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ORIGINAL ARTICLE

Violent situations during the COVID-19 pandemic

Situações de violência durante a pandemia da COVID-19

Situaciones violentas durante la pandemia COVID-19

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Abstract

Introduction: The pandemic caused by the novel coronavirus (SARS-CoV-2) has changed the lifestyle of the general population, mainly due to the distancing and isolation measures adopted to contain the spread of the disease. These measures generated a series of stressors, including an increase in domestic violence. **Objective:** To identify the occurrence of domestic violence during isolation resulting from the COVID-19 pandemic in Brazil, its association with issues related to mental health and poorly adaptive personality traits. **Method:** Non-probabilistic study, composed of a sample of 3625 participants who were assessed using the PCL-5, DASS-21, PID-5-BF and AUDIT-C. Instruments were administered on-line from April 22, 2020 to May 8, 2020. **Results:** 379 (13%) of respondents experienced some type of adverse situation during social distancing. Participants who experienced violence had higher alcohol consumption (p=0.004), greater severity of symptoms related to a diagnosis of PTSD (p <0.001), and greater prevalence of anxiety (p<0.001) and depression (p<0.001) symptoms in relation to those who had no such experiences. They also demonstrated higher PID-5 scores of maladaptive personality traits, such as negative affectivity (p<0.001), distance (p<0.001), antagonism (p<0.001), disinhibition (p<0.001) and psychoticism (p<0.001). **Conclusion:** Isolation due to the pandemic is having a great impact on people's mental health, specifically on those who have experienced violence. Together with public agencies and the private sector, strategies should be created aimed at scaling up interventions to mitigate this impact of the pandemic, especially by providing expanded listening spaces in the health and social care sectors.

Keywords: Violence; Depression; Anxiety; Coronavirus infections

Resumo

Introdução: A pandemia causada pelo novo coronavírus (SARS-CoV-2) alterou o estilo de vida da população em geral, principalmente através das medidas de distanciamento e isolamento adotadas para contenção do avanço da doença. Estas medidas geraram uma série de estressores, dentre eles o aumento da violência doméstica. **Objetivo:** Identificar a ocorrência de violência doméstica durante o isolamento decorrente da pandemia de COVID-19 no Brasil, a sua associação com questões relacionadas à saúde mental e traços mal adaptativos de personalidade. **Método:** Estudo não probabilístico, composto por uma amostra de 3625 participantes que foram avaliados através do PCL-5, DASS-21, PID-5-BF e AUDIT-C. Instrumentos aplicados on-line no período entre 22 de abril de 2020 a 08 de maio de 2020. **Resultados**: 379 (13%) dos respondedores sofreu algum tipo de situação adversa durante o distanciamento social. Os participantes que vivenciaram violência possuem maior consumo de álcool (p=0,004), maior gravidade dos sintomas relacionada ao diagnóstico de TEPT (p<0,01), maior presença de sintomas de ansiedade (p<0,001), depressão (p<0,001), em relação àquelas que não sofreram. Demonstraram ainda possuir, de acordo com o PID-5, escores mais elevados de traços mal adaptativos de personalidade, como afetividade negativa (p<0.001), distanciamento (p<0.001), antagonismo (p<0.001), desinibição (p < 0.001) e psicoticismo (p<0.001). **Conclusão:** O isolamento devido a pandemia está causando grande impacto na saúde mental das pessoas, especificamente naquelas que sofreram violência. É necessário, junto ao órgão públicos e privados, criar estratégias visando uma escalada de intervenções relacionadas ao impacto da pandemia, sobretudo ampliando espaços de escuta no setor de saúde e na assistência social.

Palavras-chaves: Violência; Depressão; Ansiedade; Infecções por coronavírus

Resumen

Introducción: La pandemia provocada por el nuevo coronavirus (SARS-CoV-2) ha cambiado el estilo de vida de la población en general, principalmente a través de las medidas de distancia y aislamiento adoptadas para contener el avance de la enfermedad. Estas medidas generaron una serie de factores estresantes, entre ellos el aumento de la violencia intrafamiliar. **Objetivo:** Identificar la ocurrencia de violencia doméstica durante el aislamiento resultante de la pandemia COVID-19 en Brasil, su asociación con problemas relacionados con la salud mental y rasgos de personalidad poco adaptables. **Método:** Estudio no probabilístico, compuesto por una muestra de 3625 participantes que fueron evaluados mediante la PCL-5, DASS-21, PID-5-BF y AUDIT-C. Instrumentos aplicados on-line en el período comprendido entre el 22 de abril de 2020 y el 8 de mayo de 2020. **Resultados:** 379 (13%) de los encuestados sufrieron algún tipo de situación adversa durante la distancia social. Los participantes que experimentaron violencia tienen mayor consumo de alcohol (p=0,004), mayor gravedad de los síntomas relacionados con el diagnóstico de TEPT (p<0,01), mayor presencia de síntomas de ansiedad (p<0,001), depresión (p<0,001), en relación con los que no sufrieron. También demostraron tener, según PID-5, puntuaciones más altas de rasgos de personalidad poco adaptativos, como afectividad negativa

(p<0.001), distancia (p<0.001), antagonismo (p<0.001), desinhibición (p<0.001) y psicoticismo (p<0.001). **Conclusión:** El aislamiento debido a la pandemia está teniendo un gran impacto en la salud mental de las personas, específicamente en quienes han sufrido violencia. Es necesario, junto con los organismos públicos y privados, crear estrategias orientadas a ampliar las intervenciones relacionadas con el impacto de la pandemia, especialmente ampliando los espacios de escucha en el sector salud y la asistencia social.

Palabras clave: Violencia; Depresión; Ansiedad; Infecciones por coronavirus

Introduction

In December 2019, the first case of disease caused by a novel coronavirus (SARS-CoV-2) was reported in the Chinese province of Wuhan, marking the start of the largest outbreak of atypical pneumonia since the severe acute respiratory syndrome (SARS) in 2002–2004 (WANG et al., 2020). This disease, later renamed coronavirus disease 2019 (COVID-19), was not limited to Chinese territory; it ultimately spread across five continents and, on March 11, 2020, was declared a pandemic. Due to its high rate of transmissibility, the main measures for containment of the novel virus are isolation and physical (or "social") distancing (WHO, 2020), which have been adopted across much of Brazil since March 2020.

Social isolation has been considered a stressor, since it decreases face-to-face connections and routine social interactions (BROOKS *et al.,* 2020; ZANDIFAR; BADRFAM, 2020). Separation from loved ones, loss of freedom, uncertainty about disease status, and boredom can occasionally have dramatic effects (BROOKS et al., 2020). In addition, the pandemic brings inevitable economic impacts, which have led to a decrease in the income of most families. Such factors are potential causes of exposure to individual and social vulnerabilities and a consequent increase in violence rates (MAZZA *et al.,* 2020).

In Brazil, a non-probabilistic study conducted with 16,440 respondents during the pandemic (April 2020) found that social interaction was the most affected aspect among people with higher education and middle income (45.8%). The sample reported a significant impact (35%) in relation to financial problems among people with low income and education, and those who reported worse living conditions noted a desire to remain isolated for less time (73.9%). Respondents who practiced some physical activity had lower levels of stress (13%), as well as a higher rate of normal sleep (50.3%). The authors highlight that the perception of social isolation as a measure that can mitigate the pandemic varies according to income, education, age and gender (Bezerra et al., 2020).

Due to its impact on mental health, the COVID-19 pandemic is being compared to other natural disasters, such as earthquakes or tsunamis (MORGANSTEIN; URSANO, 2020). It is known that, in crisis situations, violence increases (NZFV, 2020), as do the incidence and severity of mental disorders. In this context, the present study was designed to identify situations of domestic violence (psychological/emotional, physical, and sexual) during social distancing caused by the COVID-19 pandemic in Brazil and evaluate the association of such violence with issues related to mental health and poorly adaptive personality traits.

Method

Study design

This is a cross-sectional quantitative study. Data collection was performed using a self-answered online questionnaire, created on the SurveyMonkey platform and widely disseminated on social networks (Facebook, WhatsApp and Instagram) and on local news. The questionnaire was anonymous, ensured confidentiality of respondent data, and was made available from April 22, 2020, to May 8, 2020.

Sample

A non-probabilistic convenience sample was selected. The snowball sampling technique was used, in which each enrolled individual nominates another and so on until the point of saturation. The inclusion criteria were: to be Brazilian or living in Brazil; being over 18; have access to digital devices; and be literate.

During the first phase of this study (T0), 3,834 answers were received. Of these, 216 entries were excluded due to duplicity and missing demographics. Seven cases were also excluded due to inconsistent and contradictory answers. A total of 3,625 participants were thus included.

Distribution across the country was heterogeneous, with 3,168 (87.4%) respondents located in the southern region; 237 (6.5%), in the southeast; 187 (5.2%) in other regions; and only 38 (1.0%) outside of Brazil. The city with the most participants was Santa Maria (n = 1335; 36.8%), located in central Rio Grande do Sul (RS), which was also the state with the most respondents (n = 2,705; 74.6%). Of the overall sample, 2771 (75.3%) individuals were female. The mean age was 32.9 years (sd = 13.0; mdn = 29.0; min = 18; max = 80). Regarding living arrangements, 2675 (73.7%) participants were living with a partner or relatives, 531 (14.6%) lived alone, and 424 (11.7%) lived with other people. The overall education level was high: 1301 (35.8%) had a graduate or postgraduate degree and 676 (18.6%) an undergraduate degree, 1587 (43.7%) had completed high school, and only 66 (1.8%) had a primary-level education. Most participants belonged to upper and middle-income households: 784 (21.6%) earned 11 times the reference national minimum wage or more; 474 (13.1%) earned eight to 11 times the minimum wage; 1681 (46.3%), two to eight times the minimum wage; 459 (12.6%), one to two times the minimum wage; and only 232 (6.4%) were minimum- or below-minimum wage earners.

The relative lack of diversity in this sample may be explained by the method of data collection and the manner in which the survey was publicized, considering that a large portion of the Brazilian population lacks internet access or the digital skills necessary to complete an online questionnaire and, in some cases, they have difficulties or do not know how to read.

Instruments

The sociodemographic questionnaire addressed previous or current mental health diagnoses and treatments, information related to the pandemic and the worsening of situations (such as physical and emotional

violence) due to social distance. The self-report instruments described below were also used, translated and validated into Brazilian Portuguese:

The Posttraumatic Stress Disorder Checklist 5 (PCL-5) is a 20-item self-report questionnaire that can be used to screen for a Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnosis of PTSD. In addition to screening, PCL-5 also assists in monitoring of symptom severity over time. A 5-point Likert scale is used to define how the subject relives trauma, persistently avoids, has negative changes in mood and cognition, and experiences hyperexcitability. The higher the scores, the greater the severity of symptoms associated with the diagnosis of PTSD. The score ranges from 38 to 80. The PCL-5 has demonstrated strong internal consistency, test-retest reliability, and convergent and discriminant validity (BLEVINS *et al.,* 2015).

The Depression, Anxiety and Stress Scale (DASS-21) consists of 21 items scored on a 4-point Likert scale. It is divided into three domains: depression, anxiety, and stress. It measures the severity of each domain and provides a total score. Development of the scale was based on the model in which stress is implicated in depression and anxiety, being a common component of both (VIGNOLA; TUCCI, 2014).

The Personality Inventory for the DSM-5, Brief Form (PID-5-BF) consists of 25 questions that inform about five maladaptive personality traits: 1) negative affectivity (frequent and intense experience of negative emotions, e.g., anxiety, depression, worry and/or anger, and their behavioral and interpersonal manifestations); 2) distance (avoidance of interpersonal interactions, limited affective experience, and anhedonia); 3) antagonism (behaviors that put the individual in conflict with others, e.g., exaggerated self-appreciation, antipathy, and insensitivity towards others); 4) disinhibition (seeking immediate gratification, which leads to impulsive behavior without regard for past learning or future consequences); and 5) psychoticism (strange, eccentric, bizarre and behaviors and cognitions incongruous with culture). It has been validated in several countries, including Brazil (ZATTI *et al.,* 2020) and is used to assess the severity of personality psychopathology using a five-point Likert scale.

The Alcohol Use Disorder Identification Test (AUDIT-C) is the short version of the AUDIT instrument (FIGLIE *et al.,* 1997), developed by the World Health Organization for primary screening for alcohol abuse. It consists of questions related to the frequency and amount of alcohol consumption and is validated for the Brazilian population. The AUDIT-C consists of three questions on the frequency and consumption of alcohol, scored on a 5-point Likert scale; it was validated in Brazil by Meneses-Gaya (2010). According to the National Drug Policy Secretariat, any respondent with a score above 6 is considered to be at high risk (MENESES-GAYA *et al.,* 2010).

Statistical analysis

Data analysis was carried out in SPSS Version 23, MPlus v.7.01, and R v.1.2.1355. As the assumption of normality was rejected, descriptive analyses and bivariate analyses were performed with nonparametric tests. Categorical variables were compared using the chi-square test and the Mann–Whitney test.

About the chronbach's alpha, the scales of the instruments showed a substantial (Table 1).

Table 1. Cronbach's alpha.

Scales	Cronbach's alpha
PCL-5 total	0,95
PCL-5 REEXPERIENCING	0,89
PCL-5 AVOIDANCE	0,87
PCL-5 NEGATIVE MOOD AND COGNITIONS	0,90
PCL-5 HYPERAROUSAL	0,83
DASS-21 DEPRESSION	0,91
DASS-21 ANXIETY	0,87
DASS-21 STRESS	0,90
PID-5 TOTAL	0,89
PID-5 NEGATIVE AFFECTIVITY	0,76
PID-5 DETACHMENT	0,74
PID-5 ANTAGONISM	0,52
PID-5 DESINHIBITION	0,77
PID-5 PSYCHOTICISM	0,78

Ethical issues

The study protocol was approved by the Brazilian National Research Ethics Commission (CONEP; ethical appraisal number 30420620.5.0000.5346). An informed consent form was provided at the start of each questionnaire. Participants were allowed to end the survey at any time they wished.

Results

For this report, the total sample were 3625 participants, of those, 515 were missing data. Therefore, the sample analyzed for this issue were 3110. Of these, 399 (12,8%) reported having experienced an adverse situation during social distancing. Table 2 describes sociodemographic characteristics of the group that suffered abuse. When assessing adverse situations, 392 (12.6%) reported emotional abuse; 28 (0.9%) physical violence and 5 (0.2%) sexual violence.

As for the relationship between aggressor and victim, 199 (49,9%) were family members, 71 (17,8%) lived in the same residence and 132 (33%) had other types of relationship. 21 (5,2%) preferred not to answer.

Table 3 compares the group that suffered abuse and the group that did not during the pandemic according to the median of the variables. Moreover, Table 4 demonstrates the bivariate analysis of adverse situations between personality traits and symptoms of alcohol abuse, PTSD, depression, stress and anxiety.

Table 2. Sociodemographic characteristics of the group that suffered abuse.

		n	%
Sex	Male	78	19.55%
	Female	321	80.45%

		n	%
Age	18 to 29	211	52.90%
	30 to 39	82	20.50%
	40 to 49	58	14.50%
	50 to 59	42	10.50%
	More than 60	6	1.50%
Marital status	Single	243	60.90%
	Married	139	34.80%
	Divorced	15	3.70%
	Widower	2	0.50%
Family income	1 or less	42	10.53%
	1 to 2	58	14.54%
	2 to 8	195	48.87%
	8 to 11	38	9.52%
	11 or more	66	16.54%
Ethnicity	White	339	84.96 %
	Non-white	60	15.04%

Table 3. Comparison between the group that suffered abuse and the group that did not during the pandemic according to the median of the variables.

	Suffered abuse (n = 399)	**Not abused (n = 2711)**	**p**	**r**
	Mdn [IQI]	Mdn [IQI]		
AUDIT-C	3 [5]	2 [4]	0.0261	0.04
PCL-5	36 [27]	19 [25]	<0.001	0.25
PCL-5 - Re-experiencing	8 [9]	4 [7]	<0.001	0.24
PCL-5 - Avoidance	3 [3]	2 [4]	<0.001	0.16
PCL-5 - Negative alterations in cognition and mood	13 [11]	6 [10]	<0.001	0.25
PCL-5 - Hyper-arousal	10 [8]	6 [7]	<0.001	0.22
DASS-21 - Depression	10 [10]	5 [8]	<0.001	0.22
DASS-21 - Stress	13 [7]	8 [7]	<0.001	0.24
DASS-21 - Anxiety	7 [8]	3 [6]	<0.001	0.20
PID-5	1.04 [0.68]	0.64 [0.6]	<0.001	0.23
PID-5 - Negative affectivity	1.8 [1]	1.2 [1]	<0.001	0.19
PID-5 - Detachment	1.2 [1]	0.6 [1]	<0.001	0.18
PID-5 - Antagonism	0.6 [0.6]	0.4 [0.6]	<0.001	0.15
PID-5 - Desinhibition	0.8 [0.8]	0.4 [0.6]	<0.001	0.18
PID-5 - Psychoticism	0.6 [0.8]	0.2 [0.8]	<0.001	0.20

Notes: Mdn: median. IQI: interquartile interval. r: effect size. AUDIT-C: Alcohol use identification test. PCL-5: Posttraumatic Checklist for DSM-5. DASS-21: Depression, Anxiety, and Stress Scale. PID-5: Personality Inventory for the DSM-5. Significant values are highlighted in bold.

Table 4. Bivariate analysis of adverse situations between personality traits and symptoms of alcohol abuse, PTSD, depression, stress and anxiety.

	Emotional abuse/violence				Physical violence			
	No (n=2711)	Yes (n=399)	p	r	No (n=3082)	Yes (n=28)	p	r
	Mdn [IQI]	Mdn [IQI]			Mdn [IQI]	Mdn [IQI]		
AUDIT-C	2 [4]	3 [5]	0.026	0.04	2 [4]	3 [4.5]	0.6012	0.01
PCL-5	19 [25]	36 [27]	<0.001	0.25	21 [26]	38 [43]	0.0012	0.06
PCL-5 - Re-experiencing	4 [7]	8 [9]	<0.001	0.24	4 [8]	8 [13]	0.0122	0.05
PCL-5 - Avoidance	2 [4]	3 [3]	<0.001	0.16	2 [4]	2 [5]	0.1117	0.03
PCL-5 - Negative alterations in cognition and mood	6 [10]	13 [11]	<0.001	0.25	7 [11]	17 [14]	<0.001	0.07
PCL-5 - Hyper-arousal	6 [7]	10 [8]	<0.001	0.22	6 [8]	10 [13]	<0.001	0.05
DASS-21 - Depression	5 [8]	10 [10]	<0.001	0.22	6 [8]	12 [11]	<0.001	0.08
DASS-21 - Stress	8 [7]	13 [7]	<0.001	0.24	9 [8]	14.5 [8]	0.0002	0.07
DASS-21 - Anxiety	3 [6]	7 [8]	<0.001	0.20	4 [7]	7 [11]	0.0012	0.06
PID-5	0.64 [0.6]	1.04 [0.68]	<0.001	0.23	0.68 [0.64]	1.14 [0.92]	<0.001	0.07
PID-5 - negative affectivity	1.2 [1]	1.8 [1]	<0.001	0.19	1.4 [1]	1.9 [1.6]	0.0335	0.04
PID-5 - detachment	0.6 [1]	1.2 [1]	<0.001	0.18	0.8 [1]	1.4 [0.8]	<0.001	0.07
PID-5 - antagonism	0.4 [0.6]	0.6 [0.6]	<0.001	0.15	0.4 [0.6]	0.7 [0.9]	0.0047	0.05
PID-5 - desinhibition	0.4 [0.6]	0.8 [0.8]	<0.001	0.18	0.4 [0.6]	1.1 [1]	<0.001	0.07
PID-5 - psychoticism	0.2 [0.8]	0.6 [0.8]	<0.001	0.20	0.4 [0.8]	1.1 [1.3]	<0.001	0.06

Notes: Mdn: median. IQI: interquartile interval. r: effect size. Significant values are highlighted in bold. Sexual Violence was omitted from the table due to insufficient test cases (n = 5). AUDIT-C: Alcohol use identification test. PCL-5: Posttraumatic Checklist for DSM-5. DASS-21: Depression, Anxiety, and Stress Scale. PID-5: Personality Inventory for the DSM-5. Statistical significance considered p≤0.05; Mann-Whitney test

Discussion

The COVID-19 pandemic has caused a need for social distancing and prolonged close contact among people of the same family or household, causing not only anxiety about the disease but also tension, disagreements and, in some cases, violence (BROOKS *et al.,* 2020; EMMA GRAHAM-HARRISON *et al.,* 2020; USHER *et al.,* 2020). Among 3,041 people who answered questionnaires related to this topic, 379 reported having suffered some type of violence. Most of the participants who suffered such adverse situations pointed out the family members as emotional, physical or sexual aggressors. In this group that suffered violence, higher scores were found for levels of stress, anxiety, depression, PTSD, alcohol use and maladaptive personality traits, which corroborates the existing literature (BROOKS *et al.,* 2020).

In general, the COVID-19 pandemic has radically changed the lives of individuals. Strict measures to contain and manage this epidemiological emergency have undoubtedly forced persons to face specific issues in their family relationships and deal with the stresses generated by co-living for longer than usual.

Family violence refers to threats or other forms of violent behavior in families, which can be physical,

sexual, psychological or economic, in addition to child abuse and intimate partner violence. This type of violence during the pandemic, as viewed by Marques *et al.* (2020), is associated with an increase in the level of stress generated by fear of falling ill, uncertainty about the future, and increased consumption of alcohol and other psychoactive substances. Brooks *et al.* (2020) adds anxiety about the successive expansion of quarantines/ lockdowns, frustration, boredom, inadequate information and stigma. Usher *et al.* (2020) highlights issues such as economic stress, greater exposure to exploitative relationships, and reduced support options as risk factors for violence. Data indicate that the main victims of violence have pre-existing social issues and vulnerabilities such as lower socioeconomic status, substance abuse, and other mental disorders (BENTOLILA & BONADÉ, 2019). Such studies are in agreement with the results of this study, which found increased symptoms of PTSD, anxiety and depression in those subjected to violence.

Experience in New Zealand has shown that family violence, including personal domestic violence, child abuse, and elder abuse, can increase during and after disasters or crises (NZFV, 2020). Even in the first days of confinement, according to a note published in *The Guardian*, the incidence of violence increased in several different countries: from 40% to 50% in Brazil, 25% in the United Kingdom and 20% in Spain (EMMA GRAHAM-HARRISON *et al.,* 2020).

Violence and gender differences

The sample of the present study was predominantly composed of women (75.3%). In addition, 80.5% of the women who stated that they had suffered violence said that a family member was responsible for the abuse. Thus, it can be concluded that gender-based violence was present.

In emergencies and natural disasters, men and women feel, suffer and behave differently, since roles associated with gender and physical strength come into play (GONZÁLEZ, GALINDO, BERNAL, SÁNCHEZ, RAMIRES, 2018). In the COVID-19 pandemic, the home, considered a place of shelter and safety, became a dangerous place for women, especially for those who were already victims of domestic violence, because, in addition to spending all day with their partners, the reduction of social contact drove them apart from people who could validate their experiences of suffering and provide effective assistance (MAZZA *et al.,* 2020). In this study just as in our sample, most of the participants were women, corroborating that the pandemic-imposed social isolation has caused a concerning rise in indicators of domestic violence and family violence (VIEIRA *et al.,* 2020).

Worldwide, 30% of women experience physical or sexual violence at the hands of an intimate partner at least once (UN Women, 2020). Children are generally exposed to psychological violence or even sexual violence (ROESCH *et al.,* 2020). Increased violence during humanitarian crises, including conflicts and natural disasters, has been reported, as was the case during the Ebola (2013-2016) and Zika (2015-2016) epidemics.

Migrant women, refugees, forcibly displaced persons and those living in conflict areas are particularly vulnerable. Although data are scarce, reports from China, the United Kingdom, the United States and other countries suggest an increase in cases of domestic violence since the start of the COVID-19 outbreak. According

to one report, the number of domestic violence cases reported to a police station in Jingzhou, a city located in Hubei province, tripled in February 2020 compared to the same period in 2019 (PAHO, 2020). In Brazil, in March and April 2020, the rate of femicide grew by 22.2%, according to the Brazilian Forum on Public Security. In São Paulo, a technical note released by the state prosecutor's office revealed a 51% an increase in arrests for acts of violence against women; a 30% increase in the number of petitions for restraining orders; and twice as many femicides compared to the previous year.

Research has shown that 45% of women murdered by an intimate partner had presented to a healthcare provider to treat an injury caused by domestic violence in the 2 years prior to their death (BHANDARI *et al.,* 2006). This data highlights the need for training frontline professionals to recognize the signs of family violence and apply best practices in caring for victims of such violence (van GELDER *et al.,* 2020). Efforts to tackle violence against women in the context of a pandemic should focus not only on receiving complaints and reports but also on increasing the staffing of violence prevention and response hotlines, training health workers to identify high-risk situations, and strengthening support networks. Encouraging support through informal and virtual social support networks is also vital, as these are means that help women feel supported and serve as a warning to abusers that women are not completely isolated (VIEIRA *et al.,* 2020).

Women who experience violence in the family environment fear that such violence will reach their children, who are also in isolation at home; in many cases, this factor prevents them from seeking help. Another factor that reduces the likelihood of a violent situation being disrupted includes the partner's financial dependence, especially considering that the pandemic has led to economic stagnation and closed off many avenues for informal work (MARQUES *et al.,* 2020).

It is important to highlight the "Red Light for Domestic Violence" campaign, created in June 2020 by the National Council of Justice (CNJ) and the Brazilian Magistrates' Association (AMB), which focuses on helping women in situations of violence ask for help at pharmacies and drugstores. The protocol is simple: women are instructed to draw a red "X" on the palm of their hand, with a pen or even lipstick, and show it to the clerk or pharmacist. With the woman's name and address in hand, staff should immediately call the police and report the situation. The project has already partnered with 10,000 pharmacies and drugstores across the country (CNJ, 2020).

The physical, psychological and social damage caused by violence lead to greater insecurity, fear, and loss of autonomy, which often prevents change (WHO, 2013). Studies show that individuals who have experienced intimate partner violence are at higher risk for mental health problems such as mood disorders, anxiety disorders, eating disorders, PTSD, substance abuse or alcohol. The same goes for abused children and those who have witnessed abuse (BENTOLILA & BONADÉ, 2019; EL-SERAG & THURSTON, 2020).

Violence and Impact on Mental Health

It has been shown that abrupt, violent, traumatic situations which invade the psyche and are not discharged effectively produce symptoms and can become permanent (LAPLANCHE & PONTALIS, 1991), leading

to negative outcomes with adverse impacts on overall quality of life (Bo et al., 2020). Such implications for mental health, also reported in previous tragedies, have repercussions in different contexts, with psychosocial and economic impacts far beyond the pandemic (REARDON, 2015).

Increased loneliness and reduced social interactions have been implicated as factors in the development of a wide range of mental disorders, from major depression to schizophrenia (FIORILLO & GORWOOD, 2020). In a meta-analysis of the psychological impact caused by quarantine, the authors noted that its effects can be negative, comprehensive and long-lasting, including confusion, outbursts of anger and PTSD symptoms (BROOKS *et al.,* 2020). The present study corroborates these findings, with respondents reporting increased symptoms of stress, anxiety, depression and alcoholism (especially among those who experienced violence).

A Chinese study of 714 patients with clinically stable COVID-19 who required hospitalization reported that 96.2% of the interviewees showed significant symptoms of PTSD. The symptoms were associated with social isolation, fear of virus transmission and negative news in the media (BO *et al.,* 2020). Unlike in the cited study, the participants of our survey were self-isolating at home and did not have COVID-19. However, experiences related to violence also triggered significant post-traumatic clinical symptoms, such as reliving memories, persistent avoidance, negative cognitions and mood, and hyper-excitability.

Emotional and behavioral reactions, depression, stress, anxiety and substance use were identified in the participants of this study. However, as noted in other studies, such reactions can evolve into full-blown disorders, notably acute stress disorders (ASD), PTSD, major depressive disorder, sleep disorders and even suicide (BROOKS *et al.,* 2020, DONOVAN, 2020, HOLMES *et al.,* 2020, MUCCI *et al.,* 2020, PFEFFERBAUM & NORTH, 2020; WEISS & MURDOCH, 2020).

Poorly adaptive personality traits

For some authors (PIRES *et al.,* 2017; ZIMMERMANN *et al.,* 2017) the PID-5 reveals temporal stability of the personality traits described in the DSM-5 trait model. In its brief form, it allows characterization of domains of personality, negative affectivity, detachment, antagonism, disinhibition and psychoticism.

The results of this study show greater maladaptive personality traits for those who suffered violence: higher scores on negative affectivity ($p < 0.01$), distance ($p < 0.01$), antagonism ($p < 0.01$), disinhibition ($p < 0.01$) and psychoticism ($p < 0.01$). Individuals who have personality traits in the Disinhibition and Negative Affectivity factors are generally prone to failure of behavioral and emotional control. The factors Distancing and Disinhibition are associated with the traits of social isolation and affective constriction, together with impulsive and erratic behaviors, that tend to be related to suicidal thoughts and behaviors. Social isolation is considered a factor that increases the risk for suicide (ZATTI *et al.,* 2020).

An Italian study evaluated dysfunctional personality characteristics during the COVID-19 pandemic. The findings suggest that people who showed traits of Distance (willingness to avoid socio-emotional experiences) and Negative Affectivity (experience negative emotions) had clinically relevant emotional problems, negatively

affecting emotional well-being (SOMMA *et al.,* 2020). There is now evidence from several studies to suggest that a psychiatric epidemic is shrouded in the COVID-19 pandemic, which should serve as a warning to researchers in the mental health field and the global health community (HOSSAIN *et al.,* 2020).

Support network in the face of disasters

The fear and uncertainty associated with pandemics provide an environment conducive to the exacerbation or triggering of various forms of mental illness and experiences of violence, especially to vulnerable individuals.

The global emergency caused by COVID-19 brought a need for new forms of communicating, establishing social relationships, and even behaving in environments. This requires greater attention to the development and strengthening of institutions capable of helping people who suffer, by identifying and creating spaces for listening and recovery. Empowering victims of violence and expanding their support networks can assist in coping with adverse situations and breaking the established cycle.

In this direction, mental health professionals can provide first-rate psychological support by listening with empathy and without judgment, asking about needs, validating patients' experiences and feelings, increasing security, and connecting people to relevant support services (USHER *et al.,* 2020).

More broadly, the inequalities between men and women demonstrated in society – in the context of violence – originate in the family, and the process of deconstructing this idea must begin in this same space (SOUZA, 2006). It is necessary to reflect on representations in relation to home and family, aiming to enable listening, questioning, and increased security at home and, if necessary, to offer protected and resourceful health services (BRADBURY-JONES, ISHAM, 2020).

Regarding coping strategies, a wide range of individual activities can improve quality of life, such as physical exercise, reading, music, watching films, meditation, prayer, do-it-yourself and maintenance work around the house, strengthening (or not) family ties, studying, and devoting time to one's hobbies (BITTENCOURT, 2020). It is also interesting to reduce access to sources of information about the pandemic and the catastrophes of others, just as it is necessary to maintain a regular sleep–wake and feeding routine (FIORILLO & GORWOOD, 2020). It is important to pay attention to one's own needs, feelings and thoughts (ORNELL *et al.,* 2020). It is essential to encourage involvement in intentional activities to minimize the effects of social isolation; use of technology is a very viable alternative in this regard (DA SILVA *et al.,* 2020), as it can make it easier for individuals to maintain ties to their work and leisure activities, in addition to allowing access to some forms of health care.

Conclusion

This study sought to identify the impact caused by the COVID-19 pandemic on people who were isolating at home with their families. There was a higher incidence of psychological disorders and worsening of existing psychological issues such as increased symptoms of stress, anxiety, depression, PTSD and alcoholism, as well

as was a higher prevalence of poorly adaptive personality traits (negative affectivity, distance, antagonism, disinhibition and psychoticism) among respondents who suffered violence.

The consequences of the pandemic for the population, for the economy and for society as a whole will persist during and long after this crisis. Thus, issues related to mental health should be identified, accepted and addressed with a view to early elaboration, before they have a chance to aggravate and consolidate into full-blown mental disorders.

Public agencies and the private sector should work in tandem to create strategies aimed at scaling up interventions to mitigate the impact of the pandemic, especially by expanding listening spaces in the health and social care sectors. Behavioral strategies can assist in relieving tension and anxiety. Those with preexisting mental disorders should be offered therapeutic, medical and, in many cases, pharmacological monitoring.

Specifically in relation to situations of violence, public policies that offer specialized services to address such demands, as well as wide media dissemination of safe/listening spaces and campaigns to combat domestic violence, must be implemented. Work with victims, aggressors, and families can help prevent the transgenerational perpetuation of violence.

A greater incentive is expected for the production of research to expand and consolidate knowledge regarding interventions targeted at victims of violence. Also, it is necessary a greater offer of care that meets the demands and comprehensive care for the population, seeking a better quality of life.

Limitations

Most participants were from southern Brazil, and their characteristics were accordingly consistent with the population of this region. Likewise, the majority of participants were female and in an upper-middle income bracket (8 to 11 times the national minimum wage). We can thus infer that the respondents had greater access to information and communication media.

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