

Socioeconomic and Demographic Variables Associated with Self-Reported Domestic Violence During the "Stay At Home!" Mandate: A Cross-Sectional Study with a Sample of a University Community

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Abstract

This study aimed to estimate the frequency and identify socioeconomic and demographic variables associated with self-reporting of domestic violence during social distancing measures resulting from the COVID-19 pandemic in a university community. This is a cross-sectional study with an online convenience sample. Students, administrative assistants, and professors were eligible for the study. Participation consisted of answering a self-administered questionnaire with sociodemographic questions and experiences of the pandemic. Absolute and relative frequencies were calculated, and the proportions of categorical variables were compared using the chi-square test. Odds ratios were estimated via logistic regression to identify factors associated with self-reporting of domestic violence during social distancing. From July to August 2020, 2,629 participants responded to the questionnaire. Most were female (57%), single (67%), white (55%), and were up to 29 years of age (62%). Self-reported domestic violence was associated with elementary/high school education (AOR.: 2.80; 95% CI: 1.60 – 5.50), undergraduate level (AOR.: 2.20; 95% CI: 1.20 – 4 .40), female sex (AOR.: 1.60; 95% CI: 1.20 – 2.20), and single status (AOR.: 1.60; 95% CI: 1.10 – 2.40). Combating violence, especially against women, single and low educated people, must be constructed from intersectoral and networked basis, involving liberating actions, care, protection, psychosocial assistance, and professional training.

Keywords: Domestic Violence. Violence against Women. COVID-19 Pandemic. Social Distancing.

INTRODUCTION

On January 30, 2020, the World Health Organization (WHO) declared a Public Health Emergency of International Concern for the new SARS-CoV-2, which causes the COVID-19, which, due to its rapid spread across all continents¹, was characterized as a pandemic. Among the main measures to prevent the spread of this disease, social distancing

was adopted as a central recommendation in almost all countries, including Brazil, and proved to be effective in reducing the rates of new infections by the disease². However, such measures favored the increase and worsening of situations of domestic violence³.

Souza and Farias⁴ state that, in Brazil, the context of social isolation imposed by the CO-

VID-19 pandemic has contributed to the aggravation of an already existing social phenomenon, revealing the difficult reality that some Brazilian women are not safe inside their own homes. So, the slogan “*Stay at home!*” became paradoxical with the subsequent increase in cases of domestic violence during social distancing measures, whose perpetrators of this act of aggression found an environment to pressure, threaten, or control women in situations of violence⁵⁻⁷.

This context may be related to the increase in police records of domestic violence, taking China as example, records of this type of violence tripled during the pandemic⁸.

In Brazil, the number of calls reporting violence against women increased by 9% with social distancing and part of these reports were not materialized in police reports⁹. The Ministry of Women, Family, and Human Rights (MWFHR), in partnership with the National Ombudsman for Human Rights (NOHR), stated that, in the months of February, March, and April 2020, the number of complaints of domestic violence had increased by 14.12% compared to the same period in 2019¹⁰.

Media coverage and reports from organizations that tackle violence against women paint an alarming picture of increased reports

of violence during the COVID-19 pandemic¹¹. Tunisian researchers demonstrated that violence against women increased significantly during the “*Stay at Home!*” (from 4.4% to 14.8%), with psychological violence being the most frequent type of violence (96%)¹². The incidence of domestic violence is shaped by diverse factors in the social, economic, and cultural contexts, and extends to all demographic segments.

A bibliometric analysis suggested that age, marital status, education, poverty, family history of violence, among others, are implicated in domestic violence¹³. A study showed that young women and young adults, of reproductive age, with an active sex life, with primary education, single, having a monthly family income of less than R\$1,000.00, and those who had more than 3 children, suffered more violence in the pandemic¹⁴.

The influence of these variables on the incidence of domestic violence can have a significant impact at times like the pandemic. In view of this, the present study aimed to estimate the frequency of self-reports of domestic violence and to identify socioeconomic and demographic variables associated with these self-reports during social distancing measures due to COVID-19 in a university community.

METHODS

TYPE OF STUDY, POPULATION AND SAMPLING

This is a cross-sectional study with a convenience sample, obtained online, in a university community of a Brazilian federal public university. The study population, distributed across ten university campuses, was approximately 23,000 students (20,449 undergradua-

te students and 2,424 graduate students) and 3,300 civil servants (1,807 administrative assistants and 1,491 professors). The university population was in a regime of physical and social distancing, with emergency remote work and teaching (ERWT) due to the pandemic. Students enrolled in undergraduate or graduate courses, administrative assistants and pro-

fessors formally linked to the University, aged at least 18 years at the time of the survey, and who signed the Informed Consent Form (ICF) online were eligible for this research. The sample size was not determined a priori, but a period of 45 days was defined for data collection.

DATA COLLECTION

Data collection was performed online via self-administered electronic questionnaire. The questionnaire was prepared in Google Forms, which was made available on the Virtual Learning Environment (AVA), in Portuguese, in the Academic Management System (Siscad), on social media, and in the university newsletter. The questionnaire consisted of non-validated questions prepared by the researchers and questions obtained from other studies. The research was widely disseminated through social networks and within the university community. The electronic questionnaire was made available online for 45 days, from July 10 to August 24, 2020.

OUTCOME AND COVARIABLES OF INTEREST

The dependent variable was domestic violence during social distancing. Participants answered the following question: "During social distancing, have you suffered any type of violence (domestic, gender, psychological, verbal, etc.)?", with exhaustive and mutually exclusive response options (No /Yes). Schooling was indicated by respondents as the highest level completed among the options: Elementary School, High School, Undergraduate, Master's, Doctorate, and Post-Doctorate. Participants also answered questions such as gender, age, marital status, children, self-reported race/skin color, among others.

DATA ANALYSIS

Schooling was categorized into Elementary/High School, Undergraduate, and Graduate. The relative frequencies of responses to the dependent variable were calculated according to the categories of the independent variables. Relative frequencies were compared using the non-parametric Pearson Chi-Square test or, when indicated, using Fisher's exact test with an alpha of 0.05. The post-hoc sample power to test the hypothesis of association between domestic violence and schooling was 0.99, considering the degrees of freedom based on the categories of the dependent and independent variables and the significance level (alpha) of 0.05. To measure the association between the outcome and the independent variables, odds ratios (OR) and respective 95% confidence intervals (95% CI) were estimated via binary logistic regression. In order to obtain a parsimonious model, the variables age, race/skin color, children, and housing situation were not included in the final model, since they did not maintain statistically significant association with the outcome. The odds ratio of the effect of each independent variable was adjusted (AOR) by the other variables present in the model. The final model fit was evaluated using the Hosmer and Lemeshow test.

ETHICAL ASPECTS

The research project and the respective ICF were evaluated and approved by the National Commission of Ethics in Research (CONEP), CAAE: 30651820.4.0000.0008 and opinion no. 3.971.653/2020. The participants who agreed to answer the form registered an ICF and it was recommended that they download a .pdf form.

RESULTS

The final sample had 2,629 participants, after excluding duplicates, incomplete forms and unregistered ICF. The prevalence of self-reported domestic violence was 7.9%. The mean age of participants was 26.3 years (standard deviation [sd]=10.6 years), and most respondents were female (57%), self-declared white (55%), students (81.7%), single (67%), and 85.6% lived with someone (Table 1).

In the bivariate analysis, self-reported domestic violence was associated with the gender of the participants (p-value =0.003), age group (p-value <0.001), children (p-value <0.001), education level (p-value <0.001), marital status (p-value <0.001), and type of relationship with the university (p-value <0.001). There was no association with race/skin color (p-value=0.876) and housing status (0.879).

In the multivariate analysis, the general ef-

fects of the independent variables that maintained association with domestic violence were: education (X²= 11.71; gl.= 2; p-value=0.003), sex (X²= 9.29; gl.= 1; p-value=0.002), and marital status (X²= 6.470; gl.= 1; p-value=0.01). Compared to participants with graduate degree, the odds of reporting domestic violence among participants with elementary/high school education were 2.8 times greater (95%CI: 1.60 – 5.55) and, among those with undergraduate degree, were 2.17 times greater (95%CI: 1.56 – 4.36). Women were 1.6 times more likely (95%CI: 1.19 – 2.17) to report domestic violence during social isolation measures compared to men. Those who are single were 1.61 times more likely (95%CI: 1.13 – 2.35) to report domestic violence during social isolation due to COVID-19 than those who were married or in stable relationships (Table 2).

Table 1 - Profile and prevalence of reports of domestic violence in the university community sample during social isolation according to sociodemographic characteristics, July to August, Mato Grosso do Sul, 2020.

Characteristic	n (%)	Have you suffered any type of domestic violence?		p-value
		No	Yes	
Sex				
Female	1,498 (57.0)	1,358 (90.7)	140 (9.3)	0.002
Male	1,131 (43.0)	1,060 (93.9)	69 (6.1)	
Age (18 to 68 years old, median = 26.3 years old)				
Up to 29 years	1,628 (62.0)	1,467 (90.1)	161 (9.9)	<0.001
30 to 49	815 (31.0)	771 (94.6)	44 (5.4)	
≥50 years	184 (7.0)	180 (97.8)	4 (2.2)	
Race/Color				
White	1,447 (55.0)	1,333 (92.1)	114 (7.9)	0.876
Black/Brown	1,074 (40.9)	987 (92.1)	85 (7.9)	
Yellow/Indigenous	108 (4.1)	98 (90.7)	10 (9.3)	
Marital status				
Singles and the like	1,762 (67.0)	1,594 (90.5)	167 (9.5)	<0.001
Married and the like	867 (33.0)	824 (95.2)	42 (4.8)	

to be continued...

...continuation table 1

Characteristic	n (%)	Have you suffered any type of domestic violence?		p-value
		n (%)		
		No	Yes	
Children				
No	1,864 (70.9)	1,692 (90.8)	172 (9.2)	<0.001
Yes	765 (29.1)	726 (95.2)	37 (4.8)	
Education				
Elementary/High School	1,584 (60.3)	1,431 (90.3)	153 (9.7)	<0.001
Undergraduate	644 (24.5)	598 (93.1)	44 (6.9)	
Graduate	401 (15.3)	389 (97.0)	12 (3.0)	
Type of affiliation with the University				
Student	2,148 (81.7)	1,952 (90.9)	196 (9.1)	<0.001
Administrative assistant	288 (11.0)	186 (96.9)	6 (3.1)	
Professor	193 (7.3)	280 (97.6)	7 (2.4)	
You live:				
With others	2,250 (85.6)	2,068 (92.0)	181 (8.0)	<0.001
By myself	379 (14.4)	349 (92.6)	28 (7.4)	

Table 2 - Factors associated with reports of domestic violence during social isolation in a university community, Mato Grosso do Sul, 2020.

Factor	AOR (95% CI)	p-value
Sex		
Male	1.00	
Female	1.60 (1.19 - 2.17)	0.002
Education		
Elementary/High School	2.84 (1.59 - 5.55)	< 0.001
Undergraduate	2.17 (1.16 - 4.36)	0.021
Graduate	1.00	
Marital status		
Married	1.00	
Single	1.61 (1.13 - 2.35)	0.011

Hosmer and Lemeshow test: $X^2 = 2.7754$, p-value = 0.735

DISCUSSION

In the present study, sociodemographic variables associated with self-reported situations of domestic violence during the social distancing measures resulting from the COVID-19 pandemic were identified. The sample consisted predominantly of women (57%), students (81.7%), and singles individuals (67%). The

prevalence of self-reported domestic violence was 7.9%, which suggests a negative impact of social distancing measures. Organizations dedicated to tackling domestic violence have observed an increase in violence due to forced coexistence, economic stress, and fears about the coronavirus¹⁵. In this scenario, the pande-

mic may have enhanced and precipitated situations of domestic violence, when compared to the period prior to COVID-19¹⁶. It is likely that the pandemic has increased the time spent at home, increasing the possibilities of interpersonal tensions and, consequently, the chances of situations of violence¹⁵.

In Brazil, there was an increase in reports of violence against women during social distancing^{9,10}; however, the statistics on domestic violence during social isolation may have been underestimated, both due to the greater control exerted by perpetrators of violence within the household and due to changes and/or reduced availability of services, and fear of contagion in Police stations or other service centers that assist people in situations of violence.

The social phenomenon of gender makes female bodies objects of multiple violence, and the pandemic scenario has contributed to enhance such situations. In this study, it was demonstrated that self-reported situations of violence during the pandemic was associated with female sex, since women were 1.6 times more likely to report domestic violence, which is not new, but the COVID-19 pandemic has exacerbated this problem, reinforced by backward, misogynistic thought patterns, thus demanding new ways to address, in a fairer way, violence in the context of the pandemic¹⁶.

Marital status was also related to situations of domestic violence. Among singles, there was higher frequency of self-reported situations of domestic violence than among married individuals. For Moura, Neto, and Souza¹⁷, it is difficult to say that singles are really most affected, considering that married people, particularly women, may experience situations of domestic violence without reporting them, due to the dependency they may be subjected to with the violence perpetrator¹⁷.

The predominance of self-reported situations of domestic violence among participants with primary education level suggests social inequalities inflicted by education and that lead to social disadvantages, such as experiencing situations of violence. This may be related to the fact that people with less education have less access to information, less empowerment, and less knowledge about their rights¹⁸. However, it is not a direct relationship, as women from different social classes, with high or low education, can experience situations of violence¹⁸. Furthermore, the differences in education can have consequences for the employability and income of women who suffer violence, preventing them from leaving home despite suffering violence there.

University workers in the technical-administrative category had a higher frequency of self-reported domestic violence situations. A study by Salazar *et al.*¹⁹ showed that the highest stress scores during the pandemic were found among female technical-administrative workers. Although evidence regarding the impacts of isolation on domestic violence is incipient, news published in the media and reports from international organizations point to an increase in this type of violence²⁰.

Therefore, women, those who are single, and with less education more often report situations of domestic violence in Brazil. In the present study, the high frequency of self-reported domestic violence in these social groups, linked to the context of social isolation, can be explained by several factors, including the widening of men's scope for psychological manipulation of women and the long time spent in the same domestic environment, which may have become a trigger for violent actions and attitudes during the pandemic¹⁶.

These results corroborate the findings of other studies, such as the observations by Yohannes and collaborators²¹. For example,

women with primary education accounted for half of the people attended at the Police Station for Women's Affairs with complaints of domestic violence.

In the Brazilian context, unequal power relations between man and woman, education and occupation, associated with sociocultural pattern that trivializes machismo and oppression, make it difficult for women to recognize the different situations of violence they experience. The limitation in identifying situations of violence affects all classes and social segments; however, it penalizes more single women and those with lower level of education, and those who predominantly live in socioeconomic and/or emotional dependence on their spouse. However, younger single women have provoked a historical rupture that leads to structural questions between the sexes, which can trigger conflicting situations and culminate in various forms of violence²², which occur predominantly in a private environment.

Identifying socioeconomic and demographic variables associated with self-reported situations of domestic violence in times of crisis, such as the COVID-19 pandemic, is essential for devising strategies for coping with domestic violence, which can have several negative consequences for an individual in a situation of violence. The qualification of the

evidence allows for the promotion of health and well-being, including the more effective prevention of the various forms of violence, with focus on human rights.

The present study has a cross-sectional design, which does not allow for determining the causal direction; however, its objective was to identify variables associated with self-reported violence. From the perspective of multicausality, several factors can determine the occurrence of situations of domestic violence during times of crisis and, in this study, multiple factors were not explored, such as consumption of alcoholic beverages, drugs, prior mental health or that resulting from the pandemic, among others. The findings must be interpreted with caution despite the sample size and its representativeness in relation to the university community; which was proportionally similar to the population in different strata (gender, campus, type of affiliation with the university, level of education).

Finally, the comparisons of the present study results are limited by the lack of research and previous data on domestic violence in the studied population or in other university communities, and participants were not asked about earlier experiences of domestic violence, before the institution of the social isolation measures.

CONCLUSION

In the present study, socioeconomic and demographic variables associated with self-reported domestic violence during the social distancing measures due to the COVID-19 pandemic were identified. Being woman, single, and having elementary/high school or undergraduate education (compared to having graduate degree) independently increased the

chances of reporting domestic violence. The findings suggest that the public health emergency situation did not change the profile and determinants of domestic violence in the Brazilian scenario. The context of social isolation, by putting members of the household together for a long time and in the same home environment, may have created tensions and

triggers that prompted or increased the frequency of domestic violence.

It is concluded that the confrontation of domestic violence must be built from an intersectoral and network basis, involving emancipatory, care, and social protection actions, especially for single women with low education. Such measures must take into account the ex-

ceptional nature of times of crisis, expanding the offer of reporting devices and protection and assistance, considering that the situation may have been aggravated by the pandemic itself. Other determinants of domestic violence in contexts of public health emergencies must be taken into account, and future research may elucidate them.

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