participants

	n	%
Gender		
Female	192	72.2
Male	74	27.8
Marital status		
Single	82	30.8
In a relationship	45	16.9
Married	139	52.3
With whom they live with		
With family (mother and/or father and/or siblings)	82	30.8
With family (spouse-partner and/or children)	147	55.3
With friends	6	2.3
Alone	31	11.7
Educational status		
Elementary or middle school	19	7.9
High school	34	12.8
Associate degree	43	16.2
Bachelor's degree	115	43.2
Graduate degree	55	20.7
Financial status		
Low	59	22.2
Middle	174	65.4
High	33	12.4
Do you have regular income		
Yes	67	25.2
No	199	74.8

$P < .05$). To determine which groups were different, non-parametric Mann-Whitney U analysis was conducted, and results showed that the group with primary-secondary school level education displayed significantly higher ($U=664.000$; $Z=-2.735$; $P < .01$) anxiety levels than the group of university graduates. Result of the independent-samples t -test comparing participants with graduate and postgraduate level education identified that anxiety levels of graduate-level participants ($\bar{X}=43.27$, $SS=10.06$) were statistically significantly higher ($t_{168}=2.456$, $P=.015$, $d=0.40$) than postgraduate level participants ($\bar{X}=39.15$, $SS=10.61$). No statistically significant difference was found related to other groups.

Analysis Related to the Variable of Experiencing Violence

Of the participants, 58.6% (156) stated an increase in domestic violence and anger since the start of the social isolation period.

Table 2. t-Test Results of State-Anxiety Scores According to "Gender," "Regular Income Status," and "Stay at Home Precaution" Variables

	n	\bar{X}	SS	t	P	d
Gender						
Female	192	42.44	10.37	2.66	.008	0.37
Male	74	38.72	9.82			
Regular income						
Yes	199	41.18	10.45	-.59	.557	
No	67	42.04	10.05			
Stay at home precaution						
Yes	211	41.26	10.24	-.437	.663	
No	55	41.95	10.78			

Additionally, analysis of answers regarding the presence of verbal, emotional, and/or physical violence and the rates of increase in domestic violence during the social isolation period are shown in Table 3.

When the rates of exposure to violence were evaluated according to gender, it was seen that the proportion of women experiencing emotional violence was statistically higher than men. The analysis of other types of violence experienced by different genders in the household was shown in Table 4.

No statistically significant difference was found between the groups in terms of participants who were exposed to verbal violence in the analysis conducted to determine whether the regular income status affects the violence victimization. In the evaluation made for the participants who stated that they are exposed to emotional violence, the participants who stated that they do not have regular income have higher rates of exposure to violence than those with regular income (have regular income: $P(N)=67/199=34\%$; no regular income: $P(N)=34/67=51\%$; $X^2L=6.090$, $P=.014$). There was no statistically significant difference ($X^2Y=1.456$, $P=.228$) between the groups in terms of regular income and "stay at home precaution" variables in the analysis made to evaluate the increase of anger and violence in the family.

Within the scope of the study, anxiety levels of participants who stated that they have been exposed to verbal and emotional violence since the beginning of the social isolation period and those who noted an increase in violence and anger within their family were statistically higher than other participants (Table 5).

DISCUSSION

Since epidemics and pandemics have global and dramatic consequences, many people faced psychological symptoms such as anxiety, stress, and suicidal ideation during those periods.^{11,25,26} In addition, the symptoms mentioned by WHO may cause behavioral changes in many people, and cases such as domestic violence may increase.^{2,11,27,28}

The aim of the present study was to determine the level of anxiety perceived by individuals, within the scope of the social isolation precautions taken during COVID-19 outbreak period. According

Table 3. Violence in the Household Since the Social Isolation Period Started

	n	%
Verbal violence occurrence		
Yes	99	37.2
No	167	62.8
Emotional violence occurrence		
Yes	101	38.0
No	165	62.0
Physical violence occurrence		
Yes	7	2.6
No	259	97.4
Increase in general violence and aggression in the house		
Yes	156	58.6
No	110	41.4

Table 4. Results of the Chi-Square Analysis for Exposure to Verbal Violence in Relation to the Gender Variable

	No	Yes	Total	Lr	P
Verbal violence occurrence					
Female	123	69	192	0.481	.488
Male	44	30	74		
Total	167	99	266		
Emotional violence occurrence					
Female	119	73	192	0.001	.978
Male	46	28	74		
Total	165	101	266		
Increase in general violence and aggression in the house					
Female	74	118	192	2.233	.135
Male	36	38	74		

to the findings, it was concluded that the participants experienced moderate anxiety ($\bar{X}=41.40$) and that women had higher levels of anxiety than men (Table 2). These findings are compatible with the results of the research conducted by Wang et al⁶ and Moghanibashi-Mansourieh²⁹. The findings obtained in the current study pointed out that education level is one of the factors affecting anxiety, as well as gender, and it was found that anxiety level decreased as the education level increased. This result is parallel to a study conducted by Taylor et al²⁵ in which anxiety levels of people with low education levels living in regions with a high prevalence of disease were found higher.²⁵

Another key point addressed in the present study in question is the assessment of the increase in domestic violence. It is observed that domestic violence cases are also scrutinized by international organizations and the risk of an increase in domestic violence cases is noted as one of the impact areas of the pandemic period.^{27,28} Social isolation and partial lockdowns are some of the precautions taken during COVID-19 in Turkey. When the phenomenon of domestic violence during the pandemic period was examined, 37.2% of participants stated that they were exposed to verbal violence, 37.9% to emotional violence, and 2.6% to physical violence. Most of the participants (58.6%) stated that anger and violence have increased in the household since the social isolation process started. In Brazil alone, there has been an 18% increase in domestic violence reported to the police since the lockdown, in Spain 20%, and Cyprus saw a 30% increase in domestic and sexual abuse.³⁰ The United Kingdom's domestic help hotline blinked 25% more than usual, in just 7 days of strict lockdown with a 150% increase in visits to Refugee websites.¹⁸ When domestic violence cases in relation to gender variable in the present study were examined, it was seen that 73.7% of the participants who stated that they were exposed to verbal violence and 72% of the participants who stated that they were exposed to emotional violence were women. Although the increase in domestic

violence rates during pandemic is considered as a social phenomenon, it is known that women are more affected by it in general. Indeed, the WHO underlines that women are more vulnerable to domestic violence in cases of social crisis, based on the ecological model.³¹ Similarly, the research report published by the Turkish Ministry of Family, Labor, and Social Services stated that the rate of women who have been subjected to physical violence in the previous 12 months is 38% and that of women who have been exposed to emotional violence is 44%.³²

Although the precautions taken during the outbreak have been shown to be effective in decreasing the speed and number of cases, possible psychosocial negativities of the outbreak on individuals seem to be ignored. Meanwhile, it is also observed that additional strategies have not been evaluated to prevent these negativities as well. It is thought that this pandemic will also lead to unfortunate outcomes especially in terms of gender-based violence and combating violence against women. As a matter of fact, in the World COVID-19 Effects Research Report published by United Nations Population Fund (UNFPA), it was stated that COVID-19 will negatively affect the efforts to prevent gender-based violence.²⁸ The study conducted by Bell and Folkerth³³ points out that strong relationships can be developed between individuals and couples who have a particularly strong social harmony.³³ From this point of view, it is thought that establishing social support programs to manage stress, increasing coping strategies, and improving interpersonal relationships will also be effective in preventing domestic violence.

Another variable that is handled within the context of domestic violence is whether there is regular income or not during the pandemic. In Turkey, under government measures, several workplaces have switched to remote work or reduced staff. In addition, there have been business closures in various private sector areas. In this context, income losses were experienced in the general population during

Table 5. t-Test Results of State-Anxiety Scores According to Domestic Violence Occurrence Since the Social Isolation Period Variable

	n	\bar{X}	SS	t	P	d
Verbal violence occurrence						
No	167	40.22	10.23	-2.44	.015	0.31
Yes	99	43.39	10.27			
Emotional violence occurrence						
No	165	39.69	10.43	-3.53	.000	0.45
Yes	101	44.20	9.59			
Increase in general violence and aggression in the house						
No	110	38.31	9.42	-4.23	.000	0.53
Yes	156	43.58	10.43			

the pandemic. It is known that the events that cause negative effects such as stress on people's life can also cause an increase in aggression and violent behavior. Within the scope of frustration-aggression theories,³⁴ it is observed that income loss is noted as one of the factors that increase the risk of domestic conflict and violence against women. Other relevant studies in the literature indicate that unemployment and economic uncertainty are factors that affect the level of stress experienced by both men and women; they also state that these factors increase the risk of conflict and violence.^{33,35} Another study about COVID-19 by Kaukinen,³⁶ which considers these variables, included similar results. The present study also found that the participants who stated that they had irregular income had higher rates of exposure to emotional violence than those with regular income, and this result is in line with the current literature.

As a result, although a successful intervention approach has been applied for the treatment of disease during COVID-19 pandemic in Turkey, it is seen that the necessary care has not been given to protective and preventive studies regarding the psychological effects of the outbreak. However, in addition to the psychosocial negativities caused by the outbreak itself, the negative and social effects of the traumatic events affecting every aspect of the individuals in the society should be taken into consideration and urgent protective and preventive policies should be developed. It is important to provide preventive precautions for the increase in anxiety and domestic violence cases that affect not only the individual but also the whole society and to establish support mechanisms for the cases stated within the scope of the pandemic precautions taken. Especially, considering the limited resources, the centers where women and children can take refuge during pandemics, natural disasters, and so on, should be made more accessible. It is envisaged that the strategies to prevent domestic violence and psychological support services will be offered more programmatically with the cooperation that can be provided between the relevant institutions and non-governmental organizations.

Studies that directly show the increase in the risk of violence during lockdown due to the outbreak in Turkey have not been included. In this respect, the findings of the present study are crucial to point the importance of the subject. Another prominent feature of the study is that it focuses on different types of violence.

In future studies, to avoid medical and psychological victimization, anxiety and domestic violence concepts can be examined as variables that will lead to negative experiences on individuals in addition to disease factors that cause an outbreak. Pre-determination of risk groups for lockdown will be important in terms of possible lockdown processes. It is thought that studies on the possible acts of violence and the precautions that can be taken against traumas that risk groups may experience will be beneficial. In addition, it is clear that it is vital to establish protocols that can be used in case of exposure to violence. In this direction, further studies should focus on prevention and implementation procedures.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Yeni Yüzyıl University's Ethics Board of Science, Social and Non-Invasive Medical Research (Date: June 09, 2020, No: 2020-06/451) and of Turkish Ministry of Health (date: May 21, 2020).

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