

The pandemic paradox: The consequences of COVID-19 on domestic violence

COVID-19 (the new strain of coronavirus) has been declared a global pandemic. Measures announced over recent weeks to tackle it have seen people's day-to-day life drastically altered. These changes are essential to beat coronavirus and protect health systems (UK Home Office, 2020). However, there are unintended, negative consequences. As the virus continues to spread across the world, it brings with it multiple new stresses, including physical and psychological health risks, isolation and loneliness, the closure of many schools and businesses, economic vulnerability and job losses. Through all of that, children and their mothers are particularly vulnerable (End Violence against Children, 2020) to the risk of domestic violence. Domestic violence refers to a range of violations that happen within a domestic space. It is a broad term that encompasses intimate partner violence (IPV), a form of abuse that is perpetrated by a current or ex-partner. In this editorial, we talk about "domestic violence" because this is the term used most often in the media. It is important to clarify though that we are mainly referring to IPV and its impact on children who live with or are exposed to IPV between adults. We also focus mainly on women, because they are disproportionately affected by domestic violence; however, we recognise that domestic abuse happens to men and occurs within same-sex relationships.

It is a matter of just about a week ago where one of us (Bradbury-Jones) was writing another editorial about COVID-19 for the *Journal of Clinical Nursing*, reflecting on life in the pandemic (Jackson et al., 2020). Within that editorial, we raised the emerging concern as to whether domestic violence rates would rise as a result of the "lockdown" that is being imposed by many countries across the globe. Although these measures vary, to some degree, in their timing and severity, they generally require that people stay at home and only leave for an essential reason such as buying food, collecting medication or carrying out a key worker role. At the time of writing this first editorial, the concern was expressed as speculation, a questioning as to whether it might happen. Within such a short time span, there is clear evidence that we need to speculate no more. Domestic violence rates are rising, and they are rising fast.

Experience in New Zealand and internationally has shown that family violence (including IPV, child abuse and elder abuse) and sexual violence can escalate during and after large-scale disasters or crises (NZFVC, 2020). Around the world, as communities have gone into lockdown to stop the spread of coronavirus, the mass efforts to save lives have put women in abusive relationships more at risk. A very recent article published in *The Guardian* (2020) reported on how the surge of domestic violence cases is a pattern being repeated

globally. Reporting from several different countries, the article highlighted alarming figures, for example a rise of 40% or 50% in Brazil. In one region of Spain, the government claimed that calls to its helpline had risen by 20% in the first few days of the confinement period and in Cyprus, calls to a similar hotline rose 30% in the week after the country confirmed its first case of coronavirus. In the UK, Refuge, one of the leading domestic abuse organisations reported that calls to the UK Domestic Violence Helpline increased by 25% in the seven days following the announcement of tighter social distancing and lockdown measures by the government. During the same period, there was a 150% increase in visits to the Refuge website (BBC, 2020). Governments across the globe are imposing necessary draconian measures to try to level the curve of the virus and to delay its peak. In the UK where we both live and work, we have listened to what has become a well-rehearsed mantra: Stay Home; Protect the National Health Service (NHS); Save Lives. We use this editorial to propose the pandemic paradox, to unravel and problematise these measures in terms of what they mean for those who are living and surviving abusive relationships.

Let us start with staying at home. Home is not always a safe place to live; in fact, for adults and children living in situations of domestic and familial violence, home is often the space where physical, psychological and sexual abuse occurs. This is because home can be a place where dynamics of power can be distorted and subverted by those who abuse, often without scrutiny from anyone "outside" the couple, or the family unit. In the COVID-19 crisis, the exhortation to "stay at home" therefore has major implications for those adults and children already living with someone who is abusive or controlling. Stringent restrictions on movement shut off avenues of escape, help-seeking and ways of coping for victim-survivors. Restrictive measures are also likely to play into the hands of people who abuse through tactics of control, surveillance and coercion. This is partly because what goes on within people's homes—and, critically, within their family and intimate relationships—take place "behind closed doors" and out of the view, in a literal sense, of other people. Unintentionally, lockdown measures may therefore grant people who abuse greater freedom to act without scrutiny or consequence. Social norms and attitudes that suggest there is a "sanctity" to family life—to home, in a social rather than physical sense—can also make it difficult for people to speak out about, let alone leave, abusive situations as a result of feelings of shame and embarrassment. During the COVID-19 crisis, it is therefore important to think critically about idealised representations of home and family and to make it possible

for people to talk about, and where possible take action to counter abusive and controlling family life. Asking people directly, on repeated occasions, about whether they consistently feel safe at home is one way of doing this; however, it is also important that people asking this question have the time and emotional resources to listen and respond to the often-subtle ways that people indicate they are scared and unsafe.

As regards protecting health, social and therapeutic services, of course there has been considerable focus on front-line staff, directly relevant to dealing with the novel coronavirus. Nurses and health professionals are clearly at the forefront of the response to COVID-19 and we stand with those underlining the need to meet, as a basic requirement, health professionals' physical, practical and emotional needs during and after the immediate impact of the pandemic. It is vital that health services are protected and resourced. It is also vital, however, that we continue and where necessary increase support to the services who work alongside health and avoid tendencies to pit services against one another in practical or moral terms. Services working alongside health include the advocates, therapists and helpline practitioners working in specialist domestic and sexual violence services in the voluntary sector. These organisations provide an array of services, including but not limited to refuge accommodation, independent advocacy and peer support and mentoring services. Their independence is often highly valued by victim-survivors, many of whom may have had difficult experiences with institutions such as the police or social services. During the COVID-19 crisis, these services are more crucial than ever. They provide support and care to victim-survivors experiencing immediate danger and distress. Thus, it is critical that governments across the world enable these services to remain open. This means ensuring that voluntary sector practitioners can access personal protective equipment, be paid in full and be supported to care for their own families whilst working. It also means finding new solutions, including increasing capacity for helpline services and running targeted campaigns, alongside specialist services, about discrete ways that victim-survivors can contact the emergency services without alerting their abuser (Independent Office for Police Conduct, 2019). For people already accessing crisis and therapeutics services, the use of phone support and online technologies to provide advice and counselling is welcomed. However, it is also important to recognise that victim-survivors may not have access to these mechanisms because of control tactics used by an abusive partner, or more simply, because they cannot afford them. This underlines the need to provide different types of support and to recognise that many people will simply not be able to access help or care whilst social restrictions are in place and this will have an impact on their safety, health and well-being now and in the longer term.

In terms of saving lives, one of the most serious manifestations of intimate partner and familial abuse is domestic homicide. In the UK, approximately two women are killed every week by their current or ex-partner. During the COVID-19 pandemic, reports have emerged of an apparent increase in domestic homicides in a number of affected countries. In March 2020, Spain (a country that has been particularly hard hit by the pandemic) saw its first domestic

violence fatality just 5 days following lockdown; a woman was murdered by her husband in front of their children in Valencia. There is also emerging evidence of an increased number of domestic homicides in the UK since the lockdown restrictions were enacted (Ingala Smith, 2020). At this early stage of the pandemic, it is too early to verify whether the increased reporting of these deaths represents an actual rise in domestic homicide rates or increased media attention. However, it is important to highlight that reported cases are of violence are known to be a small percentage of actual incidents. Moreover, the emerging homicide numbers underline the serious and potentially devastating unintended consequences of the pandemic for victim-survivors of abuse.

At the time of writing, we are grappling, like everyone else, with the myriad, often deeply worrying effects of this novel coronavirus. Seeking to stem its spread, safeguard our health systems and, critically, best protect those with health vulnerabilities that put them at risk of life-limiting or life-ending illness, it has been necessary to alter social behaviours like never before and for governments to alter radically, the extent to which they intervene into our private lives and behaviours. We raise concerns about the needs and experiences of victim-survivors of domestic violence as a way of drawing attention to some of the unfortunate and troubling paradoxes of social distancing and isolation measures, not in opposition to them. We do so because the voices and needs of victim-survivors are too often over-looked and under-represented in some parts of the media and within policy and political spheres. We also raise these issues because there are actions that may help to mitigate the additional risks that COVID-19, and its attendant social and economic effects, may have on victim-survivors. National and local governments can, for example, take action now in terms of protecting and supporting services that provide crisis and therapeutic support to victim-survivors. However, it is also by being aware of and, where possible, reaching out to those who may be affected by domestic violence that we can support one another, whether in our personal or professional lives. This pandemic creates a paradox as regards staying safe at home and it is one to which we should all pay attention. Governments across the globe have called upon us all to play our individual part in tackling COVID-19 by staying at home, but a critical mindfulness of what this means for many women and children is also important.

Caroline Bradbury-Jones RN, PhD

Louise Isham PhD

University of Birmingham, Birmingham, UK

Email: c.bradbury-jones@bham.ac.uk

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