

ASPECTS OF THE SOCIO-MEDICAL SITUATION OF VICTIMS OF DOMESTIC VIOLENCE FROM ROMANIA IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Abstract: Objectives. The study aims to analyze the situation of victims of domestic violence, in the context of the COVID-19 pandemic, to identify the measures taken by the authorities and the solutions to improve services provided to them.

Methods. The research method is the sociological survey, and the technique used is that of the semi-structured interview conducted online, with specialists in the field. We interviewed 76 specialists who work with victims of domestic violence within the General Directorates of Social Assistance and Child Protection and within specialized NGOs.

Results. To improve the quality of life of the victims, the following intervention modalities were proposed by specialists: providing the necessary medical support; psychological counseling of victims with the help of the online environment until the end of the pandemic; informing the population about the existence of the Women’s Helpline which provides confidential information, support and understanding for victims of domestic violence; arranging protection and support centers for victims; training courses for staff working with victims of violence in the family, but also for the police; increasing the degree of responsibility of the central and local public administration

Conclusion. Assistance and intervention in cases of domestic violence must be adapted to the specific situations in which the victim finds himself. Crisis support is needed followed by medium and long-term strategies. Shelters for women must be integrated into a preventive system of action and activities. Victims of domestic violence must be allowed to benefit from long-term therapy and support.

Keywords: domestic violence, public health, COVID-19 pandemic.

INTRODUCTION

The COVID-19 crisis has taken humanity, health systems and societies by surprise through rapid escalation and the impact on every aspect of life. We face sudden changes in lifestyle, self-isolation affecting our socio-economic, health fears, uncertainty about the duration and outcome of the crisis and the visible collapse of the economy, individual job losses. Quarantine measures lead to profound changes in daily routine and routine activities. The general health of the general public can be aggravated in the case of prolonged self-isolation. (WHO, 2020). Under these conditions, the vulnerabilities of families and communities have exacerbated pre-existing risks.

“Differences in economic and social status between families, the multiple family problems that some face lead to marginalization and social isolation” [1].

Domestic violence is a serious phenomenon, a community affecting, a social and public health problem that mainly affects women (95% of all victims of domestic violence are women). Worldwide, between 40% and 70% of women killed are victims of domestic violence [2].

Violence can affect anyone, regardless of religion, color, ethnicity or social status. Violence produces negative effects both physically and mentally, emotionally, spiritually and socially and is recognized as one of the main causes of injuries and premature death of women.

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According to World Bank estimates, violence against women kills more women than road accidents and malaria combined. The World Health Organization shows that almost 70% of the victims were killed by their life partners.

In Romania, the total number of cases of domestic violence, which needed the intervention of social services, centralized between 2009 and 2016 at the level of the National Agency for Equal Opportunities between Women and Men (ANES) within the Ministry of Labor and Social Justice, it highlighted the following: in 2009 there were 12,461 cases of domestic violence, followed by a slight decrease in 2010 to 11,592 cases of domestic violence, and in 2011 the number of victims of domestic violence increased again to 12,205 cases. The trend is still upward, in 2012 there were 14,376 cases of domestic violence, and in 2013 there were 15,358 cases. In the following year 2014, there is again a decrease in the number of cases of domestic violence to 11,598 cases, in 2015 the number of cases of domestic violence increases slightly to 12,273 cases, and in 2016 the upward trend continues, registering 13,019 cases domestic violence [3].

Regarding the number of deaths based on facts in the field of this phenomenon, in 2009 some 167 murders of domestic violence were registered which resulted in the death of the victim, in 2010 the number of these increased slightly to 189, and in 2011 there was a decrease in the number of murders of domestic violence committed which resulted in the death of the victim to 146, below the level of 2009. In 2012 149 murders of domestic violence were committed, in the following years followed an upward trend (in 2013 - 157, in 2014 - 189, in 2015 - 186, and 2016 had 191 murders of domestic violence [4].

METHODS

Study-design

The study was conducted at the national level,

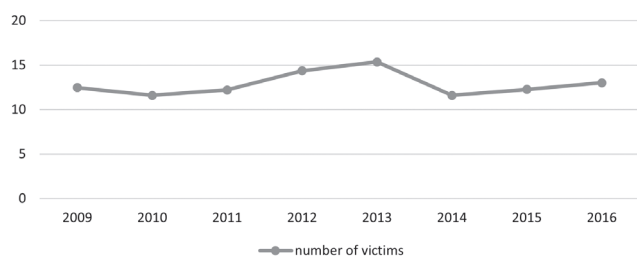


Figure 1. Evolution of domestic violence cases in the period 2009-2016 (Data source: National Agency for Equal Opportunities between Women and Men).

between September 2020 and March 2021 and was based on qualitative research designed to provide a global understanding of the phenomenon of domestic violence in the context of the COVID-19 pandemic. The documentation aimed to gather information from the study of literature, reports, studies, previous research in the field, legislation.

The study aims to analyze the situation of victims of domestic violence, in the context of the COVID-19 pandemic, to identify the measures taken by the authorities and the solutions to improve services provided to them.

Instrument

The research method is the sociological survey, and the technique used is that of the semi-structured interview conducted online, with specialists in the field. The semi-structured interview guide included 26 open-ended questions on the determining causes of domestic violence in the context of COVID-19, the type of violence that predominated, the medical and social problems faced by victims of domestic violence, the possibility to access available services for this vulnerable category, the efficiency of the measures taken by the authorities, the effects that the pandemic will have in the future on the social services offered to the victims, etc. The interview time ranged from 38.47 minutes to 1.03.18 minutes. The responses were recorded with the consent of the study participants and then transcribed in electronic format.

Participants

We interviewed 67 specialists who work with victims of domestic violence within the General Directorates of Social Assistance and Child Protection and within specialized NGOs.

The inclusion of the participants in the study was done voluntarily, following the informed and freely expressed consent. The study complied with the ethical norms of scientific research, always respecting

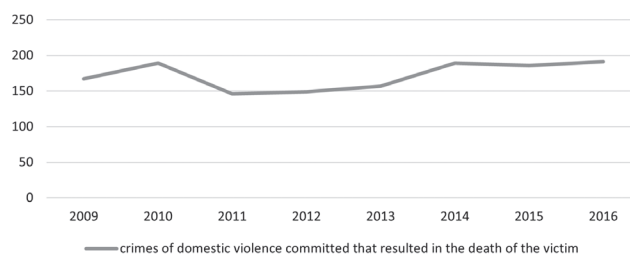


Figure 2. Evolution of the number of deaths based on acts of domestic violence (Data source: National Agency for Equal Opportunities between Women and Men).

the principles of anonymity and confidentiality, the subjects being able to withdraw at any time of the study.

This study has several limitations: the qualitative study was not conducted in all counties in Romania where there are services for victims of domestic violence. The specialists interviewed were both female and male people, professionals who work with victims of domestic violence (social workers, psychologists, doctors, nurses, centre administrators, lawyers, etc.).

RESULTS

The participants in the study said that against the background of the COVID-19 pandemic, there was an increase in violence in society in general, and in the family in particular. The respondents' statements are supported by the statistical data provided by the authorities. In Romania, during the pandemic period, especially during the isolation period, there was an increase in domestic violence, with 2.3% more complaints from women abused by life partners, according to the National Agency for Equal Opportunities between Women and Men. According to the data provided by the General Inspectorate of Police, "in the first seven months of 2020, 4,856 provisional protection orders were issued, targeting 5,040 people, perpetrators of violent acts, most of them men. Of these orders, 2,293 were confirmed by prosecutors" [5].

According to the study conducted by the NGO FILIA, "in the first nine months of 2020, the number calls to 112 on issues of aggression increased by almost 18% compared to 2019, the number of protection orders registered in urban areas was almost double compared to the same period of last year, and the number of online accesses of the services offered by the main one's platforms that provide support to women victims of domestic violence has tripled" [6].

Specialists pointed out that many of the cases of domestic violence remained unreported, especially by women from vulnerable groups. "We can talk about an increase in the number of domestic violence situations in the pandemic because many of the families of women in the communities we work with lived in a much smaller space than before the crisis, given that some men have not left at work, but they stayed at home, without a job and without the possibility of finding one" (social worker, 36 years old). Many of the victims choose not to report their

abusers and not to turn to the police or social services for support. According to the interviewed specialists, the causes that determine the victims not to report cases of abuse are the aggressor's promise that it will not happen again, the victim's conviction that violence is a family problem, which should remain in the family, fear, shame, belief that the victim is guilty, the fear that she will not be believed, the ignorance of the law, the lack of information about the social services she could turn to, the opposition of the partner, who stopped the victim from reporting the incident.

Regarding the causes that led to the increase in domestic violence, specialists believe that "poverty, technical unemployment, lack of jobs (many small businesses have closed), stress caused by restrictions imposed on a vulnerable background existing there are important factors that have determined the intensification of acts of domestic violence" (a psychologist, 35 years old). Another specialist considers that "due to the COVID-19 pandemic, many women lost their jobs, and the economic problems faced by families led to the escalation of violent acts" (social worker, 31 years old).

Another participant in the study states that "the isolation of the victims together with the aggressor for a longer period led to problems related to domestic violence. Also alcohol consumption and the presence of mental illness were direct causes of acts of violence" (doctor, 47 years old).

According to most of the interviewed specialists, physical, verbal and psychological violence predominated during the COVID-19 pandemic. A participant in the study considers that "there were also acts of sexual violence, but most of the time the victims avoid recognizing them" (psychologist, 37 years old). Unfortunately, the number of cases of marital rape is not small, but they are rarely recognized by victims either because they are ashamed or because they consider these acts of aggression to be normal in marriage. "During this period, I also encountered a case of marital rape, but the woman hardly admitted that her husband had been subjected to acts of sexual assault" (nurse, 29 years old).

After speaking with the victims, the clinicians opine that most aggressors go from declaring to doing, that verbal intimidation quickly leads to physical violence, and the traumas caused by words are as deep and difficult to overcome as those created by physical aggression.

The main problems faced by victims of domestic violence during this period were related to lack of

income / insufficient income, restriction of freedom of movement and the impossibility of doing face-to-face psychological counseling. A specialist states that a problem was represented by the fact that “isolation at home made the victim spend more time with the aggressor and thus conflicts arose that degenerated into acts of violence” (social worker 46 years). Another participant in the study considered that a problem was represented by “restrictions on freedom of movement (they could not complete statements during the state of emergency that would allow them to leave home)” (social worker, 28 years old). Psychological counseling could only take place online, which “had a lower impact on victims, who felt the lack of direct interaction with specialists” (psychologist, 31 years).

In the conditions of the pandemic, especially during the state of emergency, the victims were confused with the impossibility of accessing a specialized centre of protection and protection. “During this period, the victims had even fewer options than before the pandemic. The accommodation centers did not have the possibility of epidemiological triage, and during the state of emergency, they did not receive any new victims” (social worker, 42 years old).

There were also difficult problems to solve during this period, such as the situation in which a case of violence occurred and one of those involved was tested positive for SARS-CoV-2. A social worker who provides direct support services to victims of domestic violence states that during the pandemic “a difficult problem to solve was that in which a case of violence arose, and the victim was tested positive for coronavirus. In this case, the victim could not immediately benefit from specialized services”. On the other hand, the staff was extremely exposed to contact with the virus. “Staff who directly supported the integration of victims of domestic violence were exposed to contact with the virus, as they did not have the necessary equipment (except masks, disinfectant and gloves). If the victim came to ask for support before being tested, and then the test was positive, the possibility of contacting the virus was high” (doctor, 52 years old).

The specialists faced numerous problems during the pandemic and especially during the state of emergency. One of the respondents states that “during the state of emergency, specialists faced the refusal of the centers for victims of domestic violence, (with which the institution had collaboration protocols) to host the victim, for fear that she would not be infected with coronavirus” (social worker, 35 years old). “It was necessary to restructure the intervention and identify

innovative alternatives for providing services for victims of domestic violence” (psychologist, 31 years). Because during the state of emergency the direct contact with the beneficiaries was limited, the main element that characterized the professional-victim relationship was communication. “Communication was essential during this period, the specialist appealing to his skills” (social worker, 31 years old). Another interviewed specialist considers that “a relationship based on honesty and confidentiality, and on respecting the principle of self-determination” (doctor, 42 years old) is the main element that characterized the professional-victim relationship during the pandemic. Emphasizing the importance of interpersonal communication, another specialist states that the professional-victim relationship was at the same time “still a cold relationship, given the importance of interpersonal communication (a possible failure especially in case of crisis intervention)” (psychologist, 37 years).

The specialists consider that the authorities have taken some measures regarding the improvement of the situation of the victims of domestic violence. The main measure was “the establishment of a free telephone line for counseling victims and aggressors. This service is provided 24 hours a day, 7 days a week” (social worker, 38 years old). In the Help-Line, “we offered short recommendations for the safety of people in situations of repeated domestic violence, amid restrictions imposed at the national level to combat the spread of COVID-19, including the situation of isolation with the aggressor” (Help- specialist Line, 33).

An effective way of additional intervention by the authorities is the legislative initiative to issue a temporary protection order to victims who are in self-isolation at home, which obliges the aggressor to leave the common home. If before the pandemic, respectively before March 14, 2020, the aggressors were most often directed to night shelters, in the current situation they are either transferred to relatives or even counseled in the family.

Currently most of the time the victim is the one taken out of the abusive environment and hosted. If victims report that they have come into contact with persons suspected or infected with the SARS-CoV-2 or if they show symptoms specific to the new coronavirus, they will be isolated in a shelter for 14 days and the competent authorities will be notified. Shelters for victims of domestic violence must follow strict hygiene and entry management protocols to prevent new COVID-19 cases.

Regarding the measures that should be taken for victims to receive services tailored to their needs, most respondents believe that the authorities should focus on providing the necessary medical support; psychological counseling of victims with help by the online environment until the end of the pandemic; informing the population about the existence of the Women's Helpline which provides confidential information, support and understanding for victims of domestic violence; online courses for various vulnerable groups, to teach them to learn tactics to develop resistance to various pandemic-specific frustrations, which can generate conflicts in the family, but also to manage situations with potential conflict; better involvement of local authorities in actions to prevent and combat domestic violence.

One of the specialists participating in the study considers that to improve the quality of life and social integration of victims, it is necessary to "declare support services for victims of violence as essential services" (social worker, 34 years old). Victims of violence should "have immediate access to shelter, psychological assistance to overcome trauma, psychological counseling, meaning to benefit from specific and integrated assistance" (social worker 42 years). Another specialist believes that "police specialists should be trained so that the victim does not suffer trauma again and receives emotional support" (lawyer, 46 years old). Another respondent states that he would like to have "more psychological support centers (both for victims and aggressor) to help them overcome the traumatic situation" (psychologist, 38 years old). It would also be beneficial "a closer collaboration between the authorities to quickly identify a workplace for victims and multifunctional daycare centers with various services for children from families who have witnessed acts of domestic aggression" (social worker, 31 years old).

The social isolation we have been subjected to during the state of emergency or alertness implies the lack of social contacts or their drastic limitation, which can lead to feelings of loneliness, low self-esteem, or depression. "Thus appears the destruction of the social bond and an obsessive control in the name of public health, which certainly did not come from the presence of the coronavirus" (psychologist, 29 years old).

To improve the access to health services for victims of domestic violence, the solutions identified by specialists would be the implementation of a permanent program for medical centers; development of online medical services; a more efficient allocation

of medical resources in existing hospitals; ensuring the proper functioning of emergency services, designed to provide a rapid response to various requests; continuing to provide recovery and rehabilitation services, in compliance with all precautions given by the current situation.

The COVID-19 pandemic has also produced changes at the institutional level. One participant in the study states that "our institution introduced work at home", referring mainly to the period of emergency (psychologist, 34 years old). Another specialist states that "online services have been developed (posting on the website and Facebook of the institution of educational videos that sensitize and raise public awareness about this phenomenon)" (social worker, 37 years old). One of the respondents states that during the emergency, the specialists worked to solve the cases "by videoconference and using the online registry" (social worker, 28 years old).

During the pandemic, there were campaigns to prevent domestic violence, but these were mainly carried out online. The most effective prevention campaigns aimed at "promoting and developing support services for victims of domestic violence, at the local level" (social worker, 34 years old), but also "changing attitudes and social norms that encourage violence", it is known that in Romania, especially in rural areas, violence in the family, it is still seen as a personal problem, which can be hidden. Moreover, there are some people for whom hitting your partner can be justified under certain conditions. "Violence should never be seen as normal, it should not be accepted under any circumstances, and if it does, it should not be excused or justified" (doctor, 52 years old).

More strict punishments for aggressors was considered by most specialists as a solution to reduce cases of domestic violence. "Punishments for aggressors are meagre, they should be toughened. In this way, the incidence of violence cases would decrease" (lawyer, 37 years old).

Also, for effective prevention is essential "the involvement of all social actors in various educational and social projects for environments with a high risk of violence" (psychologist, 43 years). Specialists who offer support to victims of domestic violence believe that this pandemic will have negative effects on society in the future "the economic crisis will be felt in the long run" (social worker 27 years). Other specialists believe that "medical services will undergo transformations" (doctor, 48 years old), and "education will have to be

adapted” (psychopedagogue, 32 years old). In the post-pandemic period, “procedures should be developed and implemented in all areas of activity, to anticipate these events and to know how to manage resources of all kinds, but also how to act” (social worker, 35 years).

In conclusion, during the state of emergency and subsequently, the state of alert, decreed on the background of the COVID-19 pandemic, which imposed, among other things, isolation at home, the number of reports of domestic violence increased considerably.

Due to the pandemic, many women have lost their jobs, and the economic problems faced by families have led to escalating acts of violence. The isolation of the victims together with the aggressor for a longer period also led to problems related to domestic violence. During the COVID-19 pandemic, social, legal and psychological information and counseling services were delivered and provided mainly online, or by telephone. Emergencies were managed through counselling and, depending on the nature of the case, directed to shelters for victims of violence.

To improve the quality of the victims’ lives, the following modalities were proposed by specialists: providing the necessary medical support; psychological counseling of victims with the help of the online environment until the end of the pandemic; informing the population about the existence of the Women’s Helpline which provides confidential information, support and understanding for victims of domestic violence; arranging protection and support centers for victims; training courses for staff working with victims of violence in the family, but also for the police; increasing the degree of responsibility of the central and local public administration.

Assistance and intervention in cases of domestic violence must be adapted to the specific situations in which the victim finds himself. Crisis support is needed followed by medium and long-term strategies. Shelters for women must be integrated into a preventive system of action and activities. Victims of domestic violence must be allowed to benefit from long-term therapy and support.

The role and presence of the social worker in schools, in hospitals should also be increased to manage these conflicts from an early stage and to prevent traumatic events for the victims. A beneficial solution for victims to receive the necessary help would be to empower family doctors to report cases of domestic violence.

Dissemination of information in the community regarding the services that can benefit victims of domestic violence and how they can be accessed is an important thing in preventing acts of domestic violence and not only, and in pandemic conditions online platforms and social networks are safer ways to disseminate information.

Conflict of interest

The authors declare that they have no conflict of interest.

Contribution of authors

The authors have equal contributions as the first author.

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