



DETERMINING THE ATTITUDES TOWARDS INTIMATE PARTNER VIOLENCE, GENERALIZED ANXIETY AND INFLUENCING FACTORS DURING THE QUARANTINE PROCESS DUE TO COVID-19 PANDEMIC

COVID-19 NEDENİYLE YAŞANAN KARANTİNA SÜRECİNDE YAKIN İLİŞKİLERDE ŞİDDETE YÖNELİK TUTUMUN, YAYGIN ANKSİYETENİN VE ETKİLEYEN FAKTÖRLERİN BELİRLENMESİ

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ABSTRACT

Objective: This study was conducted to determine the attitudes towards intimate partner violence, generalized anxiety and the factors affecting them during the quarantine process due to COVID-19 pandemic.

Method: This study was designed as a descriptive, cross-sectional study. The study data were collected between the April 1, 2020 and the May 31, 2020 from 557 participants. The survey questions in the study were created as an online survey via Google Form and sent to the participants' social media addresses. The study data were collected using the Personal Information Form, Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale.

Results: Of the participants, 43.8% experienced economic difficulties due to the epidemic, 54.3% stated that their family relations were adversely affected during the pandemic, 44.7% quarreled with other members of the family more at home during the pandemic, 26.5% stated that quarrels during the quarantine became intensified. In this study, the mean scores obtained from the Partner Violence Attitude Scale were low (35.19±8.93). The mean scores obtained from the Generalized Anxiety Disorder Scale were moderate (7.40±5.27). A positive relationship determined between the mean scores obtained from the Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale ($p<0.05$).

Conclusion: It was determined that the participants were not prone to perpetrating violence, that their anxiety level was moderate and that their tendency to perpetrate violence increased as their anxiety levels increased. Even in a world without quarantine, it is very difficult for individuals to talk about domestic violence or to try to get help in this matter, and this becomes even more difficult during quarantine. Therefore, especially in quarantine periods, it is recommended that the society should be educated if violence is to be prevented, families should be provided with psychological support, and families having economic difficulties should be provided with financial support.

Key Words: Intimate Partner Violence, Anxiety, COVID-19 Pandemic, Exposure to Violence

ÖZ

Amaç: Bu araştırma COVID-19 nedeniyle yaşanan karantina sürecinde yakın ilişkilerde şiddete yönelik tutumunun, yaygın anksiyetenin ve bunları etkileyen faktörlerin belirlenmesi amacıyla yapıldı.

Yöntem: Tanımlayıcı ve kesitsel olarak planlanan araştırmanın verileri Türkiye'de evde kalmanın zorunlu olduğu 1 Nisan 2020 ile 31 Mayıs 2020 tarihleri arasında 557 katılımcıdan toplandı. Araştırmadaki anket soruları Google Form aracılığıyla online anket olarak oluşturuldu ve katılımcılara sosyal medya üzerinden gönderildi. Araştırma verilerinin toplanmasında Kişisel Bilgi Formu, Yakın İlişkilerde Şiddete Yönelik Tutum Ölçeği ve Yaygın Anksiyete Bozukluğu Ölçeği kullanıldı.

Bulgular: Katılımcıların %43.8'i salgın nedeniyle ekonomik sıkıntı yaşadığını, %54.3'ü salgın sürecinde aile içi ilişkilerinin etkilendiğini, %44.7'si salgın sürecinde ev içinde tartışma yaşadığını, %26.5'i karantinada tartışmalarının şiddetlendiğini ifade ettiler. Çalışmada katılımcıların Yakın İlişkilerde Şiddete Yönelik Tutum puan ortalaması düşük bulundu (35.19±8.93). Katılımcıların Yaygın Anksiyete Bozukluğu puan ortalamasının orta düzeyde olduğu belirlendi (7.40±5.27). Katılımcıların karantina sürecinde yakın ilişkilerde şiddete yönelik tutumu ile anksiyete bozukluğu arasında pozitif yönlü bir ilişki olduğu bulundu ($p<0.05$).

Sonuç: Katılımcıların şiddete eğilimli olmadığı, anksiyetelerinin orta düzeyde olduğu ve anksiyete düzeyi arttıkça şiddete eğilimin arttığı belirlendi. Karantina öncesinde yaşanan ve çözümlenemeyen sorunların bu stresli dönemde ortaya çıkması ve aile içi ilişkileri olumsuz etkilemesi muhtemeldir. Bu nedenle karantina dönemlerinde şiddeti önlemek için toplumun eğitilmesi, ailelere psikolojik destek verilmesi, ekonomik sıkıntı yaşayan ailelere maddi destek sağlanması faydalı olabilir.

Anahtar Kelimeler: Yakın Partner Şiddeti, Anksiyete, COVID-19 Pandemisi, Şiddete Maruz Kalma

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INTRODUCTION

Intimate partner violence (IPV) is a widespread, serious and preventable public health problem worldwide [1]. Intimate partner violence is defined as physical or sexual violence, harassment, psychological aggression, and threats towards those in the relationship. Intimate partner violence has long-lasting devastating effects on the health and the quality of life of victims of violence and their families. The victims of violence suffer from many physical (cardiovascular disease, chronic pain, eating disorders, gastrointestinal disorder, sexually transmitted infections) and mental (post-traumatic stress disorder, alcohol and substance abuse) health problems [2]. In addition, the risk of developing mental and behavioral health problems increases in people who have been exposed to violence [3].

In general, a person's exposure to domestic violence increases their likelihood of perpetrating violence in their future relationships. In the literature, it has been investigated whether individual, psychological and social factors may have an effect on a person's perpetrating violence immediately [4]. These factors are now even more important due to the COVID-19 pandemic-related social and psychological distress we suffer. Stay-at-home policies are widely used to reduce the impact of the COVID-19 virus. Since March 2020, it is estimated that in 142 countries worldwide, at least three billion people have been required to stay at home [5]. Scientists and international organizations argue that stay-at-home policies will increase intimate partner violence against women [4,6–8]. As people stay at home, they stay in close contact with the other members of their families and thus they have to spend more time with each other [9]. What is more, the economic crisis caused by the emergence of COVID-19 deteriorates their livelihoods [10]. Difficulty in accessing basic needs exacerbates the impact of stress in families. Therefore, constant stay at home in quarantine due to COVID-19 pandemic becomes a very dangerous situation for victims of domestic violence. Perpetrators of intimate partner violence may also restrict their family members' access to money- or health-related items, such as hand sanitizer, soap, medicine, and healthcare [11]. The disruption of social and protective networks due to coronavirus pandemic can worsen the consequences of violence. During this process, women's contact with family members and friends who protect and support them against violence decreases. Perpetrators can restrict a victim's opportunity to access any of the formal or informal networks from which they receive psychosocial support [11,12]. Desperate women who do not even have life safety and who are not allowed to access anything in the quarantine process need help and support. In this process, it is very important to determine people's attitudes towards violence because the relationship between attitudes towards physical aggression and the perpetration of such aggression is clearly stated in the literature [13,14]. In addition, among the measures to be taken to prevent violence, determining people's attitudes towards violence takes the lead [15]. Especially if violence is to be prevented before it occurs, people's attitudes towards violence in that society should be determined first. People who display violence supportive attitudes and are prone to perpetrate violence should be monitored more closely.

In the literature, individuals with mental disorders are reported to be more prone to perpetrating domestic violence [16]. The probability of domestic violence in the families of individuals with depressive disorder, anxiety disorder, alcoholism, drug use, and personality disorders is higher [17,18]. Acute stress disorder, post-traumatic stress disorder, major depression, generalized anxiety disorder, and adjustment disorder are mental disorders commonly observed during quarantine periods [19,20].

It is well known that in the quarantine process due to COVID-19 pandemic, the tendency to violence [12,18] and anxiety disorder [21] increase in individuals faced with situations such as managing the fear of illness, restructuring the regular home routine, spending more time with the spouse and being isolated from other people outside the home. Accordingly, given the relationship between the tendency to violence

and anxiety disorder, the increase in both the tendency to violence and the anxiety disorder during the quarantine period reveals the necessity of investigating these parameters in particular. Therefore, the present study was conducted to determine attitudes towards intimate partner violence, generalized anxiety and the factors affecting them during the quarantine process due to COVID-19 pandemic.

METHOD

Study Design and Setting

In this study, a descriptive, cross-sectional, correlational design was used to identify attitudes towards IPV, generalized anxiety, and the factors affecting them during the quarantine process due to the COVID-19 pandemic. The study was conducted between April 9, 2020, and May 31, 2020, when staying at home was mandatory in Turkey.

Participants

In the present study, due to the difficulty of reaching people in the COVID-19 pandemic, the snowball-sampling method was used in order that the surveys could be delivered easily. Data collection forms which were prepared with GoogleDocs program were sent online to Turkish citizens and they were asked to fill in the forms and to share them with people around. The inclusion criteria of the study were as follows: being over the age of 18 years, having a spouse / partner currently and being able to read and understand Turkish. Announcements were made to the participants online through Instagram, WhatsApp, Facebook to share information. An online consent was obtained from the participants, indicating that they were women and that they agreed to participate in the study, before responding to the form. Of them, 557 who answered the questionnaires were included in the study.

Data Collection

The data was collected between April 9, 2020, and May 31, 2020, when staying at home was mandatory in Turkey. In the present study, the researchers sent the questionnaire link, via WhatsApp groups, Facebook groups, and other social media. The participants were directed to the survey link through Google form and were asked to respond to the questionnaire only once, and voluntarily and anonymously. Before all participants participated in the study, their e-mail addresses were obtained. While creating the form of the study in GoogleDocs, the "Limit to 1 answer" option was enabled in the settings tab. In order for the participants to respond to the form, they were allowed to log in to Google with their own account. Thanks to all these measures, giving multiple responses to the form was prevented. It was also confirmed that the participants were human (not robots). During the data collection process, confidentiality of the participants' personal data was secured.

Data Collection Tool

Tools used to collect the study data were as follows: The Personal Information Form, Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale.

Personal Information Form: The form consists of 21 items questioning the participants' sociodemographic characteristics such as age, education level, income level etc., and their status of experiencing violence during the quarantine process. The participants were also asked two open-ended questions: "In your opinion, what can be done to prevent domestic violence during the quarantine process?" and "In your opinion, how can people who are exposed to violence during the quarantine process be helped?" [15,22].

Intimate Partner Violence Attitude Scale (IPVAS): The scale developed by Fincham et al. [22] was adapted to Turkish in 2017 by Toplu Demirtas et al. [15]. The scale which includes three sub-dimensions (violence, control and abuse), and 17 items are used to measure people's attitudes towards physical and emotional violence.

The responses given to the items are rated on a 5-point Likert type scale. The minimum and maximum possible scores to be obtained from the scale are 17 and 85 respectively. High scores obtained from the scale indicate that the person displays attitudes in favor of violence and are prone to perpetrate violence. The Cronbach's alpha value of the scale was 0.72 in Toplu Demirtas et al.'s study [15] and 0.79 in the present study.

Generalized Anxiety Disorder Scale (GADS): The 7-item self-rated scale developed by Spitzer et al. [23] is used to assess generalized anxiety disorder. The responses given to the items are rated on a 4-point Likert type scale. The lowest and highest possible scores to be obtained from the overall scale are 0 and 21 respectively. The cut-off points for mild, moderate, and severe anxiety are 5, 10, and 15 respectively. People with a total score of ≥ 10 should be investigated whether they suffer from anxiety. The scale was adapted to Turkish by Konkan et al. in 2013 [24]. The Cronbach's alpha value of the scale was 0.85 in Konkan et al.'s study [24] and 0.93 in the present study.

Ethical Consideration and Approvals

The study was conducted in accordance with the Declaration of Helsinki. Before we started to conduct the study, an approval was obtained from the Scientific Research Center of the Ministry of Health. The ethics committee approval was obtained from Erzincan Binali Yildirim University Human Research Ethics Committee [Approval number: 44495147-50.01.04-E.23218, Date of approval: June 30, 2020]. Respondents were asked to log in to a link to declare that they volunteered to participate in the study before responding to the survey items. After the participants logged in to the link, they were directed to the research questions. All respondents provided electronic informed consent.

Data Analyses

Statistical analysis was performed using the Statistics for IBM SPSS for Windows (SPSS Statistics Base v23; IBM). According to the statistical analysis, the data were normally distributed, since the skewness and kurtosis values for the two scales used in the study were in the range of -1 and +1 [25]. The independent sample t test and One-way ANOVA test were used to compare sociodemographic data with normal distribution, and Pearson correlation analysis was used to assess the correlation between the scales. The data were expressed as arithmetic mean, standard deviation and percentage. Cronbach's coefficients (for the internal consistency of scale items) were used to analyze the data. p-values less than 0.05 were considered statistically significant.

RESULTS

Participants' characteristics

The mean age of 557 people (514 (92.2%) women, 43 (7.8%) men) participating in our study was 30.98 ± 5.95 years. They were in the age group of min 19- max 57 years. Of the participants, 91.6% lived in a city center, 17.5% did not have an income, 80.5% did not have a chronic disease, 43.8% experienced economic difficulties due to the pandemic, 66.9% had hard time due to staying at home constantly, 54.3% stated that their family relations were adversely affected during the pandemic, 44.7% quarreled with other members of the family more at home during the pandemic, 44.2% mostly quarreled with their spouses, 38.7% stated that staying at home continuously during the pandemic process triggered violence, and 22% were subjected to violence during the quarantine process. The most common type of violence they were exposed to was psychological violence (12.8%). The socio-demographic characteristics of the people participating in the study are shown in Table 1.

Participants' suggestions to prevent domestic violence

Of the participants, 78% recommended that psychological support should be given regularly on televisions, 90% recommended that the state should provide financial aid more, 45% recommended that

Table 1. Sociodemographic characteristics of the participants (n= 557)

| Sociodemographic characteristics | n | % |
|---|-----|-------|
| Gender | | |
| Women | 514 | 92.2 |
| Man | 43 | 7.8 |
| Place of residence | | |
| Urban area | 510 | 91.6% |
| Rural area (village, town) | 47 | 8.4% |
| Income (\$) | | |
| Hunger threshold or below (\$ <324) | 233 | 41.8% |
| Between hunger and poverty thresholds (\$ 324-1057) | 292 | 52.5% |
| Poverty threshold or above (\$ >1057) | 32 | 5.6% |
| Have you had economic difficulties in quarantine? | | |
| Yes | 244 | 43.8% |
| No | 313 | 56.2% |
| Have you had difficulties staying at home in quarantine? | | |
| Yes | 372 | 66.9% |
| No | 185 | 33.1% |
| Has the quarantine changed your perspective of life? | | |
| Yes | 303 | 54.5% |
| No | 54 | 9.7% |
| Partly | 200 | 35.8% |
| Has the quarantine affected your family (domestic) relationships? | | |
| Yes | 302 | 54.3% |
| No | 255 | 45.7% |
| Have you ever been subjected to violence during the quarantine process? | | |
| Yes | 122 | 22.8% |
| No | 435 | 78.0% |
| What kind of violence were you subjected to in quarantine? (n=122) | | |
| Physical violence | 11 | 2.1% |
| Psychological violence | 69 | 12.8% |
| Economic violence | 31 | 5.8% |
| Sexual violence | 11 | 2.1% |
| Have you had quarrels at home in quarantine? | | |
| Yes | 249 | 44.7% |
| No | 308 | 55.3% |
| Do you think that quarantine is dealt with strongly and effectively enough? | | |
| Yes | 23 | 4.3% |
| No | 249 | 44.6% |
| I have no idea | 285 | 51.2% |
| Do you think experiencing economic difficulties during the quarantine process causes violence? | | |
| Yes | 246 | 44.2% |
| No | 57 | 10.3% |
| Partly | 254 | 45.5% |

%; Column percentage

spouses should be referred to online family therapists to cope with communication problems, 40% recommended that people should be encouraged to perform individual activities at home and 35% recommended that everyone should assume responsibility of doing household chores (Table 1).

Participants' recommendations regarding the assistance that can be provided to people who are exposed to violence during the quarantine process

Of the participants, 80% recommended that victims should not stay in the same environment with the perpetrator of violence, 70% recommended that psychological support should be provided to the perpetrator, 51% recommended that victims should have an emergency button to alert emergency personnel, 20% recommended that perpetrators should be punished by making them work in the departments where patients with COVID-19 are treated in the hospital, and 40% stated that victims could not be helped after violence is perpetrated (Table 1).

The mean scores obtained from the intimate partner violence attitude scale (IPVAS) and generalized anxiety disorder scale (GADS) and their subscales

The analysis of the mean scores obtained from the IPVAS demonstrated that the mean score the participants obtained from the attitudes towards violence was low (35.19±8.93 Min: 17.0; Max: 66.0). On the other hand, the analysis of the mean scores obtained from the GADS indicated that the participants' anxiety levels were moderate (7.40±5.27 Min: 0.0; Max: 21.0) (Table 2).

Table 2. Mean scores obtained from the Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale and their subscales (n=557)

| Scores | Min | Max | Mean | SD |
|---|-------|-------|-------|------|
| Total score of IPVAS | 17.00 | 66.00 | 35.19 | 8.93 |
| Total score of GADS | 0.00 | 21.00 | 7.40 | 5.27 |
| Attitude towards physical violence | 4.00 | 20.00 | 7.07 | 4.78 |
| Attitude towards psychological violence | 13.00 | 49.00 | 28.11 | 6.32 |

Min; Minimum, Max; Maximum, SD; Standard deviation, IPVAS; Intimate Partner Violence Attitude Scale, GADS; Generalized Anxiety Disorder Scale

The factors affecting the attitudes towards intimate partner violence during the quarantine process

There was a significant difference between male and female participants in our study in terms of their attitudes towards violence (t=-5.032, p=0.000). The place of residence (t=-0.264, p=0.792), economic difficulties (t=1.375, p=0.170), difficulties due to staying at home during the quarantine process (t=1.369, p=0.171) did not change the participants' attitudes towards violence in the quarantine process. Attitudes displayed by the participants whose family relationships were adversely affected during the quarantine process towards violence significantly changed for the worse compared to those whose family relationships were not affected (t=2.226, p=0.026) (Table 3).

The factors affecting generalized anxiety disorder during the quarantine process

There was a significant difference between male and female participants in our study in terms of having the generalized anxiety disorder (t=3.273, p=0.001). Of the participants, those who experienced economic difficulties during the quarantine process, who had difficulty staying at home, whose domestic relationships were affected, who had quarrels at home, and who were exposed to violence obtained significantly higher scores from the Generalized Anxiety Disorder Scale (p<0.05) (Table 3).

Table 3. Factors affecting intimate partner attitude towards the Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale and their subscales (n=557)

| Features | IPVAS | | | GADS |
|--|------------------------------------|---|---------------------------------|--------------|
| | Attitude towards physical violence | Attitude towards psychological violence | Attitude towards violence-Total | Total score |
| Gender | | | | |
| Women (514) | 6.87±4.65 | 27.72±6.29 | 34.60±8.85 | 7.63±5.26 |
| Men (43) | 9.27±5.68 | 32.32±5.02 | 41.60±7.14 | 4.90±4.77 |
| t test | -3.178 | -5.609 | -5.032 | 3.273 |
| p value | 0.000 | 0.000 | 0.000 | 0.001 |
| Place of residence | | | | |
| Urban area (510) | 7.01±4.71 | 28.14±6.39 | 35.15±8.92 | 7.47±5.30 |
| Rural area (47) | 7.72±5.51 | 27.81±5.53 | 35.53±9.18 | 6.58±4.88 |
| t test | -0.920 | 0.324 | -0.264 | 1.146 |
| p value | 0.358 | 0.746 | 0.792 | 0.257 |
| Having economic difficulties in quarantine | | | | |
| Yes (244) | 7.50±5.27 | 28.30±6.73 | 35.50±9.81 | 8.52±5.49 |
| No (313) | 6.74±4.34 | 27.96±5.99 | 34.71±8.17 | 6.52±4.93 |
| t test | 1.736 | 0.599 | 1.344 | 4.335 |
| p value | 0.083 | 0.550 | 0.180 | 0.000 |
| Having difficulties staying at home in quarantine | | | | |
| Yes (372) | 7.20±4.99 | 28.36±6.27 | 35.56±8.98 | 8.30±5.32 |
| No (185) | 6.81±4.33 | 27.61±6.41 | 34.42±8.80 | 5.58±4.69 |
| t test | 0.886 | 1.264 | 1.369 | 5.891 |
| p value | 0.376 | 0.207 | 0.171 | 0.000 |
| Has the quarantine affected your family (domestic) relationships? | | | | |
| Yes (302) | 7.41±5.15 | 28.58±6.29 | 35.99±9.15 | 8.79±5.17 |
| No (255) | 6.68±4.29 | 27.05±6.32 | 34.23±8.59 | 5.75±4.91 |
| t test | 1.756 | 1.932 | 2.226 | 6.803 |
| p value | 0.080 | 0.048 | 0.026 | 0.000 |
| Have you had quarrels at home in quarantine? | | | | |
| Yes (249) | 7.19±4.98 | 28.43±6.16 | 35.62±8.86 | 9.37±5.27 |
| No (308) | 6.98±4.62 | 27.85±6.44 | 34.83±8.99 | 5.80±4.71 |
| t test | 0.483 | 1.039 | 0.994 | 8.077 |
| p value | 0.629 | 0.299 | 0.321 | 0.000 |
| Have you ever been subjected to violence during the quarantine process? | | | | |
| Yes (122) | 7.88±5.54 | 29.85±6.53 | 37.73±9.42 | 10.73±5.16 |
| No (435) | 6.87±4.56 | 27.67±6.19 | 34.55±8.70 | 6.56±4.97 |
| t test | 1.918 | 3.153 | 3.113 | 7.551 |
| p value | 0.050 | 0.002 | 0.002 | 0.000 |

The relationship between the intimate partner violence attitude scale and generalized anxiety disorder scale during the quarantine process

In our study, a weak positive relationship was determined between the mean scores obtained from the Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale (intimate partner violence and generalized anxiety disorder) during the quarantine process ($r=0.116$, $p=0.008$) (Table 4).

Table 4. Relationship between the Intimate Partner Violence Attitude Scale and Generalized Anxiety Disorder Scale and their subscales (n=557)

| Total score of GADS | r | Total score of IPVAS | Attitude towards physical violence | Attitude towards psychological violence |
|---------------------|---|----------------------|------------------------------------|---|
| | | 0.516 | 0.634 | 0.558 |
| | p | 0.008 | 0.000 | 0.000 |

IPVAS; Intimate Partner Violence Attitude Scale, GADS; Generalized Anxiety Disorder Scale, r; Pearson correlation coefficient, $p<0.05$.

DISCUSSION

The present study was aimed at determining the attitudes towards intimate partner violence, generalized anxiety and influencing factors during the quarantine process due to COVID-19 pandemic. The data obtained was discussed in the light of the pertinent literature. The analysis of the scores the participants obtained from the IPVAS revealed that their scores for attitude towards violence were low (35.19 ± 8.93). The low score on the scale indicates that the attitude towards violence is unfavorable, which indicates that the participants were not prone to perpetrating violence and did not support violence. The fact that most of the participants in our study were women may have produced such a result. The analysis of the scores the participants obtained from the GADS revealed that their anxiety level was moderate (7.40 ± 5.27). In the present study, it was also determined that as the participants' anxiety level increased, so did their tendency to violence ($p<0.05$).

Violence has a synergistic effect on depressive symptoms in an environment of health, economic and social crisis created by the COVID-19 pandemic. Studies show that domestic violence increases after emergencies, and natural disasters such as forest fires, earthquakes and hurricanes [26,27]. Based on these results, that domestic violence increased during the COVID-19 epidemic is an inevitable reality. In the literature, it is stated that during the pandemic period, an individual's increased stress due to the fear of getting sick, the emergence of a sense of uncertainty about the future, the existence of social restrictions, the emergence of economic problems, and the more consumption of alcoholic beverages and other psychoactive substances increase tendency to violence [8,18]. Bradbury-Jones and Isham [2020] envisaged that the emergence of the COVID-19 global crisis would increase exposure to stress, which would increase partner violence all over the United States [8]. In addition, the experts estimate that the 6-month COVID-19 quarantine process will add new cases of violence to the existing partner violence cases [28]. For instance, according to Turkey's State, Democracy and Security Report during and after COVID-19 outbreak, people's staying at home voluntarily or by order in Turkey and in the other countries of the world has caused an increase in domestic violence cases [29]. In China, reports of domestic violence cases to police departments in February in 2020 were three times higher than were those in the same period in the previous year [28]. In a study conducted in New Orleans, 88% of the participants felt tense and stressed, and 95% were worried about the ongoing effects of COVID-19. In the same study, it was determined that those who had been exposed to domestic violence before the COVID-19 outbreak were exposed to violence more during the

COVID-19 quarantine process [30]. Of those who are exposed to violence, most are women.

It is very important that the attitude of men towards violence during the quarantine period should be determined, and the state should develop an application on this issue.

It has been determined that men are more prone to perpetrating violence during the quarantine period than are women ($p<0.05$). Given gender roles in our country, Turkey, men think that they are dominant in family relationships, and thus they are to assume the breadwinning and protecting roles [31]. During the COVID-19 pandemic, men's spending relatively more time at home, the emergence of existing social and economic problems, anxiety for the future, and though partly, loss of bread winning and protecting roles have caused them to display a favorable attitude towards violence [30,32]. According to the study conducted by Sevim and Ates (2015), men approach towards violence more moderately than do women, advocate justifications for violence and point out that women are the source of violence against women [33]. Taking all these into account, it can be suggested that men are more prone to perpetrating violence due to their natural traits and pandemic process-induced problems.

In this period, it was determined that generalized anxiety disorder was more widespread in women than in men ($p<0.05$). After the first cases of COVID-19 were identified in Turkey, the daily life practices of families suddenly changed as it was decided to suspend education in schools on March 16, 2020, and mothers, considered to be primarily responsible for the care of their children in the context of gender roles, took part in the "Stay At Home" process with their children. During the quarantine period, women were faced with many issues such as taking care of their children's lessons, homework and activities within the scope of distance education, having to do housework alone that they could get help from in their normal routine, and efforts to maintain hygiene more and more carefully increased their workload. The increased responsibilities of being at home and the efforts to meet the needs of family members cause women to be at greater risk for mental health problems. [34]. In addition, during the COVID-19 pandemic, women who face situations such as managing the fear of disease, reorganizing the regular home routine, spending more time with the partner, and being isolated from other people outside the home suffer stress [35]. According to Keeter's study (2020), the COVID-19 quarantine period caused women to suffer from stress, distress and nervousness more than men [36]. All these findings suggest that it is inevitable for women with increased responsibilities at home, and restricted social life to experience anxiety disorders more.

It was determined that those who experienced economic difficulties and those who had difficulty staying at home during the quarantine period had more anxiety disorders ($p<0.05$). Worldwide, a great number of countries have taken social and economic restraint measures to prevent the spread of the SARS-CoV-2 virus [4,18]. These sudden changes in people's social lives and livelihoods have caused people to suffer high levels of stress all over the world [37]. In Keeter's study (2020), households who lost jobs or income because of the COVID-19 outbreak and those who perceived the pandemic as economically problematic were determined to have high levels of stress [36]. This finding suggests that an increase in the anxiety levels of individuals who are isolated from social life and have financial difficulties is an expected result.

Those whose family relationships were affected and those who had quarrels at home were determined to have higher anxiety levels ($p<0.05$). Although quarantines are an effective measure of infection control, they can lead to serious social, economic and psychological consequences [6]. In quarantine periods, social isolation and social distancing, deprivation of basic livelihoods and health services due to economic problems, intense emotions such as stress, disappointment and anger change the dynamics of intra-family relationships and accelerate conflict and disharmony between couples [9]. While some individuals display an attitude contributing to the solution of the

problem calmly, other individuals who do not know what to do when they face a problem resort to struggling with problems and have trouble such as stress and depression [38]. Therefore, it is thought that due to the process experienced during the COVID-19 pandemic period, the participants' family relationships deteriorated, they had domestic quarrels more, and they experienced anxiety disorders because they were not able to cope with the stress caused by this situation.

Those who were exposed to violence were determined to be more prone to perpetrating violence and to suffer anxiety disorders more than those who were not ($p < 0.05$). Exposure to violence is a serious mental trauma. It has been reported that among those who have been subjected to domestic violence, depression is 4-5 times more common and the risk of suffering from chronic depression and committing suicide is higher [39]. It has also been stated that those who are exposed to violence experience feelings of anger, helplessness and hopelessness frequently [40]. Violence is a learned behavior. A person learns to perpetrate violence as he or she is exposed to violence. From this perspective, it is expected that exposure to violence during the quarantine period, as in any period of life, causes anxiety disorders in individuals and increases their tendency to violence.

Limitations of the study

The results obtained from this study are applicable only to people surveyed and cannot be generalized to people in all the provinces of Turkey, which is one of the limitations of the study. Another limitation of the study is that most men refuse to participate in the study.

CONCLUSION

In the present study, conducted to determine attitudes towards intimate partner violence, generalized anxiety and the affecting factors during the COVID-19 quarantine process, it was determined that the participants were not prone to perpetrating violence, that their anxiety level was moderate and that their tendency to perpetrate violence increased as their anxiety levels increased. In conclusion, violence, a phenomenon that is as old as human history, is constantly on the agenda both in our country, Turkey, and in the other countries of the world. It is possible for problems experienced before quarantine and were not solved to emerge during this stressful period and to affect family relations adversely. Even in a world without quarantine, it is very difficult for individuals to talk about domestic violence or to try to get help in this matter, and this becomes even more difficult during quarantine. Therefore, especially in quarantine periods, it is recommended that the society should be educated if violence is to be prevented, families should be provided with psychological support by psychologists on television, and families having economic difficulties should be provided with financial support. It is also recommended that future studies should be conducted in a larger population including a large number of male participants.

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