



LETTER TO THE EDITOR

Violence against women in the post-pandemic time of COVID-19**Violencia contra la mujer en tiempos de post-pandemia de la COVID-19***Dear Editor,*

In the post-pandemic time of COVID-19, the phenomenon of violence against women, including acts of psychological, sexual, physical, or economic violence as well as controlling behavior, is still one of the most prevalent social issues today, a violation of women's human rights and the most frequent form of interpersonal violence worldwide.¹

Prior to the pandemic, the World Health Organization estimated that nearly 35% of women had experienced some form of violence in their lifetime. However, the increase in cases of IPV was significantly more prevalent during the pandemic.² A large number of countries such as China, Spain, Colombia, Australia, and the United States reported via press articles and issue briefs a remarkable (i.e., 20% or greater) increase in calls to IPV emergency support lines, highlighting the huge impact that quarantine had on the high rates of IPV globally.³ Due to the government lockdown restrictions, most women who experience IPV were forced to spend comparatively more time with their abusive partners and tended to not seek help from family, friends, or social services because of fear of retaliation,⁴ which has led to exacerbation of IPV perpetration statistics worldwide. Staying at home, being pregnant, having difficulty paying for housing, being unemployed, as well as having tested positive for COVID-19 were considered risk factors for IPV.⁵

It has been shown that women victims of IPV during the coronavirus period have long-lasting negative consequences on their mental health. In this regard, this at-risk group experiences not only multiple mental health problems such as depression, anxiety, post-traumatic stress disorder (PTSD), eating disorders, or substance and alcohol abuse,⁶ but also physical health conditions such as chronic pain, gastrointestinal diseases, cardiovascular diseases, sleep disturbances, and physical injuries. Women who have experienced IPV are at higher risk of fatal events such as homicides and suicides.⁷

Researchers in the field of intimate partner violence are alarmed by the negative effects that this phenomenon has on the integrity of the victims, suggesting that governments

should implement preventive strategies to mitigate the risk of serious psychological consequences and physical abuse. Therefore, there is a growing need to implement immediate action plans aimed at providing care to victims of such events and mitigating the long-term detrimental effects on physical and mental health.⁸

In such a scenario, intervention strategies should first focus on training multidisciplinary health workers to achieve accurate assessment of multiple signs of physical, psychological, or sexual violence, especially those working in emergency departments, to facilitate early detection of IPV. It is also very important to provide first-line psychological support, including counseling and validating victim's feelings and experiences to ensure adequate recovery. Victims need access to specialized support services in order to prevent and address crises situations. It is also necessary to increase public awareness and education about gender-based violence. At this stage of the post-pandemic, international governments should provide psychological hotlines for reporting cases.

This research paper is a call to action to investigate and address this problem from a public policy perspective, since there is currently little research to assess the magnitude of IPV in the post-pandemic time. It aims to contribute to studies in the field of IPV internationally, highlighting the need to implement effective strategies to increase protective factors, reduce the risk of victims, as well as reduce its impact on physical and mental health.

Competing interest

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References

1. Ortega Pacheco YJ, Martínez Rudas M. Domestic violence and COVID-19 in Colombia. *Psychiatry Res.* 2021;300:113925, <http://dx.doi.org/10.1016/j.psychres.2021.113925>.
2. World Health Organization. Global, regional and national prevalence estimates for intimate partner violence against

- women and global and regional prevalence estimates for non-partner sexual violence against women; 2021. Retrieved from: <http://www.jstor.org/stable/resrep33207>
3. van Gelder N, Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, et al. COVID-19: reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*. 2020;21:100348, <http://dx.doi.org/10.1016/j.eclinm.2020.100348>.
 4. Jarnecke AM, Flanagan JC. Staying safe during COVID-19: how a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support. *Psychol Trauma*. 2020;12(S1):S202–4, <http://dx.doi.org/10.1037/tra0000688>.
 5. Peitzmeier SM, Fedina L, Ashwell L, Herrenkohl TI, Tolman R. Increases in intimate partner violence during COVID-19: prevalence and correlates. *J Interpers Violence*. 2022;37, <http://dx.doi.org/10.1177/08862605211052586>. NP20482–512.
 6. Uzoho IC, Baptiste-Roberts K, Animasahun A, Bronner Y. The impact of COVID-19 pandemic on intimate partner violence (IPV) against women. *Int J Soc Determinants Health Health Serv*. 2023;53:494–507, <http://dx.doi.org/10.1177/27551938231185968>.
 7. Seidenbecher S, Dobrowolny H, Wolter S, Klemen J, Meyer-Lotz G, Gescher DM, et al. Consequences of the lockdown: domestic violence during the COVID-19 pandemic. In: *Advances in experimental medicine and biology*. Cham: Springer International Publishing; 2023. p. 53–72, http://dx.doi.org/10.1007/978-3-031-28012-2_3.
 8. Ortega Pacheco YJ, Barrero Toncel VI. The impact of school closure on children's well-being during the COVID-19 pandemic. *Asian J Psychiatr*. 2022;67:102957, <http://dx.doi.org/10.1016/j.ajp.2021.102957>.

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