








ORIGINAL

## Family functionality in women victims of domestic violence during COVID-19 times in areas of Lima

### Funcionalidad familiar en mujeres víctimas de violencia familiar en tiempos de COVID-19 en zonas de Lima

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#### ABSTRACT

**Introduction:** during the lockdown, many families have anticipated a situation that compromises their relationships, where communication within the home will play an important role in the family's emotional balance.

**Objective:** the objective of this study is to determine family functioning among women victims of domestic violence during the COVID-19 pandemic in areas of Lima.

**Results:** in the family communication dimension, we can observe that 737 (87 %) of the women victims of domestic violence have very low communication with other family members, 31 (6 %) have low family communication, 9 (2,9 %) have moderate family communication, 13 (3,9 %) have high family communication, and 4 (0,2 %) have very high family communication.

**Conclusions:** it is concluded that health services should be considered, where health professionals can identify situations of risk of domestic violence and how to prevent it.

**Keywords:** Mental Health; Domestic Violence; Pandemic; Coronavirus.

#### RESUMEN

**Introducción:** durante el confinamiento muchas de las familias se han previsto de una situación que compromete la relación de sus miembros, donde la comunicación dentro del hogar cumplirá un papel importante en el equilibrio emocional en la familia.

**Objetivo:** el objetivo del estudio es determinar la funcionalidad familiar en mujeres víctimas de violencia familiar en tiempos de COVID - 19 en zonas de Lima.

**Resultados:** en los resultados podemos observar en la dimensión comunicación familiar que, 737(87 %) de las mujeres víctimas de violencia familiar tienen muy baja comunicación con los demás miembros de la familia, 31(6 %) tienen una baja comunicación familiar, 9(2,9 %) tienen una moderada comunicación familiar, 13(3,9 %) tienen una alta comunicación familiar y 4(0,2 %) tienen muy alta comunicación familiar.

**Conclusiones:** se concluye que se debe tener en cuenta los servicios de salud, donde los profesionales de la salud puedan identificar situaciones de riesgo de violencia dentro del hogar y que puedan prevenirlo.

**Palabras clave:** Salud Mental; Violencia Domestica; Pandemia; Coronavirus.

## INTRODUCTION

Internationally, as lockdowns due to the coronavirus pandemic (COVID-19) are being lifted, it is expected that domestic and gender-based violence will increase considerably in the global population during these months, with the highest peaks occurring during the COVID-19 pandemic period.<sup>(1,2)</sup>

Likewise, as the coronavirus (COVID-19) pandemic intensifies in the country, many of its effects on people's mental health have attracted attention, leading to an increase in violence against women by their partners during the outbreak and quarantine due to COVID-19.<sup>(3)</sup> Therefore, these preventive measures have had a major impact on family dynamics, affecting family income, interpersonal relationships, well-being, and mental health.<sup>(4,5)</sup>

As a result, family support to cope with the COVID-19 crisis is inadequate, as the family structure in times of pandemic has been weakened by factors such as personal and social stress,<sup>(6)</sup> which has a major impact on families where fear and uncertainty about COVID-19 will trigger various forms of intra-family conflict.<sup>(7,8)</sup>

While it is true that social distancing and quarantine will reduce the spread of COVID-19, it also exposes dysfunctional families to physical, emotional, and economic hardship, leading to domestic violence that could result in permanent injury or death of the victim and their descendants,<sup>(9,10)</sup> and that the increase in domestic violence will continue for some time after a natural disaster that lasts for months.<sup>(11)</sup>

In a study conducted in Nigeria,<sup>(12)</sup> it was observed that intimate partner violence increased significantly in dysfunctional families and involved new types of violence during the COVID-19 lockdown, with more cases of physical, economic, psychological, and sexual violence, which were also related to economic stressors associated with COVID-19.

In a study conducted in Iran,<sup>(13)</sup> it was observed in 250 pregnant participants that 35,2 % of them had suffered domestic violence during the COVID-19 pandemic, including emotional violence (32 %), sexual violence (12,4 %), and physical violence (4,8 %).

In a study conducted in Ecuador,<sup>(14)</sup> it was found that domestic violence increased during lockdown and that unemployment, economic stress, and confinement exacerbated the tension that led to violence by partners.

Therefore, the objective of this research is to determine family functioning in women who are victims of domestic violence during COVID-19 in areas of Lima.

## METHOD

### Type of Research

The research is quantitative in nature, descriptive in methodology, non-experimental, cross-sectional.<sup>(15)</sup>

### Population

The total population consists of 794 women participating in areas of Lima.

### Inclusion criteria

- Women who have lived in the same locality for more than 3 years.
- Women who voluntarily participate in the study.
- Women who have signed the informed consent form.

### Technique and Instrument

The study technique is carried out using the FACES IV questionnaire or data collection instrument, which aims to measure family functioning in women who are victims of domestic violence during COVID-19 in areas of Lima.

Olson's FACES IV Scale: consisting of 62 items. The dimensions of family cohesion and family flexibility use six scales (balanced cohesion, balanced flexibility, entangled, detached, rigid, and chaotic). There are two balanced scales that assess balanced family cohesion and family flexibility. In addition, there are two unbalanced scales for cohesion, which are unconnected and entangled. And two unbalanced scales for flexibility, which are rigid and chaotic. In addition, FACES IV assesses family communication and satisfaction. Each scale consists of seven items, for a total of 42 items, which are scored on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) and can be answered by people over the age of 12. FACES IV also has 20 additional items, 10 of which assess family communication and the remaining 10 assess family satisfaction. Each balanced scale has three final values ranging from somewhat connected, connected, and very connected for the balanced cohesion scale and somewhat flexible, flexible, and very flexible for the balanced flexibility scale. Each unbalanced scale consists of five final values ranging from very low, low, moderate, high, and very high. Finally, the family

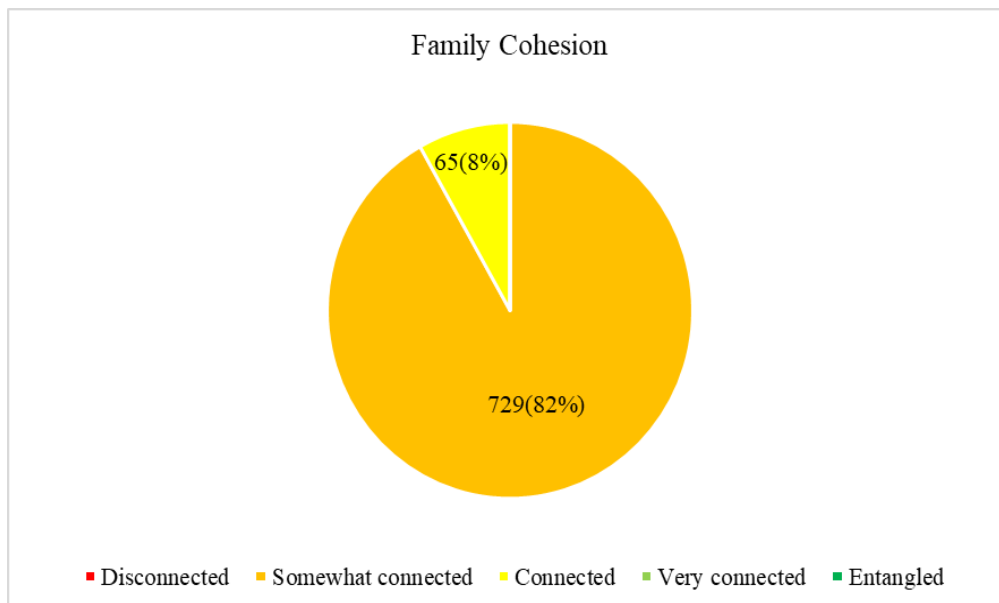
dynamics or general family functionality variable has three final values: balanced families, average families, and unbalanced families. This final assessment can be modified depending on how family dynamics vary.<sup>(16)</sup>

### Instrument location and application

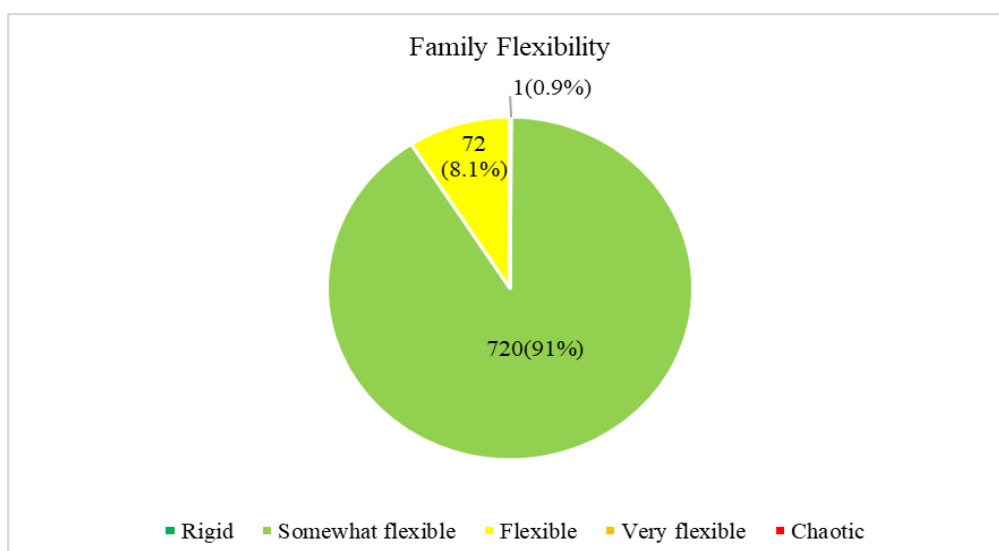
The survey conducted to measure functionality in women victims of domestic violence was carried out in different districts of Lima, such as Puente Piedra, Carabaylo, Comas, Los Olivos, San Martín de Porres, Independencia, Breña, and Santa Luzmila.

To begin data collection, coordination was carried out with each female member of the household in order to conduct the research and provide detailed information about the study so that they would be aware of what they would be doing when completing the survey.

## RESULTS



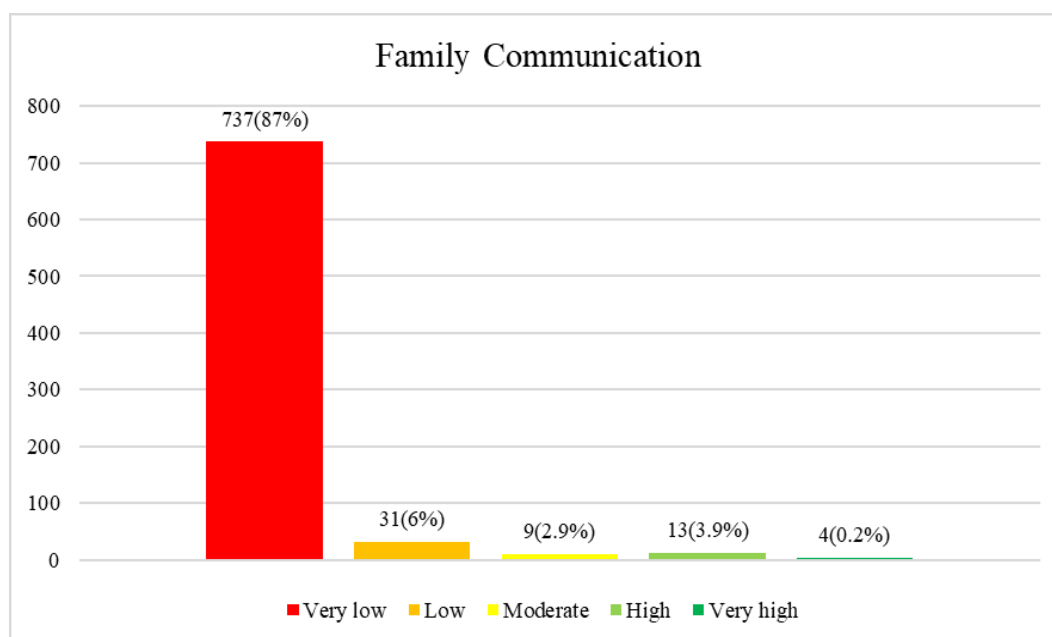
**Figure 1.** Family Functionality in its Family Cohesion dimension in women victims of domestic violence during COVID-19 in areas of Lima



**Figure 2.** Family Functionality in its dimension of Family Flexibility in women victims of domestic violence during COVID-19 in areas of Lima

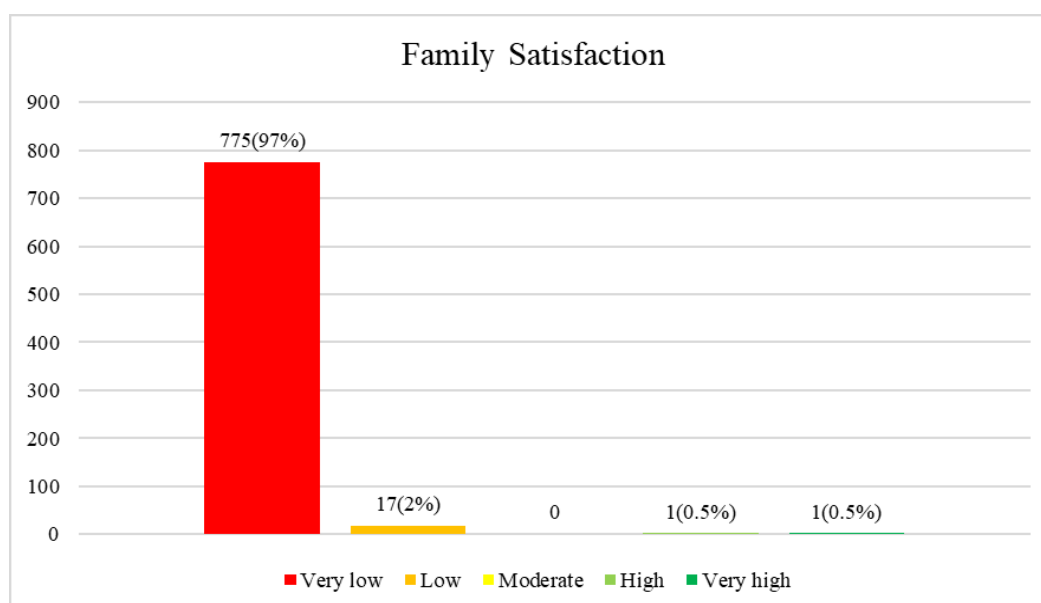
In figure 1, we can see that in the family cohesion dimension, 729 (82 %) women victims of domestic violence are somewhat connected to other family members, and 65 (8 %) women are connected to family members.

In figure 2, we can see in the family flexibility dimension that 1 (0,9 %) of women victims of domestic violence are rigid with other family members, 720 (91 %) of women are somewhat flexible with other family members, and 72 (8,1 %) of women are flexible with other family members.



**Figure 3.** Family Functionality in its Family Communication dimension in women victims of domestic violence during COVID-19 in areas of Lima

In figure 3, we can see in the family communication dimension that 737 (87 %) of women victims of domestic violence have very low communication with other family members, 31 (6 %) have low family communication, 9 (2,9 %) have moderate family communication, 13 (3,9 %) have high family communication, and 4 (0,2 %) have very high family communication.



**Figure 4.** Family Functionality in terms of Family Satisfaction among women victims of domestic violence during COVID-19 in areas of Lima

In figure 4, we can see in the family satisfaction dimension that 775 (97 %) of women victims of domestic violence have very low family satisfaction, 17 (2 %) have low family satisfaction, 1 (0,5 %) have high family satisfaction, and 1 (0,5 %) have very high family satisfaction.

## DISCUSSION

This research study looks at family and mental health in women who are victims of domestic violence in relation to family functioning.

The results show that women who are victims of domestic violence have very low family functioning in terms of its dimensions. This is due to the fact that since the lockdown caused by the COVID-19 pandemic, in many

households, family members have had the opportunity to interact with each other, but in some families, due to COVID and lockdown, this has only led to domestic violence in the home, especially violence by men towards their partners. This is because unemployment, stress within the home, and new rules inside and outside the home have led to more violence within the home. The authors mention that if the lockdown due to COVID-19 continues, cases of domestic violence will continue to increase, especially among couples, since factors such as changes in routine, stress, and feelings of fear caused by the pandemic have abruptly generated negative emotions, lack of income, debt, worries, unemployment, all of which cause conflict within the individual and also lead to violence within the home.<sup>(3)</sup> Other authors mention that domestic violence against women is due to a build-up of tension on the part of the partner, and that without the necessary income to support the family, they tend to experience negative emotions, where insults, shouting, and arguments with their partner generate an impulse that leads to violence against their partner.<sup>(13)</sup>

## CONCLUSIONS

It is concluded that strategies to prevent violence during and after the COVID-19 pandemic should be sought and information disseminated so that the majority of the population can be educated.

It is concluded that the population should be made aware of the prevention of violence within the home, whether on social media, in the community, or through advertisements that guide the population on how to prevent violence.

It is concluded that health services should be taken into account, where health professionals can identify situations of risk of violence within the home and prevent it.

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#### CONFLICT OF INTEREST

None.

#### FINANCING

None.

#### AUTHORSHIP CONTRIBUTION

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