

## VIOLENCE AND CRIME DURING LOCKDOWN

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### ABSTRACT

**Background: Objective:** It was around 11 pm on a Saturday when we heard that another GSW has been received in our preoperative bay. It was our fourth gunshot injury in the last 6 hours. One gunshot victim was already being operated upon with multiple visceral injuries, another was being resuscitated for surgery as he had vascular injury in one of his lower limbs. The third one had arrived with a GSW on the left side of the chest with undetectable pressures. Now the fourth one arrived who was also BPIless, pulseless and was unconscious. This was Saturday night in Lahore where there has been a strict Lockdown order for more than a week now and everyone was advised to stay at home. Apart from these firearm injuries we also received 4 stab wound injuries, with 3 of them undergoing major surgery. While everyone was at their homes enjoying their weekend, our surgical and anesthesia teams were busy saving the lives of these unfortunate victims. Recently there has been a continuous increase in confirmed cases of COVID 19 in Pakistan and also the death rate too. As this article is being written total cases in our country have been around 9565 confirmed cases with more than 200 deaths while globally total cases amounting around two and a half million (1). Yet other disorders persist unabated, such as weapon accidents. At a minimum, at the average level, interpersonal conflict takes place; at worst, aggression escalates. So this is how it sounds for us both to work in metropolitan trauma centers. Latest details back this assertion. Street crimes have been on a rise too. Over the past nearly three weeks, hundreds of people were mugged and destroyed their cell phones, vehicles, and bikes. According to a police survey that contained details from March 20 to April 7, at least 379 cell phones and 31 bikes were stolen, although there were 1,049 robberies. The 19-day cycle also involves the 16-day lockout. Three vehicles were snatched, and 28 thefts happened during the lockdown across Sindh to suppress the coronavirus pandemic. CCTV videos of robberies at convenience shops and supermarkets continue to emerge in different markets (2).

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### INTRODUCTION

It was around 11 pm on a Saturday when we heard that another GSW has been received in our preoperative bay. It was our fourth gunshot injury in the last 6 hours. One gunshot victim was already being operated upon with multiple visceral injuries, another was being resuscitated for surgery as he had vascular injury in one of his lower limbs. The third one had arrived with a GSW on the left side of the chest with undetectable pressures. Now the fourth one arrived who was

also BPIless, pulseless and was unconscious. This was Saturday night in Lahore where there has been a strict Lockdown order for more than a week now and everyone was advised to stay at home. Apart from these firearm injuries we also received 4 stab wound injuries, with 3 of them undergoing major surgery. While everyone was at their homes enjoying their weekend, our surgical and anesthesia teams were busy saving the lives of these unfortunate victims.

Recently there has been a continuous increase in confirmed cases of COVID 19 in Pakistan and also the death rate too. As this article is being written total cases in our country have been around 9565 confirmed cases with more than 200 deaths while globally total cases amounting around two and a half million (1). Yet other disorders persist unabated, such as weapon accidents. At a minimum, at the average level, interpersonal conflict takes place; at worst, aggression escalates. So this is how it sounds for us both to work in metropolitan trauma centers. Latest details back this assertion. Street crimes have been on a rise too.

Over the past nearly three weeks, hundreds of people were mugged and destroyed their cell phones, vehicles, and bikes. According to a police survey that contained details from March 20 to April 7, at least 379 cell phones and 31 bikes were stolen, although there were 1,049 robberies. The 19-day cycle also involves the 16-day lockout. Three vehicles were snatched, and 28 thefts happened during the lockdown across Sindh to suppress the coronavirus pandemic. CCTV videos of robberies at convenience shops and supermarkets continue to emerge in different markets (2).

People are told to remain home because of coronavirus but what if the house is a risky location too. Domestic abuse is a significant issue but for many years the bulk of women and children have become perpetrators of it. The worldwide shutdown to avoid coronavirus transmission has caused more difficulty in their lives and raised the possibility of a spike in cases of domestic abuse. Social distancing and home separation appear to be a safe and appropriate measure to preserve people's lives but, on the other hand, it has made the problem harder for women exploited by their husbands. Using power and authority, perpetrators bully, separate, harass, accuse, and coerce people. As the government's sanctions come into effect, domestic abuse incidents in several countries

have escalated at an unprecedented pace. Women witnessing this act of aggression have little idea how to crack out throughout the days of quarantine, and flee from this circumstance. Countries such as Pakistan, China, Italy, Germany, Brazil, Australia, and France are recorded for the violence after March 2020 during the lockdown time. France currently has one of the largest regional domestic abuse rates in Europe (3).

The groundwork for this improvement remains uncertain. At such a point, it's impossible to know whether the trend we've witnessed reflects a substantial rise or natural variance – only time would tell – but instructions to remain at home don't minimize any kind of violence. As we have shown from early results, COVID-19 impacts ethnic and socio-economic groups separately, perhaps partially because most of us can not afford to sit at homes. Associated with the rising tensions of the pandemic, the reluctance of the most vulnerable sectors of society to comply with a "Stay At Home" directive may cause a sudden rise in social abuse (4).

To see what the cause for this, the pace of the rise in crime that we witnessed gives us a break. Around the same moment that we are witnessing an upsurge of gun shootings, stabbings, street crimes, our clinics and emergency facilities are dealing with a pandemic that in more than a century has not been experienced. It is not certain if this outbreak of violence would continue; moreover, it occurs at a period of scarce resources, where all aggression places undue pressure on the healthcare system. Vital services required to care for such casualties of firearm abuse, such as personal protective equipment (PPE), intensive care units, blood supplies, and even medical personnel, are all severely exhausted (5).

A spike in weapons purchases, fuelled by mass hysteria and irrational concerns that firearms will quickly be in short supply, is especially alarming

because of the recent rise in crime. Longline weapons shops are a growing remembrance in our neighborhoods. Initially deemed to be non-life-sustainable companies, these shops were temporarily forced to shut, but then eventually attached to the list of critical facilities in Pennsylvania and restored quickly. More than 1 million more background checks then carried out throughout the U.S. in March 2020 than in March 2019, with the polling company Small Arms Analytics & Forecasts (SAAF) reporting a 91 expected benefit. A growing abundance of weapons in use would have adverse effects at a period of high stress. There is doubt regarding the impact that "keep at home" directives may have on domestic violence; however, the probability of death for perpetrators of domestic assault is 5 times greater with a gun in the home (6).

Measures can be made to reduce abuse, or at least properly brace for its impact during the COVID-19 pandemic. The first move is to understand that the interpersonal abuse epidemic continues and even worsens. With press reporting and COVID-19 inbox exposure around the world, it might be possible to lose track of "normal" cases. We may have predicted a month earlier that "Stay At Home" directives might minimize firearm crime, but we found the reverse in our culture and remain worried about the potential for elevated incidence of intimate relationship conflict and child abuse perpetrators. Sufferers will require additional focus and our services.

Centers will build protocols appropriate for COVID-19 in handling this pandemic. Our hospital has devoted part of the trauma bay to these patients with the burden on services and confusion of COVID-19 classification of cases who can not be tested (e.g. intubated cases, or those with depressive mental health). Rapid monitoring is used to move patients to negative pressure rooms and COVID-19 designated facilities to the intensive care-if clinically necessary-in an effort to minimize exposures.

Now, N95 masks are normal for both intubation injuries and aero-digestive procedures. Although we are lucky enough actually to have sufficient PPE at a period when deficiencies are becoming a national concern, it is important to preserve supplies. Where necessary, we reuse products, strategically schedule procedures to restrict points of entry from a patient's room, and reduce the amount of providers who engage in treatments. A spike in the level of abuse often raises the need for PPE use. In the sense of a pandemic now is the time for regional standards and best practices for trauma services around the world. They continue to maintain our workers safe to be willing to take care of our customers for the long term.

Resource caps can be handled carefully. Health scarcity, a lack of PPE, and a lack of beds and personnel will force organizations to strategically distribute funds. Standardized protocols focused on the supply of an organization are helpful and need to be regularly revised. Although we are both eager to continue delivering surgical services to vulnerable people, we have to be extremely careful and operate only on certain people with life-threatening issues. Our health care system has created a provision that all non-emergent situations require "justification" as part of the planning procedure from the visiting surgeon. We welcome the reform and encourage us to do likewise. As this pandemic advances, it will drive us into the awkward task of balancing full value to public safety versus actual value to the patient. Difficult judgments on the distribution of limited services such as blood supplies, ventilators and specialized treatments such as extracorporeal membranous oxygenation (ECMO) can need to be made at the institutional level.

Eventually, there is a need to pair physical distance with social assistance. Although distancing steps would certainly alleviate the virus outbreak, we can not enable the outbreak of aggression to grow more severe. The fact that abuse continued following instructions to remain

home in our society and all over the world too may tell much about the risk/benefit equation of our trauma patients. Although other individuals are overwhelmed by the apprehension of the spread of the infection, for others, this danger pales in contrast with the baseline possibility of group conflict and is overshadowed by the desire to go on with daily survival practices. Isolating and leaving the most needy citizens of society would only transform one mortality source for another. There has to be continuous exposure to social programs.

We ought to mitigate the economic and mental stressors. They could not lose track of the reality that any damage to the pistol is preventable. The social safety net for our nation is required more than ever before.

In our community, last month has taught that any kind of crime is not going to stay at home. Violence for nothing does not cease in this world, even in the wake of a global pandemic. It's essential that we concentrate and organized, while the pages go overhead.

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**AUTHORSHIP AND CONTRIBUTION DECLARATION**

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