

Violence and quality of life of women socially isolated due to COVID-19: a cross-sectional study

Violência e qualidade de vida de mulheres isoladas socialmente por COVID-19: estudo transversal

Violencia y calidad de vida de mujeres en aislamiento social por COVID-19: un estudio transversal

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ABSTRACT

Objective: to assess the relationship between violence and the quality of life of women socially isolated due to COVID-19. **Method:** a cross-sectional, quantitative study was developed in Campina Grande – PB, Brazil. The sample comprised women over 18 years in social isolation due to COVID-19. Three instruments were used for data collection, and descriptive and inferential analyses were carried out, with a significance of $p < 0.05$. **Results:** there was a predominance of women with low quality of life (53.1%) and victims of psychological violence (61.1%). The relationship between physical, psychological, and general violence achieved statistical significance in all quality of life domains in the Spearman correlation test ($p < 0.05$) and the Mann-Whitney test ($p < 0.05$). **Conclusion:** the outcome of physical and psychological violence is negatively related to the physical, psychological, social relationships, and environmental aspects of the quality of life of women socially isolated due to COVID-19.

DESCRIPTORS: Quality of Life; Violence Against Women; Coronavirus.

RESUMO

Objetivo: avaliar a relação entre a violência e a qualidade de vida de mulheres isoladas socialmente em decorrência da COVID-19. **Método:** estudo transversal, quantitativo, desenvolvido em Campina Grande – PB, Brasil. A amostra constituiu-se de mulheres maiores de 18 anos, em isolamento social pela COVID-19. Utilizaram-se três instrumentos para coleta de dados, estes analisados por meio de estatística descritiva e inferencial, sendo adotado significância $p < 0,05$. **Resultados:** houve predominância de mulheres com baixa qualidade de vida (53,1%) e vítimas de violência psicológica (61,1%). A relação da violência física, psicológica e geral apresentou significância estatística entre todos os domínios de qualidade de vida nos testes de correlação de Spearman ($p < 0,05$) e de comparação de Mann-Whitney ($p < 0,05$). **Conclusão:** o desfecho da violência física e psicológica relaciona-se de forma negativa nos aspectos físicos, psicológicos, relações sociais e meio ambiente da qualidade de vida de mulheres isoladas socialmente em decorrência da COVID-19.

DESCRIPTORES: Qualidade de Vida; Violência contra a Mulher; Coronavírus.

RESUMEN

Objetivo: evaluar la relación entre violencia y calidad de vida de mujeres en aislamiento social a causa del COVID-19. **Método:** estudio transversal, cuantitativo, desarrollado en Campina Grande – PB, Brasil. La muestra estuvo compuesta por mujeres mayores de 18 años en aislamiento social a causa del COVID-19. Se utilizaron tres instrumentos para recolección de datos y se realizaron análisis descriptivos e inferenciales, con una significancia de $p < 0,05$. **Resultados:** hubo predominio de mujeres con baja calidad de vida (53,1%) y víctimas de violencia psicológica (61,1%). La relación entre violencia física, psicológica y general alcanzó significación estadística en todos los dominios de calidad de vida en la prueba de correlación de Spearman ($p < 0,05$) y la prueba de Mann-Whitney ($p < 0,05$). **Conclusión:** el resultado de la violencia física y psicológica se relaciona negativamente con aspectos físicos, psicológicos, de relaciones sociales y ambientales de calidad de vida de mujeres en aislamiento social a causa del COVID-19.

DESCRIPTORES: Calidad de Vida; Violencia contra la Mujer; Coronavirus.

INTRODUCTION

Violence is a phenomenon characterized as a social problem that encompasses several aspects, negatively affecting society, resulting in physical, psychological, and developmental damage and, in extreme cases, leading to death. For this reason, it was defined as a global public health problem⁽¹⁾.

Violence Against Women (VAW) is considered a violation of human rights and is usually manifested within the domestic and family context, perpetrated by an intimate partner, constituting one of the most important causes of family instability and impact on several women's health domains⁽²⁾.

Recently, the discovery of COVID-19, caused by the new coronavirus (SARS-CoV-2), responsible for causing respiratory infections and a clinical picture that varies from asymptomatic infections to severe cases, implied the adoption of a series of restrictive and preventive measures given that the virus has spread rapidly through several countries around the world, being defined by the World Health Organization (WHO) as a Public Health Emergency of international importance, which characterizes a pandemic⁽³⁾.

Among the measures adopted, we highlight handwashing, respiratory etiquette, testing, isolation of confirmed and suspected cases, and social distancing, all of which were instituted to reduce the spread of the virus and the burden on health systems⁽³⁻⁴⁾.

Although all the strategies above are necessary to minimize the transmission of the virus, there was an increase in cases of VAW due to social isolation, coexistence within the same home with the aggressor, economic stress, and fear about the new virus, making it necessary to reinforce the need to face the phenomenon of violence, since there was a decrease in access to the protection and support network, as well as deprivation of conversations with family and friends due to the constant presence of the aggressor⁽⁴⁻⁵⁾.

These women, constant victims of aggression, are in a compromised physical-emotional state, with low self-esteem and manifestations of stress, leading to a decrease in the quality of life, which, by definition, consists not only of the absence of diseases but of multiple factors that favor well-being⁽⁵⁻⁶⁾.

In this way, women who experience violence are far from having a healthier and pleasurable life, making it difficult to perform relatively simple activities responsible for major impacts on health,

such as eating healthy, participating in regular physical activity, decreasing alcohol consumption, and avoiding using illicit drugs, which are important aspects for maintaining a good quality of life⁽⁶⁾.

Given the above, it is possible to affirm that VAW is an increasingly latent reality, especially during the pandemic, which highlights the need for an analysis of the social, health, and quality of life consequences produced in the new global health context⁽⁷⁾.

The objective of this study was to assess the relationship between violence and the quality of life of women socially isolated due to COVID-19.

METHOD

A cross-sectional study with a quantitative approach was developed with women living in Campina Grande – PB, Brazil. The intentional sample was composed of 510 women recruited in one month (July 14 to August 14, 2020) through digital recruitment. Women over 18 years residing in the city of Campina Grande – PB were included, and those who indicated that they did not keep social distancing due to the COVID-19 pandemic were excluded.

The dissemination of the research took place electronically, through social networks and instant communication applications, after approval by a Research Ethics Committee. A brief invitation message was written to the potential participants, including a link to access the research reports, the electronic Informed Consent Form (ICF), data collection questionnaires, and the last section with contact information from the researchers responsible for the study, if necessary.

The dissemination process was carried out through publications on social media from the researchers' university and study group. In addition, the managers of the sanitary districts of the Municipal Health Department of the city of Campina Grande - PB were contacted through e-mail to spread the form to the Basic Health Units so that professionals and communities could have access to the research.

The form was configured on the general tab to collect e-mails and responses limited to one response per person, and participants could not edit the document after sending it. These settings were adopted to minimize bias in the remote data collection.

Data were tabulated in Excel and analyzed in SPSS, version 26.0. The analysis was performed

using descriptive statistics, through absolute and relative frequencies and measures of central tendency and dispersion, as well as inferential statistics (Spearman Correlation Test and Mann Whitney Comparison Test). The significance level of 5% (p -value <0.05) was adopted in all analyses. Non-parametric tests were used and chosen based on the Kolmogorov Smirnov test, which showed that the data did not present a normal distribution.

The verbal aggression items assessed the presence of psychological violence, and the questionnaire's items from k to s assessed the occurrence of physical violence. Minor physical violence was defined as pushing, throwing objects, and slapping, while major physical violence was defined as severe aggression such as punching, kicking, burning, or using a knife or gun. A positive response to any of the aggressions above was configured as violence.

The median was cut to classify the Whoqol-bref into low and high quality of life, in which a score of 94 or more indicated a high quality of life.

The present study was submitted to the Research Ethics Committee of the Center for Higher Education and Development (CEP/CESED). The study was commenced only after a favorable assessment, under opinion number 4,126,107, following the recommendations of Resolution No. 466/2012 of the National Health Council.

RESULTS

Table 1 shows the participants' sociodemographic data, and it is possible to observe the predominance of self-declared mixed race women ($n=241$; 47.3%), with higher education level ($n=263$; 51.6%), single ($n=274$; 53.7%), living with family members ($n=266$; 52.1%), non-residing with a partner ($n=283$; 55.5%), economically independent ($n=261$; 51, 2%), working ($n=336$; 65.9%), earning one to three salaries ($n=216$; 42.3%), and of women working without a formal contract ($n=186$; 36.5%).

Regarding the women's quality of life assessment, it was found that the majority had low quality of life ($n=268$; 53.1%). Regarding the type of violence, there was a predominance of psychological violence ($n=299$; 61.1%).

Regarding the WHOQOL-bref domains, the highest average was in the environment domain ($M=27.8$; $SD=4.2$), indicating that the highest quality of life is observed in this domain. In addition, the

mean score was 92.8, with a standard deviation of 11.8, as shown in Table 2.

Table 3 presents the correlation between the quality of life domains and the assessment scores of the types of violence, indicating a statistically significant correlation between all domains and the violence scores ($p<0.00$). There was a negative correlation between the variables, so the lower the quality of life score, the higher the violence score, indicating that low quality of life is related to violence.

Regarding the comparison analysis, a better quality of life was observed among women who have not been victims of psychological violence. The correlations also showed that the highest averages of quality of life are concentrated among those who have not been victims of violence, with statistically significant results. Moreover, there is a significant difference between the women who have and have not been victims of violence concerning their quality of life, indicating that the highest averages of quality of life are achieved by those who have not been victims of violence, as shown in Table 4.

DISCUSSION

Social distancing due to the COVID-19 pandemic has restricted people to their homes, accentuating an existing public health problem: domestic violence against women⁽⁴⁾.

Domestic and family violence can be committed by anyone who enters the household or has an affective or kinship relationship with the victim⁽²⁾. In a period of social distancing, with the amplification of the coexistence between the woman and the aggressor in the same house, abusive relationships that harm and attack women tend to increase and go unnoticed, masking and prolonging situations of abuse, especially when perpetrated by an intimate partner, as identified in Brazilian states such as Rio de Janeiro, Paraná, Ceará, Pernambuco, and São Paulo^(2,4).

In this perspective, it can be mentioned that the context of extended coexistence in the circumstance of necessary social isolation added to the work overload for women, especially those who have children and husbands, in addition to being awake and unable to talk to friends and family, represent important elements in triggering situations of domestic violence⁽⁸⁾.

In addition, situations such as stress, emotional problems, economic factors, precarious housing,

Table 1 - Sociodemographic data distribution. Campina Grande, PB, 2020 (continue)

Variables	n	%
Age (years)		
18 - 29	316	62.0
30 - 39	124	24.3
≥ 40	70	13.7
Self-declared race		
White	213	41.8
Mixed	241	47.2
Yellow	19	3.7
Black	37	7.3
Education		
Elementary school	10	2.0
High school	94	18.4
University education	263	51.6
Postgraduate studies	122	23.9
Master's degree	21	4.1
Doctorate degree	0	0.0
Marital status		
Single	274	53.7
Married	189	37.1
Dating	14	2.7
In a stable relationship	8	1.6
Living together	1	0.2
Widowed	3	0.6
Divorced	21	4.1
Whom do you live with?		
Relatives	266	52.1
Friends	10	2.0
Partner	100	19.6
Children and partner	122	23.9
Alone	12	2.4
If you live with your partner, how long have you been in a relationship? (years)		
≤ 1	8	1.6
1 - 5	62	12.2
> 5	157	30.7
I do not live with a partner	283	55.5
Do you depend on the income of the people you live with?		
Yes	249	48.8
No	261	51.2
Do you have a job?		

Source: Elaborated by the authors, 2020.

Table 1 - Sociodemographic data distribution. Campina Grande, PB, 2020 (conclusion)

Variables	n	%
Yes	336	65.9
No	174	34.1
Monthly income (minimum wages)		
≤ 1	191	37.5
1 - 3	216	42.3
> 3	103	20.2
Employment status		
Formal employment	156	30.6
Informal employment	186	36.5
Neither	168	32.9
Quality of life		
Low	268	53.1
High	237	46.9
Psychological violence		
Yes	299	61.1
No	190	38.9
Physical violence		
Yes	41	8.4
No	446	91.6

Source: Elaborated by the authors, 2020.

Table 2 - Distribution of central tendency and dispersion measures of Whoqol-bref domains. Campina Grande, PB, 2020

Domains	Average	Median	Minimum	Maximum	Standard deviation
Physical	24.0	24.0	13.0	33.0	3.1
Psychological	19.3	20.0	10.0	26.0	2.9
Social relationships	10.7	11.0	3.0	15.0	2.3
Environment	27.8	28.0	14.0	40.0	4.2
Total score	92.8	94.0	59.0	127.0	11.8

Source: Elaborated by the authors, 2020.

alcohol or other drug abuse, exacerbated coexistence, and fear of the coronavirus can influence the occurrence of episodes of violence⁽⁵⁻⁸⁾. In men, the loss of jobs and economic stress are seen as factors related to violent acts⁽⁴⁾.

Research on the sociodemographic profile of women victims of violence observed a higher recurrence among adults over 31 years of age, mixed-race, literate, single, and residents of the

urban area⁽⁹⁾. In addition, it is noteworthy that the most recurrent types of aggression were psychological, physical, and sexual. Similar results were found in the present study since most participants have been violence victims and were self-declared mixed race, single, and have a higher education level.

Other data obtained in this research gained notoriety: most participants worked and earned

Table 3 - Correlation of quality of life with types of violence. Campina Grande, PB, 2020

Variables Domains	Psychological violence		Physical violence		General violence	
	Coefficient	p-value*	Coefficient	p-value*	Coefficient	p-value*
Physical	-0.221	0.000	-0.221	0.000	-0.219	0.000
Psychological	-0.200	0.000	-0.200	0.000	-0.201	0.006
Social relationships	-0.208	0.000	-0.208	0.000	-0.205	0.007
Environment	-0.208	0.000	-0.225	0.000	-0.206	0.000
Total score	-0.256	0.000	-0.218	0.000	-0.253	0.000

Note:*Spearman Correlation Test.

Source: Elaborated by the authors, 2020.

Table 4 - Correlation of quality of life with the occurrence of violence. Campina Grande, PB, 2020

Variables Domains	Psychological violence		Physical violence		General Violence	
	Yes M (SD)	No M (SD)	Yes M (SD)	No M (SD)	Yes M (SD)	No M (SD)
Physical	3.36 (0.45)	3.53 (0.45)	3.10 (0.50)	3.46 (0.44)	3.36 (0.44)	3.53 (0.45)
p-value*	0.000		0.000		0.000	
Psychological	3.23 (0.47)	3.33 (0.46)	3.04 (0.46)	3.24 (0.47)	3.16 (0.47)	3.33 (0.46)
p-value*	0.000		0.007		0.000	
Social relationships	3.58 (0.77)	3.75 (0.70)	3.26 (0.86)	3.62 (0.74)	3.47 (0.79)	3.75 (0.70)
p-value*	0.001		0.009		0.000	
Environment	3.48 (0.53)	3.58 (0.48)	3.09 (0.51)	3.52 (0.51)	3.42 (0.55)	3.58 (0.49)
p-value*	0.007		0.000		0.009	
Total score	91.04 (11.88)	96.11 (11.36)	84.19 (12.76)	93.95 (11.41)	91.05 (11.85)	96.11 (11.36)
p-value*	0.000		0.000		0.000	

Note: *Mann Whitney Comparison Test.

Source: Elaborated by the authors, 2020.

one to three salaries. In general, these findings nullify the misconception that only low-income and uneducated women are victimized by domestic violence, noting that those with higher incomes are also victims but, like most women, tend to camouflage this fact through silencing⁽⁹⁾.

Furthermore, the study reveals that there was a significant increase in domestic violence against women after the implementation of social distancing, as observed in several countries such as China, the United Kingdom, the United States, France, and Brazil. In most of these locations,

alarming numbers of requests for help related to domestic violence have been registered by government authorities, women’s rights activists, and civil society partnerships⁽⁴⁾.

In Brazil, the situation is reversed. According to data from the 2020 Brazilian Public Security Yearbook⁽¹⁰⁾, the number of records of domestic violence against women decreased during the pandemic. However, it is known that the decrease in complaints does not mean a reduction in situations of violence, but it represents a greater risk of the phenomenon occurring since the victim

stays longer at home with the aggressor, with no way out or opportunity to contact outside help⁽⁸⁾. In addition, we highlight that the investigation of crimes committed against women in the domestic sphere requires their presence, which, in turn, has been hampered during the period of social isolation⁽¹⁰⁾.

Women's health has been affected in different ways and perspectives. According to a systematic review⁽¹¹⁾ that assesses the implications of intimate partner violence on women's health, consequences such as sleep disorders, inadequate diet, lack of energy, body aches, bruises and abrasions, alcohol and other drug abuse, gynecological, respiratory, gastrointestinal problems, and migraines may occur.

The present study found high means of quality of life in women who have not been victims of violence and that the lower a woman's quality of life, the greater the probability of being victimized.

In the same sense, a population-based household survey⁽¹²⁾ showed that domestic violence negatively interfered with women's quality of life, causing damage to social relationships, the search for medical treatment, and the victims' feeling of safety. Similarly, a study⁽¹¹⁾ points to the prevalence of mental or psychological consequences in abused women, such as Panic Syndrome, sadness, loneliness, low self-esteem, symptoms of post-traumatic stress disorder, stress, depression, suicide ideation, fear, aggressive behavior, psychosomatic illnesses, feelings of unsafety, and difficulty with new relationships resulting, therefore, in a decreased quality of life.

The above findings, in turn, strengthen the results obtained in this research since a significant correlation was observed between quality of life data and violence scores, revealing that as violence (psychological or physical) increases, there is a decrease in the quality of life, represented by the physical, psychological, social relations and environmental aspects.

Among the types of violence, psychological violence can be considered the first step toward other types of aggression⁽¹³⁾, subtly revealing itself. Psychological violence is described as acts that cause emotional damage, decrease self-esteem or harm and disrupt development, actions that degrade and control emotions, beliefs, and any personal decision, through threats, acts of humiliation, embarrassment, forms of manipulation, isolation, constant surveillance, persecution, insults, violation of privacy and limitation

of the right to come and go, as well as practices of blackmail and mockery that harm the victim's health⁽¹⁴⁾.

In the period of social isolation, psychological violence has been one of the most practiced types of violence by perpetrators, given the exponential increase in coexistence with the aggressor, which expands the possibilities of tension in interpersonal relationships and the intensification of family stress. Nowadays, women are prevented from maintaining external relationships with greater frequency, directly impacting the facets of social relationships and the environment, as identified in the present study⁽⁵⁾.

The criminal seeks to restrict the sufferer's contact with other people, increasing his influence over her and expanding the submission relationship, causing damage to mental health and psychological suffering⁽¹³⁾. From this perspective, a local study in the capital of Paraíba found that women with a support network are 4.2% less likely to suffer domestic violence⁽¹²⁾.

Physical violence, which was also expressed in the sample, is characterized by any action that offends the physical integrity through acts such as shaking, squeezing, slapping, kicking, beating, burning, cutting/stabbing, wounding with a gun, and harming the integrity of the woman's body⁽¹⁵⁾. The occurrence of physical violence may indicate that other forms of violence have been perpetrated and failed, so physical violence is used to demonstrate the power of the man over the woman⁽¹³⁾.

Research developed in Kyrgyzstan confirms that the direct impacts of violence on women's physical health can be serious, ranging from bruises, broken bones, swelling in the joints and body, hearing and visual impairment to chronic symptoms such as headaches, backaches, pain in the limbs, and difficulties in the functioning of internal organs⁽¹⁶⁾.

In an international scenario, a study with 6,936 women pointed out that the major physical damage from physical violence is strains that can trigger bruising. In the same way, a national survey analyzed 1,965 medical records of women treated at the *Instituto Médico Legal* (IML) and found that strains, bruises, cuts, lacerations, fractures, and sprains represent some of the major physical damages resulting from this type of violence⁽¹⁷⁾.

In addition, physical violence does not only cause visible damage to women's health but transcends this perspective, reaching emotional, moral,

and psychological aspects, such as difficulties in sleeping, developing interpersonal relationships, and the emergence of mental disorders such as depression⁽¹⁸⁾.

From this perspective, it was evidenced that the incidence of mental disorders increases in women victims of intimate partner violence, whether physical, psychological, or sexual⁽¹⁷⁾. Similarly, research carried out in Iran with pregnant women showed that the mental health of those who have been victims of violence was significantly more affected than that of those who have not⁽¹⁹⁾.

The above results corroborate the present research findings and reveal the need to promote mental health to this public and encourage the adoption of more effective measures to prevent violence.

In a qualitative study that evaluated the repercussions of domestic violence on the lives of women and children, it was observed that social interactions were compromised due to the violence suffered by the spouses⁽²⁰⁾. This finding revealed that many women stop seeing and interacting with family and friends, reporting an unwillingness to go out and have fun and, consequently, interact with their environment. This silencing resulting from a shaken psychological state is described as a recurring characteristic of women victims of violence and repression⁽¹³⁾.

In line with the above, an Iranian study indicates a relationship between low quality of life and high prevalence of domestic violence during the COVID-19 pandemic, thus recommending the intensification of tracking and breaking this cycle of violence to improve the quality of life of women who suffer from this type of abuse⁽¹⁹⁾.

In this sense, although social distancing presents itself as an essential measure to contain COVID-19 in Brazil, it is up to the State to act and guarantee women the right to live without violence and with quality of life, focusing on the development of strategies that transcend assistance focused on physical aspects⁽²⁰⁾.

The study has limitations, as the research scenario was virtual, without the direct presence of the author to solve possible doubts. However, the remote approach favored the participant to be more comfortable answering the questions. Another factor that deserves to be highlighted is

the scarcity of studies focused on the implications of violence on the quality of life of women during the pandemic, compromising a deeper discussion of the analyzed theme and simultaneously revealing the need for more studies.

Thus, it becomes relevant to carry out further research with a similar design and of a qualitative nature to deepen the factors that reduce the quality of life in the face of social isolation and to understand the impact of violence in this aspect.

Therefore, this study constitutes a starting point for other research related to the theme and emphasizes the importance of increasing the awareness of people working in different scenarios, especially in healthcare facilities, about violence against women since this problem has serious implications for women. Therefore, the early recognition of the signs of aggression becomes essential to provide timely assistance based on the victims' demands.

CONCLUSION

A negative relationship was found between violence and the victims' quality of life, who are women socially isolated due to the COVID-19 pandemic. The dimensioning of life involves physical and psychological aspects, social relationships, and the environment, which showed an inverse relationship with physical and psychological violence, indicating that as the quality of life decreases, there is a greater occurrence of violence against socially isolated women.

The direct influence of domestic violence perpetrated against women in social isolation is pointed out on the quality of life of these victims, which implies the need for intersectoral attention to face the problem, revealing urgent actions through a support and protection network involving the health sector and social and legal assistance services considering the evident reduction in women's quality of life.

CONFLICT OF INTEREST

The authors have declared that there is no conflict of interest.

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