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Feature Article

Social distancing and domestic violence: an exploration of the paradoxical impact of our public health response to COVID-19

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Fifth-year medical student who shares a great interest in advocating for women's health. Born in Papua New Guinea, I have come to appreciate the importance of women's health, especially in the global context. I aspire to one day be an obstetrician and to volunteer in a few developing countries. I spend my free time in the dojo practicing my judo.

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Summary

Public health responses and policies implemented during the COVID-19 pandemic have had a substantial impact on the incidence of domestic violence globally. Whilst regulations are in place to protect lives and livelihoods, an evaluation of these reveal the paradoxes embedded within such actions and the effects on vulnerable individuals. A consideration into the catalysts which prompt such a rise in rates of interpersonal abuse due to increased psychosocial pressures are discussed. Furthermore, strategies which could be implemented on a legislative and social level to counter these issues are deliberated.

Keywords: COVID19, domestic violence, women's health, public health, social distancing

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Learning points

- The COVID-19 pandemic has exacerbated rates of domestic violence.
- Public health response and policies in response to COVID-19 have contributed to tipping vulnerable relationships into abusive connections.
- Strategies need to be implemented on a legislative and social level to lower domestic violence rates.

Abstract

The public health response and policies implemented during the COVID-19 pandemic have had a substantial influence on the incidence of domestic violence globally. Whilst regulations are in place to protect lives and livelihoods, an evaluation of these measures reveal the paradoxes of such actions on individuals who are vulnerable to such interpersonal abuse. A consideration into the catalysts which prompt such a rise in rates as a result of increased psychosocial pressures are discussed. Furthermore, strategies which could potentially be instigated on a legislative and social level to counter these issues are deliberated.

Introduction

As the COVID-19 pandemic overwhelms systems globally, the mantra of our governments has always been to “stay home, save lives” [1]. Unbeknownst to some, we are fighting a simultaneous battle of a silent, yet deadly public health issue – domestic violence [2]. Worldwide, one in three women, as well as some men, experience intimate partner violence within their lifetimes [1]. Subjecting these vulnerable populations to lockdown laws where they are forced to spend more time with abusers has facilitated the rise in such rates [3]. The troubling paradoxes which result from social distancing and isolation measures precipitate problems for those who are living in and surviving abusive relationships [3,4]. As a result, this has led to people spending more time at home as they begin to work from home with public entities such as restaurants, pubs, clubs, and many leisure activities having to come to a close. Additionally, many people that have never previously been in pressured relationships of domestic violence have been tipped into experiencing it for the first time during this pandemic [1]. The increasing psychosocial pressures in tandem with households spending more time in close proximity with each other breed opportunities for abuse through surveillance, controlling behaviours, and coercion [2]. A false paradigm is envisaged of a home as a safe haven but in its very nature it can be a place where power dynamics are distorted or subverted by those who abuse [4]. These isolation measures unintentionally prevent survivors from seeking help and reduce their ability to flee from such situations [3].

Discussion

In Australia, an increase in the demand for domestic violence services coincided with the implementation of government enforced restriction policies [5,6]. An 11% increase in domestic dispute call-outs to organisations such as 1800RESPECT and a 75% increase in internet searches relating to domestic abuse were observed [2,6]. This may reflect the influence of government implemented policies but also the loss of jobs, increased global uncertainty, and the lack of access to resources which would otherwise have defused such situations. These trends in statistics are not merely a national matter but are very much a global concern. A positive correlation between the number of reported cases of COVID-19 and domestic violence cases has been identified in countries including the United States, Argentina, France, Cyprus, and Singapore [7]. An article published by The Guardian reported a 25% increase in the reported calls to the United Kingdom (UK) Domestic Violence helpline seven days after the announcement of restrictions by the UK government [1]. Additionally, China - which was the first country to impose mass quarantine – saw a threefold rise in abuse incidents in February 2020 [6].

Perpetrators are capitalising on precautions related to COVID-19 to use coercive control mechanisms specifically through the use of containment, fear, and threat of contagion [1]. As echoed by The United States National Domestic Violence Hotline, 5.8% of victims experienced a new form of manipulation from fear tactics of prohibiting access to hospital care and withholding necessary items such as hand sanitisers [3]. In keeping with the unknown of what goes on “behind closed doors”, lockdown measures have inadvertently granted abusers or potential abusers the ability to act in ways that give them increased power to exploit with less scrutiny from others [4].

Our public health response and policies not only restrict people living in volatile situations of family violence to their homes but also serve as catalysts to tip at-risk relationships into violence [1]. Isolation at home coupled with psychological and economic stressors, stemming from unemployment, fear, frustration, anxiety, boredom and financial burden, increases one’s susceptibility to mental health issues [6,7]. These heightened stressors act as triggers which unravel negative coping mechanisms through excessive alcohol consumption and substance misuse [6]. In Australia, as social distancing measures were implemented, the sales of alcohol rose 36% [6]. Given the closure of pubs and bars, it comes as no surprise that people are drinking more due to boredom and stress release within the confines of their homes [6,7].

With more than half of perpetrators reported to having been under the influence of alcohol at the time of domestic abuse, it becomes apparent that the aforementioned risk factors act as a medium for exacerbating pre-existing familial conflicts adding to the catastrophic milieu [6,7].

Governments and policymakers should use this rise in domestic violence precipitated by the pandemic as an opportunity to implement new protocols and approaches. Although there was some awareness around this matter prior to COVID, planting seeds to create greater understanding will be essential in building the foundation of methods to address this matter. Information about services available locally, such as hotlines, telehealth, respite services, shelters, rape crisis centres, and counselling, should be reinforced through policy change [6]. Stakeholders can integrate discrete reporting platforms into grocery stores or other essential public spaces, as already exemplified in France since May 2020 where pharmacies and shops have initiated emergency warning systems through posters placed in toilets to enable people in danger to use code words like “mask 19” to alert staff [1,6]. On a legislative level, governing bodies should apply a gendered lens to funding and an economic stimulus to industries that are not solely male dominated as a means of allowing both genders to return to work and essentially spend more time outside the confines of their home [8]. Moreover, as seen in the reallocation of funding in Victoria, the 20 million dollar package by the State Government providing accommodation for perpetrators represents a shift in approach we have for reducing family violence [9]. Equally important is to see more women being included in the decision making and planning of interventions to provide a different perspective [10]. Services including therapists and frontline healthcare workers should provide further support and care to survivors experiencing immediate danger and distress during this pandemic [4]. Thus, it is critical for governments to increase the capacity for helpline services, targeted campaigns, and training of these workers to cope with such cases [11]. Providers should also normalise screening by using routine and standardised questions through telemedicine appointments to ensure all patients are aware of resources available to them as well as safety planning if relevant [7,12]. Incorporating screening for domestic violence into COVID-19 testing sites is another way to overcome the barriers to seeking help [1]. The importance of neighbours, friends, and families to encourage conversation and provide support during these hard times is also highly recommended [6]. Equally important is mitigating the psychological trauma after this pandemic has subsided and providing the essential funding to support the mental health sequelae [13].

Conclusion

The COVID-19 pandemic has served as a critical point for individuals to be aware of the repercussions of our emergency health response. Whilst “staying safe” alludes to remaining virus-free, it is imperative during such adversity that we fight for those who are vulnerable and under-represented within the political spheres. In light of the policies set to overcome COVID-19, a need to implement guidelines to protect our domestic violence victims is more important now than ever before.

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Conflict of interest

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