



■ Review Article

The Global Landscape of Domestic Violence against Women during the COVID-19 Pandemic: A Narrative Review

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The coronavirus disease (COVID-19) pandemic has led to an alarming increase in domestic violence against women owing to lockdown measures and limited access to support services. This article provides insights into the global prevalence of domestic violence, barriers to seeking help, its impact on women and children, and the best practices implemented worldwide. Domestic violence encompasses various forms of abuse; many young women experience partner violence. Barriers to seeking help include fear, financial constraints, lack of awareness of available services, and distrust among stakeholders. The consequences of domestic violence affect the mental health of both mothers and children. Countries have increased shelter funding and developed innovative protocols to reach survivors and address this issue. However, the healthcare sector's involvement in addressing domestic violence has been limited. This review advocates collaboration among healthcare institutions and government bodies. Key recommendations include utilizing telehealth services, implementing comprehensive training programs, establishing effective referral systems, enhancing health education, developing a domestic violence registry, improving the responses of law enforcement and justice systems through healthcare integration, promoting data sharing, and conducting further research. Healthcare systems should recognize domestic violence as a public health concern and detect, prevent, and intervene in cases to support survivors.

Keywords: Domestic Violence; Prevalence; Barrier; Impact; Healthcare

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INTRODUCTION

The coronavirus disease (COVID-19) pandemic necessitated quarantine and isolation measures to prevent disease spread. These measures significantly impacted global populations^{1,2)} and posed challenges for individuals and their families, including financial insecurities, limited access to healthcare, and social isolation.³⁾ Domestic violence also increased during the pandemic as women faced restricted options for seeking help. This had detrimental outcomes for families, with higher rates of conflict, mental instability, and physical harm.^{4,5)} Amid the overwhelming focus on the COVID-19 crisis, there was a distressing lack of understanding and preparedness among authorities to address domestic violence incidents.^{6,7)} Tragically, real-life accounts reveal harrowing consequences. In Uttam Nagar, Delhi, a 28-year-old mother-of-two endured physical abuse from her husband and his family.⁸⁾ Despite her complaints to the police, the response was inadequate. They advised her to stay home during the lockdown. However, once her husband discovered the complaint, the situation escalated. Shockingly, reports from various parts of India indicate that women were murdered by their husbands during the lockdown, reflecting the dire consequences of domestic violence.^{8,9)} Regrettably, the insensitivity of the authorities during the pandemic resulted in the loss of life, leaving children without their mothers.

Authorities should implement comprehensive strategies to ensure women's safety and well-being, including strengthening support services, raising awareness, and integrating gender-responsive approaches. Lifetime prevalence estimates of domestic violence vary across regions, emphasizing the need for preventive measures and access to comprehensive healthcare services for survivors.¹⁰⁾ This research contributes to understanding the prevalence and impact of global domestic violence, the barriers to seeking help, and best practices. We aim to inform policymakers and inspire initiatives prioritizing women's well-being and societal progress.

METHODOLOGY

We comprehensively searched academic databases and sources, including PubMed, Google Scholar, Scopus, World Health Organization (WHO), United Nations, national and global health databases, qualitative studies, and web-based news reports. We gathered relevant literature and data on domestic violence from 2018–2022 using the term “global domestic violence” to identify evidence-based literature. Additionally, we employed terms such as “COVID-19,” “prevalence,” “barrier,” “impact,” and “measures” to acquire relevant literature on the overview of domestic violence during the COVID-19 pandemic. The investigator and coauthors reviewed each abstract and web document to include the most pertinent data in the review. We excluded non-English papers and selected 70 articles for analysis. These articles were then categorized and discussed narratively, focusing on various sub-themes and headings.

DOMESTIC VIOLENCE

Before the emergence of COVID-19, women faced a severe but largely overlooked epidemic—domestic violence.¹¹⁾ However, it has increasingly been recognized as a significant public health issue recently. This epidemic transcends age, socioeconomic status, sexual orientation, gender, race, religion, and ethnicity and affects individuals from diverse backgrounds.^{12,13)} Women bear a significant burden of morbidity and mortality associated with domestic violence.¹⁴⁾ This form of gender-based violence has a pervasive impact on women worldwide.

Domestic violence, also known as intimate partner violence, is characterized by a pattern of behavior within a relationship that seeks to establish and maintain power and control over an intimate partner.^{15,16)} The “Power & Control Wheel” provides a framework for understanding the overall pattern of abusive and violent behaviors employed by abusers to control their partner or other victims within the household.¹⁷⁾ This violence is often accompanied by other forms of abuse that may be less obvious but contribute to a sustained pattern of intimidation and control.^{14,18)}

Domestic violence encompasses various forms, including stalking, economic, emotional, psychological, sexual, neglect, and physical violence.¹⁹⁾ Emotional abuse involves constant criticism, insults, name-calling, undermining survivors' relationships with their children, and isolating them from friends and family. Psychological abuse includes intimidation; threats of physical harm to themselves, the partner, or children; destruction of property or pets; manipulation; and enforced isolation. Financial or economic abuse involves controlling financial resources, denying access to money, and prohibiting education or employment.^{12,20,21)} Physical abuse entails physically harming a partner through hitting, kicking, burning, grabbing, slapping, hair pulling, biting, denying medical care, and coercing substance abuse. Stalking is repetitive harassment, unwanted communication, and monitoring of a victim's activities. Sexual abuse refers to non-consensual sexual acts imposed on a partner.^{14,22)} Risk factors associated with domestic violence include depression, increased close contact with the partner during the pandemic, job loss, financial difficulties, lockdown measures, substance addiction, financial control, the use of technology, and quarantine.²³⁻²⁵⁾

GLOBAL PREVALENCE OF DOMESTIC VIOLENCE DURING COVID-19 PANDEMIC

The prevalence of domestic violence during the COVID-19 pandemic has become a global concern.²⁶⁾ According to the WHO, approximately one in four young women aged 15–24, who were in a relationship, experienced partner violence by their mid-20s.¹⁸⁾ Unlike COVID-19, domestic violence cannot be eradicated through vaccination. We must address harmful attitudes, enhance opportunities and resources for women and girls, and promote healthy and respectful relationships.

Lockdown measures were implemented during the initial stages of the pandemic to improve the overall welfare of the population.²⁴⁾ While

some individuals reported positive outcomes, such as increased family bonding and shared responsibilities,²⁷⁾ it is crucial to acknowledge the adverse effects of strict lockdown orders, particularly on vulnerable groups such as women. Reports from various countries indicate an increase in domestic violence cases owing to the lockdown measures.²⁸⁾ During the COVID-19 social distancing period in March 2020, domestic incidents and intentional injuries among Korean women in family and adolescent settings surged significantly, surpassing the rates seen in the previous 5 years.^{29,30)} According to reports, the number of arrests related to domestic violence in Korea decreased by 10.8% in 2020 compared to the previous year. The pandemic lockdown made it challenging for survivors to report their abuse because they were confined with their abusers at home.³¹⁾ China experienced a threefold increase in domestic violence cases following the imposition of the lockdown, and several states in the United States recorded a 21%–35% surge in domestic violence incidents.³²⁾ Before the COVID-19 pandemic, Australia faced significant challenges regarding domestic violence. Statistics revealed that one in six Australian women (equivalent to 1.5 million) experienced physical and/or sexual abuse before 15. Disturbingly, between 2012–2014, one woman was tragically killed weekly due to violence from a current or former partner. Between 2014–2015, nearly eight women, on average, were admitted to hospitals daily because of partner assault.³³⁾

During the COVID-19 pandemic, an online survey in May 2020 in Australia revealed the prevalence of domestic violence. The findings indicated that 4.6% of women had experienced physical or sexual violence within the preceding 3 months.^{34,35)} Additionally, 5.8% of women reported experiencing coercive control, and 11.6% had encountered emotionally abusive, harassing, or controlling behaviors from a current or former cohabiting partner.¹¹⁾ These figures highlight the continued presence and impact of domestic violence during the pandemic. In March 2019, England and Wales witnessed a 24% increase in domestic violence-related crimes, totaling 1.316 million cases, including 746,219 domestic abuse-related crimes. Globally, over a third of women experience physical and/or sexual assault, either by a spouse or nonpartner, at some point in their lives.³⁶⁾

Up to 70% of women in the United Kingdom have experienced physical and/or sexual abuse by an intimate partner during their lifetime. The Office of National Statistics reported a 12% increase in domestic violence incidents, called “victim assistance”, in May 2020.^{24,36)} Calls received by the National Domestic Abuse Helpline from April to June of the following year saw a significant 65% increase compared to the first 3 months of the same year. Disturbingly, there were 16 cases of domestic violence-related killings of women and children within the initial 3 weeks of the lockdown.²⁴⁾ In Canada, the rate of domestic violence in 2019 was over 4 times higher among women than men, with rates of 536 incidents per 100,000 people for women and 149 incidents for men. It is estimated that over 6.2 million women aged 15 and older experienced domestic violence in 2018, with psychological abuse being the most prevalent form, followed by physical and sexual abuse.^{37,38)} A survey conducted by Statistics Canada in April 2020 re-

vealed that one in 10 Canadian women expressed significant concerns about domestic violence. Additionally, a study by the Native Women’s Association of Canada in May found that one in five indigenous women had experienced domestic abuse since the start of the pandemic.³⁹⁾

During the first 2 weeks of April 2020, Spain witnessed a notable increase in calls received by the domestic violence helpline, with a 47% increase compared to the same period in 2019.⁴⁰⁾ Additionally, there was a significant surge of 700% in women seeking essential support services via email or social media.⁴⁰⁾ Paradoxically, the domestic violence cases reported to the police decreased, which officials and activists attributed to strict lockdown measures that confined individuals to their homes, isolated survivors from potential sources of support, and making it more challenging to file formal complaints.⁴¹⁾

Research conducted in Tabriz, Iran, revealed that 35.2% of pregnant women experienced domestic violence during the COVID-19 pandemic. Emotional violence was the most prevalent form (32.8%), followed by sexual (12.4%) and physical (4.8%).⁴²⁾ In India, 1,548,548 cases of cruelty by husbands or their families were reported from 2001–2018. Among these, 35.8% occurred between 2014–2018. This crime increased by 53% from 18.5 per 100,000 women aged 15–49 in 2001 to 28.3 per 100,000 women aged 15–49 in 2018.⁴³⁾ Risk factors identified in a study conducted in Puducherry, South India, included love marriages without family support, illiteracy, and low-income households.⁴⁴⁾ During the COVID-19 pandemic, there was an approximately 47.2% increase in the prevalence of domestic violence in India based on articles published from March to July 2020.⁹⁾ Certain areas of India have enforced rigid gender norms, allowing women to only leave their homes for work or school, while men have more freedom.^{9,45)} The inability to escape the conflict zone may have also contributed to increased physical violence against women during the pandemic.

BARRIERS FACED BY WOMEN IN SEEKING HELP FOR DOMESTIC VIOLENCE

1. Fear of Violence

Fear of violence is a significant barrier to women seeking help for domestic violence. Many survivors of domestic violence remain in abusive relationships because of the fear of further violence and limited options for safety, especially when children are involved.^{46,47)} Underreporting and mishandling of domestic abuse occur in low- and middle-income countries because of factors such as lack of awareness, social pressure, administrative indifference, fear of legal consequences, and a general lack of understanding about seeking help.^{11,27,48,49)}

2. Religion and Cultural Beliefs

Religious and cultural beliefs are significant barriers for women seeking assistance in domestic violence situations.⁵⁰⁾ Women often hesitate to seek help because of fear of retribution and the belief that they must endure and stay in abusive marriages.^{49,51,52)} Seeking support from family may also be discouraged, with pressure to maintain relationships for the sake of the family and children.^{49,53)} Normalizing domestic vio-

lence as an “acceptable” behavior further complicates this situation.⁵⁴ During the pandemic and lockdown, the problem was exacerbated as survivors were confined to their homes and more vulnerable to abuse.⁸

3. Lack of Knowledge and Awareness

Lack of knowledge and awareness about available services was found to be a significant barrier for domestic violence survivors. Many individuals were unaware of hotlines and failed to report incidents or seek help.⁴⁵ Increasing awareness and promoting the available resources can encourage more individuals to seek assistance and report incidents. However, the establishment of hotlines in rural areas poses challenges. The COVID-19 pandemic and lockdown measures made it difficult for people to access information on domestic violence, hindering their ability to seek help. Limited access to healthcare facilities further complicates the situation, as survivors may require medical treatment or social services.^{42,45}

4. Trust Issues

Lack of trust was another significant barrier to seeking help for domestic violence during the COVID-19 pandemic. Changes in risk perception and limited access to health and social services left individuals with fewer options for reporting or escaping violence.⁴⁵ The fear of legal issues, stigma, and exploitation by the police contributed to women’s reluctance to report incidents in countries such as India.^{8,45}

These factors prolong exposure to violence and hinder timely access to necessary support and treatment. The pandemic has worsened the financial situation and increased job losses and unemployment, which have heightened the risk of domestic violence. Women who can support themselves financially are less likely to experience abuse. However, survivors struggled to escape during the pandemic because of their financial ties.^{22,54} Women with children also faced additional challenges in ensuring their safety. Trust issues with healthcare staff and authorities also deterred survivors from seeking help, as they feared further violence and disclosure to their abusers.^{45,54}

5. Recognizing and Supporting Domestic Violence Survivors in Healthcare Settings

The failure of healthcare personnel to recognize survivors of domestic violence is a further barrier in healthcare facilities, hindering access to crucial support.⁵⁵ Training and education are vital for improving healthcare professionals’ abilities to identify and respond to domestic violence cases, enabling them to break the cycle of violence and promote survivors’ well-being. Healthcare facilities may also lack established protocols or systems to connect survivors with specialized services such as counseling, legal support, or safe housing.³² This has led to fragmented care and limited access to comprehensive assistance. Governments should address these barriers to improve women’s well-being worldwide.

IMPACT OF DOMESTIC VIOLENCE DURING THE PANDEMIC

1. Children’s Well-being and Development

Children exposed to domestic violence face various dangers, including witnessing traumatic events, neglect, active abuse, and the potential loss of parents.⁴⁷ Research indicates that young children (especially toddlers) exposed to domestic violence and physical abuse are more likely to experience social development issues.^{47,56,57} Preschoolers, often attached to non-abusing parents (typically their mothers), may develop separation anxiety.⁵⁸ However, preschool workers often struggle to identify signs of domestic violence unless there are visible physical marks of abuse. Mothers reporting interparental violence victimization are more likely to have toddlers with socioemotional and behavioral problems.⁵⁹ As children age, domestic violence can worsen their cognitive abilities, language development, and educational performance.^{47,59,60} Child abuse cases increased in households where women experienced domestic violence during the pandemic. Lockdown measures further hindered abusers’ apprehension and limited survivors’ ability to report incidents and protect their children.²⁵

2. Devastating Effects on Women’s Mental Well-being

Coercive control—a pervasive pattern of dominance characterized by intimidation and entrapment—severely threatens women’s mental well-being. Through isolation, humiliation, belittlement, excessive control over daily activities, and constant surveillance, survivors are subjected to terror, suffering, and overwhelming distress, with potential risks of partner homicide.^{23,61} Notably, women in poor health are disproportionately vulnerable to physical and psychological violence compared to their counterparts in medium or excellent health.^{37,62} Furthermore, studies reveal that those who have endured past abuse or sexual coercion exhibit higher rates of depression, somatic symptoms, and posttraumatic stress disorder. Individuals who have experienced some form of violence also experience diminished life satisfaction.²³ The profound impact of coercive control on women’s mental health necessitates urgent attention and comprehensive support systems to address these unique challenges and foster their well-being.

3. Accessing Healthcare and Support Services

The struggle to access healthcare facilities due to domestic violence is real. As highlighted in various studies, geographical distance and rural location pose significant challenges for women seeking healthcare and support services.^{26,54} The repercussions of limited access to essential services are alarming, with reports indicating increased female suicide, child abuse, and fatalities resulting from domestic violence. Furthermore, survivors of domestic violence often face difficulties obtaining crucial healthcare services, including sexual and reproductive care and other medical treatments. Immigrant women encounter additional hurdles in accessing assistance because of the lack of comprehensive data on domestic abuse among this population. Shockingly, some survivors struggled to receive COVID-19 vaccinations because of

the control exerted by their abusive partners.^{26,37,54,63)}

MEASURES TAKEN BY COUNTRIES TO ADDRESS DOMESTIC VIOLENCE DURING THE PANDEMIC

Globally, governments took significant steps to safeguard domestic violence survivors during the COVID-19 pandemic—increased funding for shelters and safe accommodations, the expansion of helplines, and innovative approaches, such as mobile apps for reporting incidents. During the pandemic, the UK government swiftly responded to protect women from domestic violence by providing financial support for helplines and safe accommodation. They also collaborated with local pharmacies to offer information on support services. The enactment of The Domestic Violence Act 2021 further strengthened measures to safeguard survivors and address abusers' behaviors.²⁴⁾ Similarly, countries such as Canada, France, Italy, Germany, and Austria increased their funding for shelters and safe accommodation options for survivors.^{26,64)}

Globally, countries have expanded helplines, disseminated information through various means, and guided parenting during the quarantine. Italy successfully promoted the 1522 helpline for violence and stalking, while other countries pledged to maintain helplines and communication channels during and after the COVID-19 peaks.⁶⁵⁾ The Italian police developed the “Youpol” app, allowing survivors to report incidents to authorities without making a phone call. In the United Kingdom, the national emergency network “999” enables survivors to seek help without speaking.⁶⁶⁾ In China, women's centers were transformed into shelters for homeless women, while in Italy and France, domestic violence survivors were accommodated in hotels because of concerns about COVID-19. These measures aimed to provide temporary and safe spaces for survivors.²⁷⁾

In Ireland, police proactively communicated with known survivors via phone and SMS (short message service), addressing their concerns about COVID-19 constraints.⁴⁹⁾ In Ontario, Canada, specialist agencies established a text and chat line to offer discreet support for survivors.⁶⁷⁾ Women's and children's protection services were recognized as essential and kept operational during the pandemic. Several countries have implemented innovative measures to make support more accessible, such as setting up pop-up centers in grocery shops and using code words in pharmacies.⁶⁸⁾ France, Italy, and Spain adopted these approaches. Italy and the United Kingdom also developed and enhanced hidden support mechanisms.^{49,67)} In Queensland, Australia, domestic violence specialists adjusted their services to accommodate virtual platforms and daily phone messages, ensuring consistent engagement with survivors.⁶⁹⁾

ADVANCING HEALTHCARE AND STAKEHOLDER ENGAGEMENT IN ADDRESSING DOMESTIC VIOLENCE

Based on the findings of this review, which revealed the limited in-

volvement of the healthcare sector in addressing domestic violence, we propose a way forward that involves collaborative efforts between healthcare institutions and government bodies.

1. Telehealth: Supported by the Health System

Countries should establish separate telehealth lines within primary and healthcare facilities in care and hospital settings to address domestic violence during a pandemic. This telehealth line should be integrated with other support services, such as non-governmental organizations and police stations, to ensure immediate assistance for survivors. Healthcare staff should be trained to recognize and respond to domestic violence cases. When a call is received, the system should alert relevant agencies and provide the victim's location. This streamlined approach expedites access to assistance and enables abusers to be detained for further investigation. Governments must commit to adopting telehealth systems and allocating sufficient financial resources to their implementation.

2. Comprehensive Training and Effective Referral Systems

Authorities should provide comprehensive domestic violence intervention training to police officers, social workers, nurses, physicians (in both hospital and primary care settings), and teachers. These services should:

- Collaborate with local domestic violence organizations or training companies to develop effective training programs that cover de-escalation techniques and emergency resources.
- Ensure that all relevant individuals receive training to recognize and respond promptly to domestic violence.
- Establish effective referral systems between healthcare settings and other support services. These include collaboration with shelters, counseling centers, legal aid organizations, and helplines to ensure a seamless transition for survivors from healthcare facilities to specialized support networks.
- Organize regular coordination meetings and information sharing among these entities to facilitate comprehensive and coordinated responses to domestic violence.

3. Enhance Health Education Programs

Additionally, healthcare institutions can raise domestic violence awareness through public health campaigns and community outreach programs. By leveraging their trusted position in society, healthcare professionals can educate the public about the signs of abuse, available resources, and avenues for seeking help. This proactive approach can contribute to breaking the silence surrounding domestic violence and encouraging survivors to seek assistance.

Enhancing health education programs on domestic violence is crucial for encouraging women to speak out and seek help, enabling them to break free from abusive relationships. Empowering women to confront abusive behavior and providing support and care is essential. Educating the younger generation on domestic violence is vital to instill strength and resilience. Schools should play a significant role in raising

awareness and implementing prevention efforts. By promoting a safe and supportive environment, schools can encourage survivors of domestic violence to seek immediate assistance.

4. Domestic Violence Registry System

Establishing a domestic violence registry can significantly enhance data integration from various sources and provide accurate information on the extent and severity of domestic violence. This system allows for better monitoring of survivors' conditions in real-time and enables the assessment of their health status. It also offers valuable insights into the socioeconomic factors contributing to domestic violence, helping inform additional measures to address this issue. Comprehensive data availability empowers relevant agencies to strengthen interventions and support countries in achieving the development goals of gender equality, good health, and well-being.

5. Improving the Responses of Law and Justice through Collaboration with Healthcare

Domestic violence is often seen as a private matter, leading to inadequate administrative and criminal justice system responses. The authorities must thoroughly investigate reported domestic violence cases and maintain open communication lines with survivors. This is crucial for managing risks and ensuring their well-being. Clear responsibility should be assigned to keep survivors informed, particularly in high-risk cases where 24-hour communication may be necessary.

The healthcare sector, in collaboration with the legal and justice systems, is crucial in responding to domestic violence cases. Healthcare professionals identify and assess survivors, provide the necessary care and document evidence. They contribute to legal proceedings through expert testimonies and medical reports. Healthcare providers also facilitate referrals to support services. Effective protocols, training, and collaboration among healthcare, law enforcement, and domestic violence organizations are essential for a coordinated response. Through the collaboration of healthcare professionals and relevant authorities, the court system can expedite divorce proceedings for survivors of domestic violence. This timely intervention enables survivors to escape abusive situations and mitigate the adverse impacts on their health and social well-being. By streamlining the legal process, the authorities can offer survivors the necessary support and protection, ultimately empowering them and improving their quality of life.

6. Data Sharing and Research

Existing data on domestic violence are primarily derived from reported cases. However, it fails to capture the full extent of women's suffering, which can persist for extended periods. Comprehensive research that assesses the situation faced by women is limited and will be required to inform policies to combat domestic violence and garner greater government attention for proactive interventions. Collaborative research initiatives involving universities can enhance the effectiveness of domestic abuse studies in several countries. These efforts may reveal numerous unexplored aspects of the issue, providing gov-

ernments with valuable opportunities to enhance their efforts to protect women and their families. By investing in research and development, countries can identify new avenues for improvement, ultimately strengthening their endeavors to safeguard the well-being of women and their families affected by domestic violence.

7. Development of Safe Centers for Women: Funding

Governments should increase funding to develop safe centers for women affected by domestic violence. Temporary shelters are essential. However, long-term solutions are required to support survivors in rebuilding their lives. They will need financial assistance to help them start a new career and support their families. Stable finances and secure shelters aid women and children to break free from violence, rehabilitate, and rebuild their lives.

LIMITATIONS AND STRENGTHS

The limitation of this review is that it lacks extensive statistical analysis to examine the associations or relationships between the discussed themes associated with domestic violence. Therefore, future research should conduct a mixed-method approach to identify and explore the relationships or associations between domestic violence cases. This approach would provide more robust evidence and enhance the relevance and applicability of the findings for evidence-based decision-making by authorities.

However, this review provides a comprehensive discussion of the global prevalence of domestic violence affecting women, encompassing the pre-pandemic and COVID-19 periods. The study includes detailed subthemes—barriers, impacts, and potential solutions—and enhances the accessibility of valuable insights for researchers in this crucial area of study. By providing a comprehensive understanding of this topic, we hope this review will encourage further research on this vulnerable group, facilitating effective management and prevention strategies for domestic violence.

CONCLUSION

By prioritizing the safety and well-being of women and children, societies can strive for a future free from the devastating impacts of domestic violence. This review highlights several key findings regarding domestic violence and its impact on women and children. This underscores the positive commitment demonstrated by some countries to address the issue and implement measures to reduce its impact. Developing countries have shown the ability to allocate funding to establish safe places for women.

However, we have identified weaknesses, including the unpreparedness of many countries—including those with high-income levels—to respond effectively to domestic violence.⁷⁰⁾ There is a lack of awareness and skills among the authorities when assisting survivors and helping them escape abusive relationships. Opportunities exist for committed non-governmental organizations to address domestic violence active-

ly. The authorities can collaborate to increase health literacy and empower communities. There is a promising opportunity to establish centers for women's excellence, where survivors can receive skills training and support to achieve financial independence and personal safety.

Healthcare systems, political levels, administrative bodies, and communities should collaborate on integrated approaches involving multiple ministries to tackle these issues. The relevant agencies and governments must also recognize the potential threats associated with inaction or inadequate attention. Women's health—including their mental health, overall well-being, and sexual and reproductive health—is at stake. Moreover, domestic violence indirectly exposes children to risks, including a higher likelihood of depression, substance abuse, and self-esteem issues. The younger generations of a country can be profoundly affected by these consequences.

Addressing domestic violence requires sustained commitment, increased awareness, and comprehensive strategies involving multiple stakeholders, with the healthcare system playing a vital role. Healthcare systems can contribute to the prevention, early detection, intervention, and support of survivors by recognizing and addressing domestic violence as a public health issue. Collaborative efforts among healthcare providers, community organizations, policymakers, and other relevant stakeholders are essential to creating a comprehensive response that prioritizes the safety and well-being of individuals affected by domestic violence.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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