Family Process and Domestic Violence among Iranian Families during COVID-19 Outbreak: A Cross-sectional Study

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Abstract

Aim: This study aimed to investigate the relationship between Covid-19 Outcomes with family processes and domestic violence. **Methods:** The present research method is cross-sectional. The statistical population of this research included participants aged 65-16 living in cities of Iran in 2019. 937 participants were recruited through available and snowball sampling and completed the questionnaires. The instruments used in this research were: Demographic information questionnaire, HITS(Hurt-Insult-Threaten-Scream) Screening Tool(Sherin et al., 1998), and Family Process Self-Reporting Scale. Data analysis was performed using a one-way analysis of variance and Bonferroni post hoc test in SPSS-25 software. **Results:** The results indicated that people who feel they are less likely to develop COVID-19 and probably will get recovered if they get infected are more likely to have general and physical violence. Violence was lower in people who thought they were less likely to recover from the disease and those who had a little pleasant experience of quarantine than in others. families who thought they are not likely to have COVID-19 infection and thought they were more likely to recover, had higher communication and problem-solving skills than others. Coping skills, cohesion, respect, and religious orientation were also higher in families with moderate risk of COVID-19 disease than in families with low risk. Families who consider the likelihood of getting

Journal of Preventive Counseling (JPC)

infected and recovering from COVID-19 as a medium had higher coping skills, were more cohesive, respected each other, and had a higher religious orientation than families who considered the possibility of getting infected low and recovering to be high. Communication skills and problem-solving skills were higher in families who had a pleasant experience from quarantine Coping skills and cohesion/respect were higher in families who worked together for less than 2 hours. Religious orientation was higher in families with doctoral and master's degrees. **Discussion:** The results can be used in epidemics to keep health in families. Suggestions include educational workshops in the field of enriching family relationships, as well as psychological interventions of adaptive methods of coping with stress and stress management in family education programs.

Keywords: COVID-19, Infection, Recovery, Quarantine, Family Process, Domestic violence.

Introduction

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global crisis and a threat to public health (Das et al., 2020). Many countries, such as the United States, Italy, France, India, as well as Iran, have taken serious actions such as social distancing, staying at home, closing unnecessary jobs, travel restrictions, and quarantine(Nigam, 2020) to effectively control the spread of the epidemic.

 Although these actions are useful for controlling the spread of the pandemic(Van Gelder et al., 2020), they have some negative social consequences such as psychological stress (Su et al., 2020), unemployment (Roje Đapić et al., 2020) increasing violence against women and children(Xue et al., 2020). Therefore, due to the stresses that families experience during the epidemic, the likelihood of increased conflicts leading to violence increases. Because family members spend almost unlimited hours together in a confined physical space, they also faced the stressful phenomena of COVID-19 (Behar-Zusman et al., 2020).

Domestic violence is a form of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can occur to anyone, regardless of race, age, sexual orientation, religion, gender, social and economic class, or nationality. It can take many forms, including physical abuse or threats (such as assault, and harassment), beating, kicking, biting, pressuring, restraining, slapping, and throwing objects,), sexual abuse, emotional and psychological abuse such as humiliation, worthlessness, neglect, economic abuse, neglect, and economic deprivation as well as controlling or enforcing actions and behaviors(Bradbury-Jones & Isham, 2020; Davies & Batha, 2020; Nojomi, 2017; Oluremi, 2015). However, during the COVID-19 epidemic, researchers also reported a new form of domestic violence, such as the threat of infecting family members with the virus(Emezue, 2020).

Unpleasant consequences of domestic violence can include feelings of sadness, loneliness, anger, and worthlessness in the victim (Avdibegovic et al., 2017) sleep disorders, eating problems, social dysfunctions(Das et al., 2020), mood disorders, anxiety disorders(Taherifard & Mikaeili, 2019), hypersensitivity in interpersonal relationships, low self-esteem(Schuller & Rzepa, 2002), increased substance abuse(Usher et al., 2020), cardiovascular diseases, chronic pain, and gastrointestinal problems (El-Serag & Thurston, 2020).

The prevalence of domestic violence in the study of Jahromi Kargar, Jamali, Koushkaki, and Javadpour (2016) in Iran for the prevalence of domestic violence reported physical (16.4%), sexual (18.6%), and emotional (44.4%) domestic violence(Jahromi et al., 2016). According to a report published by the WHO in 2013, about 35% of women in the world have been abused by their partners or husband(Devries et al., 2013), but domestic violence is not only against women (Hotaling & Sugarman, 1986; Khawaja et al., 2008; Semahegn & Mengistie, 2015).men might be abused by their wives as well(Reingle et al., 2012).

Reports published during the COVID-19 outbreak indicate an increase in domestic violence(Das et al., 2020). For example, telephone calls to domestic violence lines in the early days of quarantine increased. In Brazil 40 to 50%, in Cyprus, about 30%(Bradbury-

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Jones & Isham, 2020) in the US about 10% (Leslie & Wilson, 2020), in England, 25% (Kelly, 2020), and in Hubei Province have tripled(Bradbury-Jones & Isham, 2020; Fraser, 2020) since the pandemic. In Delhi, during the quarantine period, out of 2,500 calls to emergency aid lines, there were about 600 calls related to domestic violence(Das et al., 2020), and the number of internet searches for domestic violence assistance during the COVID-19 outbreak has been significant (Kottasová & Di Donato, 2020).

Due to the increase in domestic violence during the COVID-19 outbreak, it is necessary to examine the factors that affect the increase or decrease of domestic violence. Although there have been studies with a focus on domestic violence, most studies seem to address the prevalence of domestic violence, especially on women and children solely.

Meanwhile, Due to the lack of studies focused on domestic violence and family processes such as family cohesion, communication skills, problem-solving skills, and religious orientation, this study aimed to investigate the process of family and domestic violence based on demographic characteristics during the outbreak of coronavirus. The family process refers to the variety of family functions to help the family as a system adjusts to new situations and needs. Family content refers to family possession and family social context defines situational characters and social values and beliefs that hold a family (Samani, 2008).

An international study in New Zealand found that domestic violence intensifies during and after widespread disasters and crises ((NZFVC), 2020). One way some people respond to stress may be through violence(Seltzer & Kalmuss, 1988). Due to the stresses that families experience during the COVID-19 epidemic, the likelihood of conflicts leading to violence increases. These everyday stressors may weaken the sense of solidarity, and reduce adaptive coping behaviors, increase avoidance behaviors, and compromise the quality of the couple's communication (Randall & Bodenmann, 2017). Therefore, one of the variables discussed in this study is the degree of family cohesion. Considering that family cohesion is recognized as a protective factor against external stressors(Hovey & King, 1996) and as a function of close family relationships, feelings of loyalty, and mutual solidarity between family members against distress are considered (Hosseinkhanzadeh et al., 2013; Hovey & King, 1996). Given the level of fear and anxiety caused by the COVID-19 epidemic, people need to use coping skills to suppress negative emotions. Coping skills refer to cognitive, behavioral, or emotional measures to reduce the stressors and psychological distress associated with stressors(Dubow et al., 2009). In other words, the individual's cognitive and behavioral efforts to manage, tolerate or reduce internal and external demands(Lazarus, 1991; Yi et al., 2005) also provide a means of coping with stressful events such as domestic violence (Boxer & Sloan-Power, 2013). Another variable that various studies have shown to be closely related to domestic violence is how couples interact with each other in the occurrence of violence. The results of studies show that ineffective communication between couples is the strongest predictor of marital conflicts; Because the couple's incomplete relationship with each other causes a lack of understanding of each other and the issues discussed with each other, not to support each other and not to try to meet each other's needs. It can be said that for less

intimate couples, love, and affection will be replaced by sadness, anger, and violence(Babcock et al., 2011), so it needs to be considered according to the stress that arises in families during the COVID-19 outbreak has this skill an effect on increasing or decreasing domestic violence or not.

There are conflicting results in the research literature about religious orientation as a protective factor or even an aggravating factor in domestic violence during the COVID-19 outbreak. There is evidence of increased religious confrontation during the COVID-19 outbreak. For example, Google search data from 95 countries around the world show that the term "prayer" jumped significantly in March 2020, almost all the time (Bentzen, 2020). Although there are conflicting research findings on the relationship between domestic violence and religious orientation(Ghafournia, 2017). On the one hand, some studies have reported that regular attendance at religious ceremonies is inversely related to the incidence of domestic violence (Ake & Horen, 2004; Ellison et al., 2007). They argue that many religions see values as centered on commitment and familyism, which act as protectors of domestic violence(Bent-Goodley & Fowler, 2006). On the other hand, some reports suggest that religious beliefs are compatible with male domination. For example, Jeffords (1984) argued that religious beliefs contribute to a patriarchal system that gives women a subordinate role to men. However, some studies have found religiosity to be a complex and subtle predictor of domestic violence. This study has two hypotheses that are: 1- COVID-19 outcomes (the possibility of infection, recovery, and quarantine) have a significant relationship with domestic violence, and 2- COVID-19 outcomes(the possibility of infection, recovery, and quarantine) have a significant relationship with family processes.

Methods

The present research method is cross-sectional. The statistical population of this research was people aged 65-16 living in Iranian cities in 2019. The sample consisted of 1200 who were selected by snowball sampling method. 263 people were excluded from the study due to failure to complete the questionnaire. And finally, analyzes were performed with 937 samples. The present study was conducted from May to July 2019 during the quarantine period due to the spread of the COVID-19 virus. Due to the restrictions caused by the spread of the COVID-19 virus, for the in-person implementation of research during the period of the Corona outbreak; An online questionnaire was used to collect data. Social networks such as Telegram, WhatsApp, and Instagram were the main platforms for distributing the online questionnaires. Data analysis was performed using a one-way analysis of variance and Bonferroni post hoc test in SPSS-25 software.

Instruments

Demographic information questionnaire: This questionnaire included the province of employment, age, gender, marital status, education, and history of COVID-19.

HITS(Hurt-Insult-Threaten-Scream) Screening Tool(Sherin et al., 1998): The four screening questions of HITS are as follows: "Over the last 12 months, how often did your partner: 1) physically hurt you, 2) insult you or talk down to you, 3) threaten you with physical harm, and 4) scream or curse at you?". Responders are supposed to answer each

of these questions that appear on separate lines of a table, with a 5-point frequency format: never, rarely, sometimes, fairly often, and frequently. Therefore, score values could range from a minimum of 4 to a maximum of 20. The HITS was translated into Farsi, then face validity, Content validity ratio (CVR), and content validity index (CVI) were estimated. The tool was then back-translated into English and approved by the producer. The Persian version of HITS was designed in a table similar to the English version and printed on paper with no demographic data of the participant.

Family Process Self-Reporting Scale: Samani (2011) has developed this scale based on the theoretical model of family process and content and has 43 five-point graded questions (strongly agree = 5 to strongly disagree = 1) which have five areas; 1- Decision-making, problem-solving, 2- coping skills, 3- cohesion/respect, 4- communication skills, and 5- religious orientation. Samani (2011) used Cronbach's alpha to determine the reliability of the scale. Samani (2011) has evaluated the validity of this scale in two studies using factor analysis. The results of both studies indicate the psychometric adequacy of this scale. Cronbach's alpha coefficients of the Family Process Self-Report Scale for decision-making and problem-solving scales (0.86), coping skills (0.88), cohesion and respect (0.76), communication skills (0.79), and religious beliefs (0.79) has been reported (Samani, 2011). In this study, Cronbach's alpha was calculated to be 0.81.

Results

Table 1 shows the frequency and percentage of demographic characteristics of the participants (see Table 1).

Table 1: *emographic Information of the Participants*

Characteristics	Frequency (%)
Sex	
Female	237(%25.3)
Male	700(%74.7)
Age (year)	
56-65	41(%4.21)
46-55	145(%15.47)
36-45	210(%22.41)
26-35	275(%29.35)
16-25	266(%28.39)
Marital Status	
Widow	6(%0.64)
Separated	9(%0.96)
Divorced	14(%1.49)
Married	522(%55.71)

Single	386(%41.20)
Education	
Ph.D.	76(%8.11)
Master	299(%31.91)
Bachelor	350(%37.35)
Associate degree	42(%4.48)
Diploma	123(%13.13)
Under diploma	47(%5.02)
Possibility of getting COVID-19	
Low	429(%45.78)
Medium	368(%39.27)
High	140(%14.94)
Possibility of recovery from Covid 19	
Low	44(%4.70)
Medium	303(%32.34)
High	590(%62.97)
How enjoyable was your quarantine at home due to the outbreak of the Coronavirus?	
Low	229(%24.44)
Medium	416(%44.40)
High	292(%31.16)
During quarantine, how many hours a day did you spend with your family and doing joint activities?	
More than 8 hours	257(%27.43)
Between 6-8 hours	112(%11.95)
Between 4-6 hours	173(%18.46)
Between 2-4 hours	221(%23.59)
Between 1-2 hours	104(%11.10)
Less than 1 hour	52(%5.55)
Not at all	18(%1.92)

Most of the participants were in the age range of 26-35 years, were married, and had a bachelor's degree.

Table 2 presents the results of the multivariate analysis of variance and the post hoc test for verbal violence, physical violence, and general violence.

Table 2: Results of multivariate analysis of variance and post hoc test for verbal violence, physical violence, and general violence

	VV	PV	TV

	F/t	PD^a	η^{2b}	F/t	PD^a	η^{2b}	F/t	PD^a	η^{2b}
Possibility of getting COVID-19									
Low (1)	1.85	-	0.00	3.41*	(3)< (1)	0.00	3.53*	(3)< (1)	0.00
Medium (2)									
High (3)									
Possibility to Improve COVID-19									
High (1)	16.30*	(3)< (1)	0.03	4.64*	(3)< (1)	0.01	9.72*	(3)< (1)	0.02
Medium(2)								(3)< (2)	
Low (1)		(3)< (2)							
How enjoyable was your quarantine at home due to the outbreak of the Coronavirus?									
High (1)	0.45	-	0.00	11.61*	(3)< (1)	0.02	8.02*	(3)< (1)	0.02
Medium (2)									
Low (3)					(3)< (2)			(3)< (2)	

Note: VV= Verbal Violence, PV= Physical violence, VT= Total Violence, a= Pairwise differences were of $p < 0.05$ (Bonferroni corrected),b= Effect Size (η^2)

The results of the multivariate analysis of variance and Bonferroni post hoc test in Table 3 show that people who feel they are less likely to develop COVID-19 and probably will get recovered if they get infected, are more likely to have general and physical violence than those who are not. Also, verbal and general violence was lower in people who thought they were less likely to recover from the disease than in others. Verbal and general violence was lower in people who had a little pleasant experience of quarantine than in others.

Table 3 presents the results of the multivariate analysis of the variance test and the post hoc test for the variables of communication skills, coping skills, coherence, respect, problem-solving, and religious orientation.

	CS	C	CR	PS	RO

	F/t	PD^a	η^{2b}	F/t	PD^a	η^2_b	F/t	PD^a	η^{2b}	F/t	PD^a	η^{2b}	F/t	PD^a	η^{2b}
Possibility of Infection with COVID-19															
high(1) Medium (2) low(3)	6.47*	(3), (2)< (1)	0.01	4.75*	(1)< (2)	0.01	6.68*	(1)< (2)	0.01	5.75*	(3), (2)< (1)	0.01	5.57*	(1)< (2)	0.01
Possibility of improvement to COVID-19															
high(1) medium (2) low(3)	9.30*	(3), (2)< (1)	0.02	15.11*	(1)< (2) (1), (2)< (3)	0.03	16.39*	(1)< (2) (1)< (3)	0.03	10.69*	(3), (2)< (1)	0.02	1.06	-	0.00
How much the quarantine time was a pleasant experience during the COVID-19 outbreak															
high(1) mediu (2) low(3)	31.95*	(3), (2)< (1) (3)< (2)	0.06	25.57*	(1)< (2) (1), (2)< (3)	0.05	51.78*	(1)< (2) (1), (2)< (3)	0.1·	27.93*	(3), (2)< (1) (3)< (2)	0.06	1.08	-	0.00

Table 3: Results of multivariate analysis of variance and post hoc test for variables of communication skills, adaptability, coherence, respect, problem-solving, and religious orientation

Note: CS= Communication skills. C= Coping. CR= Cohesion/Respect. PS=Problem solving, RO =Religious orientation. a= Pairwise differences were of $p < 0.05$ (Bonferroni corrected),b= Effect Size (η^2)

Multivariate analysis of variance analysis And Bonferroni post hoc test in Table 3 shows that families who thought less possibility of COVID-19 infection and thought they were more likely to recover, had higher communication and problem-solving skills than others. Coping skills, cohesion, respect, and religious orientation were also higher in families with moderate risk of COVID-19 disease than in families with low risk. Families who consider the likelihood of getting infected and recovering from COVID-19 as a medium were more coping skills, cohesive, and respected, and have a higher religious orientation than families who consider the possibility of getting infected low and recovering to be high.

Communication skills and problem-solving skills were higher in families who had a highly pleasant experience from quarantine compared to other families with moderate to pleasant experiences and less pleasant

experiences. Coping skills and cohesion/respect were higher in families who worked together for less than 2 hours compared to families who worked together for more than 8 hours. Religious orientation was higher in families with doctoral and master's degrees than in those with a diploma or less, and families with a family history of COVID-19 were lower than other families.

Discussion

The results of this study indicate an increase in domestic violence due to the stress that families experience during the COVID-19 outbreak, which can lead to conflicts and consequently domestic violence. The other studies conducted during the COVID-19 outbreak have also reported an increase in domestic violence (Bradbury - Jones, and Isham 2020, Das, Das, et al. 2020, Davies and Batha 2020, Knowles 2020, Peterman, Potts, et al. 2020, Van Gelder, Peterman, et al. 2020).

As domestic violence intensifies during and after widespread disasters and crises, a combination of stressors has led to an increase and worsening of domestic violence(Hussein, 2020). The "Economic Stress Theory" mentions that unemployment stress and economic insecurity lead to an increase in domestic violence, especially in low-income families(Aneshensel, 1992). Unemployment exposes people to constant stress and tension. Stress caused by a lack of ability to manage life properly, financial pressure, feelings of helplessness and lack of control over life, and feelings of uselessness, are among the factors that can lead to domestic violence (Xu et al., 2005). Also, one of the reasons that can explain this increase is quarantine and social isolation(Catalá-Miñana et al., 2017). Social distance, travel restrictions, closure of leisure centers, economic insecurity, stress related to the family's economic situation; Job loss due to COVID-19 as well a lack of access to social support resources (Beland et al., 2020) have led to an increase in domestic violence(Campbell, 2020; Xue et al., 2020). Therefore, due to the difficult situation, one of the ways some people respond to stress may be violence. The unpredictability of the situation, as well as the uncertainty of the treatment, the time of control of the disease, and its dangerousness, has become one of the stressors during the COVID-19 outbreak. Fear of illness of the people and their families, taking extra care not to infect and not to infect others, and fear of economic-social consequences, causes malicious stress (Taylor, 2019).

Experienced stress may also have a destructive effect on relationships between couples and families. Fear and uncertainty related to epidemics will exacerbate or create different types of violence. When the family experiences stress-induced events and negative events in life, their compatibility reduces, and domestic violence might increase. The stress

caused by the COVID-19 outbreak can disturb communication space and affect the quality of their interactions (Silva et al., 2020; Timmons et al., 2017). And these inefficient relationships and inefficiencies in family members can cause the formation and intensity of conflicts between members, and even domestic violence(Birkley et al., 2016).

The present study also found that problem-solving and communication skills were weaker in those who evaluated the possibility of infection as high and the possibility of recovery as low. During the outbreak and quarantine, due to the increase in the hours of family members being with each other and staying at home, it is expected that family interactions get better, but those who are afraid of infectious and are hopeless, experience high stress, and consequently can't use their problem-solving and communication skills properly(Zhang & Ma, 2020).

Based on the results of this study, families who evaluated their possibility of infection and recovery as a medium, got higher scores in coping skills, coherence/ respect, and religious orientation. In the frightening condition of the COVID-19 outbreak, a logical and average evaluation of infection can lead to higher mental health and life expectancy because of higher health care, immunological strength, and positive mood that is helpful for effective coping with difficult conditions (Feuz 2012, Mathew, Dunning, et al. 2014). Research shows families with mental and physical health have more effective positive family relationships such as coherence, flexibility, and respect (Chen & Harris, 2019).

The findings of our study indicated that communication and problem-solving skills in families with pleasant experiences during the quarantine period were higher. Despite the increase in family violence during the quarantine(McCrary & Sanga, 2021), family relationships improved in families who reported a higher level of mutual support and agreement strength (Pfitzner et al., 2020).

Furthermore, the results indicated that religious orientation in families with post-graduate degrees and families who had experience infection was lower than in other families. The results of some studies indicate that there is a positive relationship between education and religious activities (Brown & Taylor, 2007). Although the other studies disagree(Sacerdote & Glaeser, 2001). Religious beliefs and activities in people whom themselves or their relatives were improved were lower, which could be due to a reduction in anxiety in people who have experienced it. Although the results of some studies show that there is a positive relationship between education and religious activities(Brown & Taylor, 2007), the opposite of this finding has been obtained in some studies(Sacerdote & Glaeser, 2001). The worldview that governs the educational content of the university, which generally uses the perspectives of the experimental sciences, makes people with higher education more prepared to rely on scientific documents and reject some religious beliefs(Hungerman, 2014) .Accordingly, the religious orientation of people with higher education in the context of the epidemic was less than that of people with lower education,

and in contrast, more emphasis was placed on scientific and medical findings to combat the disease.

Conclusion

According to the findings of the research, it is suggested to use the capacity of the media and especially social networks to train families to manage emotions and regulate emotions during the outbreak of COVID-19 and quarantine to rationally assess the risk of infection and the possibility of treatment. And also to strengthen communication and problem-solving skills. Helping to manage the stress of society and families in this era, in such a way as to encourage people to comply with health tips and instructions and to prevent the occurrence of psychological and family problems, requires precision and delicacy. There is something special that both health officials and the media should follow up on and implement simultaneously. It is also recommended to expand and facilitate the use of telephone and online counseling systems to manage conflicts and improve compatibility in family relationships. There is also a need for centers such as social emergency to actively penetrate this matter and provide a safe platform for the family. to provide for victims of violence. More space and facilities should be provided for telephone and online consultations, as well as being aware of the fact that domestic violence is one of the social phenomena that is produced and reproduced by the children of these types of families. The experience of violence and the observation of violence are the main and fundamental variables that have a strong impact on the creation and production of violence. Based on this, it can be said that planning to identify the factors and reduce family violence can prevent its reproduction. It is also necessary to consider centers for referring and dealing with victims of violence and effective intervention methods according to the resources and content. Social media and social networks should be planned. Also, based on the results of this study, the awareness of mental health experts regarding the education and counseling of couples regarding domestic violence, and the short-term and long-term effects of domestic violence on mental health seems essential. Also, apart from the physical effects of corona disease, policymakers, planners, and media should pay attention to its psychological aspect and allocate funds to maintain and improve the mental health of the family. Finally, there is a need for the media to have scientific and comprehensive programs in the field of adaptation and how to deal with the side effects of domestic violence under crisis conditions. This study is limited to Iranian participants and therefore can't be easily generalized to other societies. Furthermore, the study was conducted through online questionnaires as a result of COVID- 19 outbreak which might increase the bias in the study.

Disclosure Statements

The Authors of this research has no conflict of interest.

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