

Women's vulnerability to physical violence during the Covid-19 pandemic

Vulnerabilidade feminina a violência física no período da pandemia de Covid-19

Vulnerabilidad femenina a la violencia física en el período de la pandemia covid-19

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ABSTRACT

Objective: to examine factors that increased female vulnerability to physical violence during the quarantine period of the Covid-19 pandemic. **Method:** this quantitative, cross-sectional, descriptive study was conducted between August and September 2021, with the participation of 154 women. The project was approved by the research ethics committee. **Results:** of the 3.2% of these women who had only lower secondary schooling, 80% had suffered physical violence; of the 61.7% with higher education, 33.7% had suffered physical violence. In terms of monthly income. Of the 6.5% with monthly income of less than BRL 1,000.00, 80% had suffered physical violence; of the 20.1% earning over BRL 7,000, 25.8% had suffered physical violence. Of the 9.7% with more than 3 children, 73.3% had suffered physical violence; and of the 18.2% whose partners used illegal substances, 67.9% had suffered physical violence. **Conclusion:** women with little education, low family income, more children, and partners using illegal substances were found, with high statistical significance, to be more vulnerable to physical violence during the Covid-19 pandemic.

Descriptors: Women's Health; COVID-19; Quarantine; Violence against Women.

RESUMO

Objetivo: analisar os fatores que aumentaram a vulnerabilidade feminina à violência física, no período da quarentena para Covid-19. **Método:** estudo quantitativo, transversal, descritivo, realizado entre agosto e setembro de 2021. Participaram 154 mulheres. Protocolo aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** verificou-se que 3,2% tinham ensino fundamental, 80% sofreram violência física, 61,7% tinham ensino superior e 33,7% sofreram violência física. Quanto a renda mensal familiar 6,5% tinham renda menor de R\$1.000,00, 80% sofreram violência física, 20,1% tinham renda maior que R\$7.000,00, 25,8% sofreram violência física. Quanto ao n.º de filhos, 9,7% tinham mais de 3 filhos, 73,3% sofreram violência física, 18,2% o parceiro fazia uso de drogas ilícitas, 67,9% das mulheres já sofreram violência física. **Conclusão:** mulheres com baixa escolaridade, baixa renda familiar e maior número de filhos, cujos parceiros (as) fizeram uso de drogas ilícitas apresentaram alta significância estatística e maior vulnerabilidade à violência física durante o período de pandemia para Covid-19.

Descritores: Saúde da Mulher; COVID-19; Quarentena; Violência contra a Mulher.

RESUMEN

Objetivo: analizar los factores que incrementaron la vulnerabilidad femenina a la violencia física durante el período de cuarentena por Covid-19. **Método:** investigación cuantitativa, transversal, descriptiva, realizada entre agosto y septiembre de 2021. En él participaron 154 mujeres. El protocolo fue aprobado por el Comité de Ética en Investigación. **Resultados:** se encontró que el 3,2% tenía educación primaria, el 80% había sufrido violencia física, el 61,7% había terminado la universidad y el 33,7% había sufrido violencia física. En cuanto al ingreso familiar mensual, del 6,5% que tenía ingresos inferiores a R\$ 1.000,00, el 80% había sufrido violencia física; del 20,1% que tenía ingresos superiores a R\$ 7.000,00, el 25,8% había sufrido violencia física. Respecto al número de hijos, el 9,7% tenía más de 3 hijos, el 73,3% sufrió violencia física, la pareja del 18,2% consumía drogas ilícitas, el 67,9% de las mujeres ya había sufrido violencia física. **Conclusión:** las mujeres con baja escolaridad, bajos ingresos familiares y mayor número de hijos, cuyas parejas consumían drogas ilícitas, presentaron alta significancia estadística y mayor vulnerabilidad a la violencia física durante el período pandémico por Covid-19.

Descriptores: Salud de la Mujer; COVID-19; Cuarentena; Violencia contra la Mujer.

INTRODUCTION

During the COVID-19 pandemic period, Mexico recorded a 30% increase in the reports of intrafamily violence cases. During the first quarantine days, Colombia recorded a 51% increase in the cases of intrafamily violence against women. In Bolivia, 1,200 cases of violence against women were recorded from the beginning of the pandemic to April 15th, 2020. Argentina recorded a 39% increase in the number of reports¹.

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At the beginning of the pandemic in March 2020, in Brazil there was an increase in the number of cases of violence against women, according to the reports received through the “Call 180” line. This increase in the number of reports possibly does not portray the reality since, due to the circumstances, women started living longer with their aggressors, which reduced their possibility of safe reporting. The city of Rio de Janeiro recorded a 50% increase in the number of gender-based violence reports during the quarantine¹⁻³.

COVID-19 is a respiratory infection caused by the SARS-CoV-2 virus, with rapid dissemination ability. Due to its transmissibility potential, the pandemic state was declared in Rio de Janeiro in March 2020. Social isolation was adopted as a preventive measure, which proved to be effective to contain the increase in the number of COVID-19 cases. With determination of the protective measure there was a halt of daily activities and priority actions for the care of COVID-19 patients were implemented. As COVID-19 control requires strategies such as social isolation, an increase in violence against women was observed, perpetrated either by current or former partners^{2,4}.

Social isolation as an epidemiological imposition to contain the COVID-19 was necessary. However, family interaction increased and, for families with a history of domestic violence, the home became a place marked by danger, fear and abuse, as well as a favorable environment for the intensification of feelings such as power, desire, domination, obedience and submission^{2,4,5}.

Violence is defined as any gender-based action or behavior that results in death or in physical, sexual or psychological harms or distress in women, both in the public and private scopes⁵. Violence against women can manifest itself in several ways, such as the following: psychological, moral, sexual, patrimonial and physical violence³.

Physical violence is understood as any behavior that offends their bodily integrity or health⁶. The World Health Organization (WHO) estimates that, at the global level, one out of three women (approximately 35%) was a victim of physical and sexual violence, perpetrated by her current or former partner⁷. Physical violence can cause harms to women's mental, physical, sexual and reproductive health, such as sexually transmitted infections or unwanted pregnancies. Women can become disabled to perform activities of daily living such as taking care of themselves and of their children^{4,8}.

In this context, the hypothesis that the COVID-19 quarantine increased female vulnerability to physical violence was set out. Thus, the objective was to analyze the factors that increased female vulnerability to physical violence during the COVID-19 quarantine period.

METHOD

This is a quantitative, cross-sectional and descriptive study, with a sample comprised by 154 women from social media. The search for the study participants was at random in online social networks such as Facebook® and Instagram®, and by using the *WhatsApp*® app for cell phones.

Women (cis or transgender) aged at least 18 years old were included in the study and those not oriented in time and space were excluded. The data collection instrument was made available to the women through *Google Forms* online Google form stored in the Google Drive cloud), from August 9th to September 10th, 2021. The online form consisted of 52 questions divided into two different parts: the first part had questions to characterize the participants and the second part included descriptive questions focusing on the physical violence experienced during the isolation period due to the COVID-19 pandemic.

The data were computed and stored in the free R software, version 3.6.1. Marginal and inferential analyses were performed, with application of the Fisher's and Chi-square tests. When they accepted to take part in the study, the participants were handed in the Free and Informed Consent Form and agreed with it.

The study followed the ethical recommendations set forth in Resolution No. 466 of the National Health Council, dated 2012, being approved by the Ethics and Research Committee of the institution involved with opinion No. 45939421.1.0000.8160.

RESULTS

Table 1 presents the characterization of the 154 women who took part in the study.

TABLE 1: Characterization of the participants (n=154). Brazil, 2021.

Variables	n	%
Age		
18-24	23	14.90
25-31	64	41.60
32-38	26	16.90
38+	41	26.60
Skin color/Race		
Black	97	63.00
White	53	34.40
Others	4	2.60
Schooling		
Elementary School	5	3.20
High School	54	35.10
Higher Education	95	61.70
Occupation		
Retired/Pensioner	4	2.60
Unemployed	23	14.90
Housewife	10	6.50
Employee	89	57.80
Student	28	18.20
Family monthly income		
Less than R\$ 1,000.00	10	6.50
From R\$ 1,001.00 to R\$ 3,999.00	71	46.10
From R\$ 4,000.00 to R\$ 6,999.00	42	27.30
More than R\$ 7,000.00	31	20.10
Marital status		
Married	36	23.40
Separated	11	7.10
Single, with a partner	68	44.20
Single, without a partner	19	12.30
Stable union	20	13.00
People living in the same house, including you		
1	8	5.20
2	47	30.50
3	45	29.20
4	31	20.10
5+	23	14.90
How long have you been in your current relationship?		
Less than 2 months	9	5.80
3-6 months	4	2.60
7-10 months	8	5.20
11-14 months	8	5.20
15 months-3 years	34	22.10
More than 4 years	91	59.10
Do you profess any religion?		
Yes	97	63.00
No	57	37.00
Alcohol consumption among the women		
Yes	98	63.60
No	56	36.40
Alcohol consumption among the partners		
Yes	108	70.10
No	46	29.90

It was verified that the highest percentage frequency regarding the women's age was in the group from 25 to 31 years old and corresponded to 41.6% of the sample, that 14% were between 18 and 24 years old, that nearly 63.00% were black-skinned, that 34.40% were white-skinned, and that the lowest frequency (4%) corresponded to the Asian skin color/race. Regarding schooling, 3.20% had Elementary School, 35.10% had High School and 61.70%, Higher Education. 57.80% had an occupation. Regarding family income, 46.10% earned from R\$ 1,001.00 to R\$ 3,999.00 and

6.50% earned less than R\$ 1,000.00. In relation to marital status, 44.20% were single and had a partner and 13.0% were separated, 59.10% were in a relationship with their partner for more than four years and 2.60%, for three to six months. Regarding the number of people living in the same house, 30.50% lived with another 2 individuals and 5.20%, with one person. Regarding religion, 63% professed some religion and 37% did not do so; 63.60% drank alcoholic beverages and 36.40% did not. Regarding the partners drinking alcoholic beverages, 70.10% did so and 29.90% did not.

Table 2 presents the analyses related to the factors that increased female vulnerability.

TABLE 2: Factors that increased female vulnerability to physical violence (n=154). Brazil, 2021.

Variables	Physical Violence				Total n (%)	p-value
	Yes n	Yes %	No n	No %		
Schooling						0.046
Elementary School	4	80.0	1	20.0	5 (3.2)	
High School	25	46.3	29	53.7	54 (35.1)	
Higher Education	32	33.7	63	66.3	95 (61.7)	
Monthly Family Income						0.002
Less than R\$ 1,000.00	8	80.0	2	20.0	10 (6.5)	
From R\$ 1,001.00 to R\$ 3,999.00	34	47.9	37	52.1	71 (46.1)	
From R\$ 4,000.00 to R\$ 6,999.00	11	26.2	31	73.8	42 (27.3)	
More than R\$ 7,000.00	8	25.8	23	74.2	31 (20.1)	
Number of children						0.004
Yes, 1	24	42.1	33	57.9	57 (37.0)	
Yes, 2	13	46.4	15	53.6	28 (18.2)	
Yes, more than 3	11	73.3	4	26.7	15 (9.7)	
No	13	24.1	41	75.9	54 (35.1)	
Use of illicit drugs						0.001
Yes	19	67.9	9	32.1	28 (18.2)	
No	42	33.3	84	66.7	126 (81.8)	

The factors that increased female vulnerability to physical violence were as follows: schooling, where of the 3.2% of the women that had Elementary School, 80% suffered physical violence and of the 61.7% with Higher Education, 33.7% suffered that type of violence. In relation to the monthly family income, 6.5% earned less than R\$ 1,000.00 and 80% were victims of physical violence; whereas 20.1% earned more than R\$ 7,000.00, with 25.8% having suffered physical violence. In relation to the number of children, 9.7% had more than 3 and 73.3% of them were victims of physical violence. Of the 18.2% whose partners used illicit drugs, 67.9% had already been victims of physical violence.

DISCUSSION

This study presents the main factors contributing to women's increased vulnerability to physical violence during the COVID-19 pandemic period, and those with a statistical significance level are discussed below.

The analysis of the results allowed outlining the sociodemographic profile of the women who were victims of physical violence. It is noted that, regardless of the type of violence, it is considered a violation of human rights and affects all women without distinction of race, belief or social class.

It was verified that the highest percentage frequency regarding the women's age was in the group from 25 to 31 years old and corresponded to 41.6% of the sample, and that 14% was between 18 and 24 years old. Thus, 55.6% of the women considered young and young adults, of reproductive age and with an active sexual life are exposed to factors that increase female vulnerability to physical violence⁹.

The frequency regarding age at the birth of the first child was also statistically significant in relation to seeking the Police Station (p=0.008). Of the women surveyed, 36.6% under the age of 25 sought the Police Station because of their partner's aggressive behavior while those over the age of 26 or who did not have children did not seek the Police Station for the same reason.

The skin color/race variable presented a higher percentage of brown-skinned (37.7%) and black-skinned (25.3%) women; thus, 63% of the total number of women are black-skinned according to the concept of race recommended by the Brazilian Institute of Geography and Statistics¹⁰. It is noted that gender and race/ethnicity represent structural axes of violence perpetrated against women, in which, depending on the historical conditions experienced, they may prevail over others such as social class, although all continue to be present and can produce/reproduce violence. These markers exerted an influence on the women's degree of vulnerability to violence^{11,12}.

Black-skinned women are more vulnerable to physical violence, and find it more difficult to report their aggressors, as well as to access public services, as they live in areas far from large urban centers, have less financial resources to seek help in health services or specialized Police stations, plus the fact that they do not always have an effective support network.

The study identified that race/ethnicity is another important factor for presenting a higher percentage of victimization among women who identified themselves as black-skinned (28.4% stated having suffered some type of violence), followed by those who identified themselves as brown-skinned (27.5%) and, among those who identified themselves as white-skinned, this percentage was 24.7%¹³. This finding denotes the importance of also observing the racial aspect of the victims of domestic and family violence, considering that black-skinned women are the most vulnerable in this and other contexts, such as being in more precarious work spaces, having low schooling levels and presenting high rates of family headship, among many other issues.

Partial closure of the services was implemented during the pandemic, which hindered access for women to report the cases of violence. The context of violence among white- and black-skinned women is different, due to the institutional and structural racism present in society^{9,10}.

The women's schooling level has increased during the last 30 years and the current research identified 61.7% of women with Higher Education, a factor that can reduce the number of cases of physical violence, as they are related to access to information. Although physical violence also occurs in women with higher schooling levels, a number of studies show that those with low educational levels are the ones who have more difficulty entering a more valued and better paid job market, and low education contributes to their financial and emotional dependence and submission to physical violence^{9,11,14}.

Low schooling was a factor that contributed to the increase in female vulnerability to physical violence, with statistical significance ($p=0.0046$). Women with lower schooling levels are in an economic and social situation more susceptible to physical violence; as the research shows, the women with Elementary School were the ones who suffered physical violence the most and who needed to seek health services because of their partners' aggressive behavior.

Women with low schooling levels are in a condition of poverty, which favors social exclusion and reduces their chances of being inserted in the labor market and having access to information to know their rights¹⁵.

The study verified that the women who studied up to Elementary School suffered more sexual violence and that those with High School suffered more physical violence. There was higher prevalence of psychological violence perpetrated against women with Higher Education level¹⁶.

Regarding occupation, 57.7% of the women are employed, that is, more than half of the women work and have an income and some degree of independence, although earning an income is no guarantee that they will not suffer physical violence. Unemployed women and housewives account for a total of 21.4% of women who take care of the family and domestic chores for a more extended period of time, which can cause financial dependence, a possible facilitating factor for women to remain in a violent relationship and contributing for them not to report their aggressors^{14,17}.

In the current study it is verified that 50.6% of the women who suffered physical violence are partially dependent on an individual monthly income of R\$ 1,000.00 to R\$ 3,000.00, which is related to the higher percentage of women with Higher Education and employed. Low monthly income is a factor that precludes women from reporting the aggressor and contributes for them to remain in the situations of violence¹⁸.

Regarding marital status, when single women with a partner are victims of violence, they are afraid of ending the relationship and being punished by their partners. In turn, separated women are vulnerable to physical violence due to the aggressor not accepting the end of the relationship¹⁴.

In relation to the number of people living in the same house with the women who were victims of physical violence, it is the women who are more vulnerable to physical violence perpetrated by the spouse, partner, boyfriend/girlfriend (including former partners)¹⁹.

A number of studies show that the women who are victims of physical violence perpetrated by the father of their children are more vulnerable, as they are forced to maintain social contact with the aggressor. Women with children tend to stay in the relationship and to have more chances of being victims of physical violence than those who have no children. When possible, the women who suffer physical violence should comply with social isolation in the company of other family members and not only with their partner and children^{4,18,19}.

Length of the relationship with the partner and the perception of change in the relationship during the quarantine period presented statistical significance ($p=0.002$) and was a factor that contributed to the women's perceiving a change in the relationship during the quarantine period.

The women with relationships lasting more than 15 months were the ones who most noticed a change in their partners' behavior regarding violence. A study verified that 37.2% of the women who had been in a relationship for more than 10 years had experienced more violent episodes than those who had been in a relationship for less time. Regarding periodicity, 67.9% of the women stated being frequent victims of violence and 38.4% attributed the aggressions to their partners' excessive alcohol consumption. They point out that, in 86.2% of the cases, the aggressor used to make routine use of alcohol and/or other drugs¹⁶.

Permanence in a violent relationship happens because women think that their partner will change his violent behavior, which makes it difficult to end the relationship and validates women's weakness when facing the aggressions²⁰.

The economic context is considered an aggravating factor for physical violence. The individual monthly income and the search for health services due to the partner's aggressive behavior presented statistical significance ($p=0.019$); 15.8% of the women earned between R\$ 100 and R\$ 999.00 and 16% had no income. The women with individual monthly incomes of less than 1 minimum wage were those who most sought the health service due to their partner's aggressive behavior, whereas those with family monthly incomes of less than R\$ 1,000.00 were those who most suffered physical violence and who most sought the health service due to their partner's aggressive behavior.

When compared to men, women earn lower salaries, are more economically dependent on their partners, are more likely to suffer physical violence, and have more difficulty breaking out of these violent relationships^{15,21}.

The situation was more critical with family monthly incomes below R\$ 1,000.00 when 50% of the women sought health care services because of their partner's aggressive behavior, with statistical significance ($p<0.001$); whereas no woman with a family income of more than R\$ 7,000.00 sought the health service due to her partner's aggressive behavior or was a victim of physical violence ($p=0.002$).

The income range is one of the factors that most influenced women's vulnerability to violence. Those with lower incomes are the ones with the highest incidence of physical aggressions, especially black-skinned women. According to the research, this type of violence was more frequent in the victims' homes. The aggressors that were most frequently cited by the women in the cases of physical violence were the spouse, partner and boyfriend/girlfriend (including former partners)¹⁹.

A study identified that the women who sought the Police Station to report the types of violence suffered were the ones who presented the most apparent bruises, need for hospitalization and referral to the Legal Medicine Institute, thus showing the intensity of the aggressions and the severity of the reports²².

Another important factor is the number of children and, in the current study, it was identified that women with three or more children are more vulnerable to physical violence motivated by the stress of everyday life in the family, as well as financial and emotional dependence. In this research, the women who had their first child between the ages of 18 and 25 were the ones who most suffered physical violence and also the ones who most needed to resort to the Police Station because of their partner's aggressive behavior.

A study shows that, although there has been an increase in the number of women who seek Police stations to file complaints, the number of women who seek the Police but do not file reports far exceeds the official data²³.

The almost double responsibility of taking care of the children and the house chores is still an important limiting factor for greater and better participation of women in the labor market, as it tends to reduce their occupation or direct them to less paid jobs¹⁹.

Black- or brown-skinned women with children up to 3 years old in the household had the lowest occupation levels (less than 50% in 2019), while the proportion was 62.6% among white-skinned women. For those without children in this age group, the percentages were 63.0% and 72.8%, respectively¹⁹.

Consumption of alcohol and drugs is considered a potentiating factor in violence against women, as it causes changes in behavior and thinking, leading men to act on impulse without thinking about the consequences of their actions, assaulting women both physically and sexually. During the social isolation period due to the COVID-19 pandemic, an increase was observed in consumption of alcohol and other drugs in the family environment. The increase in the use frequency of illicit drugs by the partners and the interference of isolation on social relationships had statistical significance in the group under study ($p=0.0034\%$).

Violence against women does not occur in isolation; it can be associated with one or more forms of violence. In their study, Silva et al. (2015) identified that 40.2% of the records referred to physical violence, followed by psychological (31.4%), patrimonial (16.5%), sexual (6.2%) and moral (5.7%) violence, another finding of the study which verified that most of the women had suffered previous aggression or threats. In 98.4% of the cases, the victims wanted

to prosecute the aggressor while 1.6% did not. It is noted that 72.8% of the victims continued the legal actions and that 27.2% withdrew from them²⁴.

For the women who suffered physical violence, drug use is a factor that contributed to the occurrence not only of physical violence but also of verbal and sexual violence. During social isolation, drug use by the partner interfered with sexual relations, and most of the women had to seek health care services due to aggressive behaviors²⁵. In the current study, this relationship was statistically significant ($p=0.003$).

A study conducted to outline the profile of the aggressors of women who were illicit drug users verified that all of them were users and were under the influence of illicit drugs at the time of the aggression, with 50.8% also under the influence of alcoholic beverages. It is worth noting that the data referring to consumption of alcoholic beverages was not included in 44.1% of the records, which might reveal a higher number of illicit drug users²⁴.

A study verified that 6.3% of the aggressors used illicit drugs²⁶. Consumption of alcoholic beverages was reported by 57.8% of the participants.

Study limitations

As for the study limitations, it is worth noting the sole participation of women who had access to the Internet, which may have disfavored broader participation of women with low income/schooling levels and from rural areas.

It is also noted that online data collection can be considered a complicating factor for sample and population control, as the participants are more susceptible to refusing or abandoning the research in progress.

Even so, it is considered that the results may subsidize the elaboration of new public policies and educational strategies on the theme, as well as the training of human resources at the undergraduate and graduate levels.

CONCLUSION

The study verified the initial hypothesis, as well as it identified and related the factors that contributed to the increase of Physical Violence among women during the COVID-19 quarantine.

The factors that increased female vulnerability to physical violence during the COVID-19 pandemic period were as follows: age, skin color/race, low schooling, individual monthly income of R\$ 1,000.00 to R\$ 3,000.00, family monthly income of less than R\$ 1,000.00, having three or more children, having the first child between the ages of 18 and 25, use of illicit drugs, and use of illicit drugs by the partner. It was noticed that violence against women proved to be associated with the socioeconomic conditions related to gender vulnerability, thus increasing social inequalities.

Social isolation due to the COVID-19 pandemic is an aggravating factor for physical violence against women, as they are forced to live with their aggressor, which hinders their chances of safely reporting and seeking coping services.

Violence against women is an old public health problem, of a structural character, and is present in the patriarchal society where men feel entitled to control women and use violence to show their power.

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