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Short communication

Danger in danger: Interpersonal violence during COVID-19 quarantine

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ABSTRACT

Background: Intimate partner violence (IPV) is defined as physical or sexual violence, emotional abuse and stalking. It is typically experienced by women but can also be experienced by men. During quarantine due to the COVID-19, home risks to become a very dangerous place for victims of domestic violence.

Method: Very recent studies focusing on abusive situations during COVID emergence were identified in PubMed/Medline, Scopus, Embase.

Results: During the COVID-19 outbreak people have encountered an invisible and dark enemy and an experience of impotence. Due to the feelings of frustration and agitation, aggression arises with possible transgenerational transmission of trauma and violence.

Conclusions: Especially during quarantine and COVID emergence around the world there is a need of programs aimed to prevent acts of domestic violence and to achieve accurate assessment of multiple domains of abuse (psychological, physical, sexual) provided by trained multidisciplinary staffs (including psychiatrists, psychologists, social and legal services).

Intimate partner violence is defined as physical or sexual violence, emotional abuse and stalking. It is typically experienced by women of all ages and represents the leading cause of homicide death for women. It can be also experienced in about one third of men at a lower severity. Subjects who have undergone intimate partner violence are at increased risk of multiple mental health condition (mood disorders, anxiety disorders, eating disorders, posttraumatic stress disorder, substance or alcohol abuse) and physical health conditions (cardiovascular disease, chronic pain, sleep disturbances, gastrointestinal problems, sexually transmitted infections, traumatic brain injury) (El-Serag and Thurston, 2020). It has been outlined that children and adolescents' exposure to violence by adults within the family, either through witnessing or victimisation, is detrimental to mental and physical health and can be associated with anxiety, depression, eating disorders, substance use and smoking, self-arm or suicidal ideation and a poorer general health. Besides, young people exposed to parental violence are more likely victims of bullying or cyberbullying and less likely seek professional help (Clarke et al., 2020). In general exposure to family violence increases an individual's risk for perpetrating violence in his own future relationships or developing other deleterious mental and behavioural health outcomes (Ingram et al., 2020). Early-life maltreatment, abuse or neglect seem to be the entrance door of poor

emotion regulation, increased avoidance, emotional suppression, and expression of negative emotions in response to stress (Gruhn and Compas, 2020). In other words, an abused child is potentially an abuser in adulthood, in a transgenerational reproduction of violence.

The risk of victimization and perpetration of family violence frequently occurs among persons with psychiatric disorders (Labrum et al., 2020) and the co-occurrence of intimate partner violence with other parental problems, such as mental health or substance abuse, significantly compromise both mothers' and fathers' parenting and makes very difficult to adequately meet the children's needs (Lessard et al., 2020).

The Coronavirus pandemic disease 2019 (COVID-19) has radically changed the lives of individuals. The stringent measures to contain and manage the epidemiological emergency have undoubtedly subjected the structure of families to some critical issues and tensions and it is not known how long it will last. During quarantine due to the COVID-19, home risks to become a very dangerous place for victims of domestic violence, because they are required to stay the whole day with partners and away from people who can validate their experiences and give help. For those who live in small houses or without open spaces, the change in stress is exacerbated. Nor can the help of grandparents be used, given the invitation to keep elderly people at home and well

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away. Everyone is experimenting with new ways of relating to others. Abusive situations can further deteriorate due to economic crisis linked to COVID emergence (many victims have difficulty to leave abusive partners for economic reasons), and isolation can exacerbate difficult situations, with a particular concern about homes where there are guns (the diffusion of COVID has led to an increase of selling of arms) and a possible growing of domestic homicides or murder-suicides or deviant behaviours towards children due to difficulties in managing parental stress (Cluver et al., 2020). The presence of children and adolescents at home due to school closed during quarantine also worsens the exposure of young subjects to domestic violence with direct consequences to their mental and physical health.

The concept of aggression has always been a subject of study in the most varied fields of research. Aggressive behaviours can consist in a defensive or reactive aggression, and a proactive or appetitive aggression (Elbert et al., 2018). Aggression is something inherent in the human being, it can have a twofold destiny, that is, turn into socially acceptable conduct or generate violent behaviour aimed at producing suffering in others. By focusing on the first aspect, as a life force, may be useful the Winnicottian reflection that affirmed when a child rebels against authority can be considered as aggressive, however in that way he manifests an impulse of necessary and precious independence to the growth process (Winnicott, 1984). With respect to the second issue, aggression is, on the contrary, considered a negative impulse that can provoke internal anti-social conduct, or self-harm, or external, towards objects or people. The aggressive charge can lead to serious phenomena of violence reaching the most extreme form with the physical annihilation of the other, or it is expressed in destructive forms such as submission or exploitation of another one. Fairly widespread forms of aggression can be traced in private life or in social relationships: it is a silent violence, made of physical even sexual abuse, deprivation, brutality, humiliation, forms of authoritarianism.

Neuroimaging studies have allowed to study the brain structures and neuronal circuits that play a decisive role in the mechanism of aggression. The hypothalamus and connections with the amygdala and hippocampus, located near the temporal lobe, represent the neuronal centre of aggression. The frontal lobes, as is known, participate in the management of higher cognitive processes, one of them is the regulation of emotions. Bufkin et al. (Bufkin and Luttrell, 2005) found that the areas related to aggressive and violent behaviour, mostly impulsive acts, are situated in the prefrontal cortex and the medial temporal regions. These outcomes are clarified in the context of negative emotion regulation.

From a neurobiological point of view, there are structures also designed to regulate the emotional responses and the behaviour that derives from them, such as the orbital frontal cortex, amygdala, anterior cingulate cortex, and several other interconnected regions. Individuals susceptible to defective regulation of negative emotion are at risk for violence and aggression (Davidson et al., 2000).

During the COVID-19 outbreak people have encountered an invisible and dark enemy and the risk of a sudden and depersonalized death, which leaves unarmed and forces to lose individuality and become a mass number. Time seems suspended in a dimension that deprives of personal freedom. The certainties have liquefied, so anxiety and fears grow when the nature of the danger and its cure are not known. It is an experience of impotence. It's just possible to cling to the technologies that allow to know fragments of a distant life. The individual can be overwhelmed with pain and filled with a great void of being at home. Everyone no longer meets eyes and go away for fear of contagion (Lima et al., 2020). In feeling threatened, aggression arises, the need to feel alive and real sometimes leads to being unconsciously ruthless, to prevaricate and destroy the other, triggering a dangerous circle, of agitated aggression, frustrating response, claim or overwhelming sense of guilt for the destruction: these dynamics can often result in scenarios of destructive aggression and possible transgenerational transmission of trauma and violence.

Especially during quarantine and COVID emergence around the world there is a need of programs of funding sources to guarantee telephone or remote counseling services with high-speed internet, hotlines, emergency shelters. It is important to forecast screening tools possibly aimed to the prevention of acts of domestic violence, accurate assessment of multiple domains of abuse (psychological, physical, sexual) validated both on women and men and effective interventions provided by trained multidisciplinary staff (including psychiatrists, psychologists, social and legal services) in a network to manage and attempt to prevent crisis situations. It is also mandatory to identify high-risk individuals in order to avoid the occurrence of extreme events such as impulsive acts, homicide or suicide. It has already been outlined the effectiveness of online safety and health interventions for different needs of women who have experienced intimate partner violence (Ford-Gilboe et al., 2020).

Violence against women represents a key priority in achieving gender equality around the world (El-Serag and Thurston, 2020). Family members living in complex social and psychological situations risk to spend the forced lock-down subjected to media overexposure with increasing levels of stress and fear, often subjected to humiliations that can be massive and lashing or progressive, unapparent and based on cumulative micro traumas.

The role of mental health professionals would be to avoid people remain in this emotional desert and in this time of pain by soliciting inner listening and dialogue for the rediscovery of what unifies with others in anxieties and concerns, but also in expectations and hopes.

Authors' contributions

MM and GM designed the study, screened titles and drafted the manuscript. CL, LJ e GS critically reviewed the paper and provided substantial input to the manuscript. All authors approved the final manuscript.

Declaration of Competing Interest

The authors declare that they have no competing interests.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.psychres.2020.113046](https://doi.org/10.1016/j.psychres.2020.113046).

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