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The Hidden Disaster of COVID-19: Intimate Partner Violence

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The hidden and often unspoken impact of the 2019 novel coronavirus (COVID-19) has been the prevalence of intimate partner violence (IPV). This commentary addresses this issue and highlights a study undertaken to address this public health issue by generating empirical research on the relationship between COVID-19 and IPV.

Keywords: intimate partner violence, stress, COVID-19, resilience

Since the 2019 novel coronavirus (COVID-19) led to a lockdown around the world, almost all of our attention has been devoted to the public health aspect of this pandemic. Prior to the pandemic, the World Health Organization (WHO) estimated that 35% of women globally experienced physical or sexual violence from an intimate partner over the course of their lives (WHO, 2017). However, in an ironic twist, many of the strategies that are critical to ensuring our collective public health during this pandemic may put people at greater risk for both physical violence and mental health issues (Holmes et al., 2020; Horesh & Brown, 2020). Important public health imperatives like lockdowns, stay-at-home orders, social isolation, and social distancing have had a profound impact on families experiencing intimate partner violence (IPV; Holmes et al., 2020). In many instances of IPV, women are afraid to be alone with their abusive partners and experience a high degree of social isolation because they are afraid to tell their families and friends what is happening, out of both shame and fear that their abusive partner will hurt them, their children, or family members in retaliation for disclosure. In effect, the public health measures to protect people from COVID-19 are increasing the amount of time that women have to spend with their abusive partners at home, which raises their risk of injury exponentially (WHO, 2020).

Additionally, external relational stressors, such as unemployment and housing instability, either caused or exacerbated by COVID-19 increase opportunities for relational conflict (Capaldi, Knoble, Shortt, & Kim, 2012). This, in turn, might increase the risk for more frequent and intense abuse in families already experiencing IPV prior to COVID-19. A problem unique to the situa-

tion caused by COVID-19 is that there is no place for these women to go to escape the abuse. They may call a hotline number and receive psychological assistance over the phone, but police are being strongly encouraged not to make arrests for anything other than felonies, and the IPV shelters are not open or being staffed for women fleeing abusive relationships (Brooks, 2020; Elinson & Chapman, 2020; Mock, 2020; Taub, 2020). There has been a substantial amount of coverage in world newspapers documenting IPV. There are reports from Wuhan suggesting that IPV rates for February 2020 were 3 times higher than they were during the same time period in 2019 (Wanqing, 2020), and the *Guardian* newspaper has documented similar situations occurring in Spain, Italy, Brazil, Cyprus, and elsewhere (Kelly, 2020).

New Orleans, where we live, has been particularly hard hit by COVID-19 and for a time led the country in both hospitalization rates and deaths. Consequently, according to publicly available crime data reported by the *Advocate* newspaper, by April 15, 2020, crimes against people in New Orleans had dropped 21% since their daily average at the start of the year, and property crimes were down 30%. All other types of violent crime were down more than 25%, and gun homicides were down 58%. However, aggravated domestic assaults were up 37% on the year and were 16% higher than all of 2019 (Sledge & Adelson, 2020). These data suggest that IPV is exacerbated by the very public health measures instituted to keep communities safe from disease, but there has been no research conducted on a disaster like COVID-19. It seems likely that families experiencing IPV would see an increase in both the frequency and intensity of IPV incidents during this time of mandatory social isolation and home confinement. Similarly, forced confinement at home under such stressful circumstances may increase opportunities for relational conflict and subsequent IPV and child abuse. Some of our past work has investigated the relationship between disaster exposure and IPV. Although we found that disasters tend to increase both the frequency and intensity of IPV, none of that research took place within a context of social isolation and home confinement. (Buttelli & Carney, 2009; Ferreira, Buttelli, & Elmhurst, 2018; Lauve-Moon & Ferreira, 2017).

In order to generate empirical research on the relationship between COVID-19 and IPV, we are currently distributing a COVID-19 survey, approved by the Tulane University Institu-

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tional Review Board (IRB). We are circulating it on different social media platforms and Tulane listservs. The survey focuses on past disaster experiences in New Orleans (e.g., Hurricane Katrina), disaster preparedness, stress, and IPV. We will utilize pilot data from these online platforms to refine the survey instrument and will distribute the survey to women seeking shelter services and legal assistance from the New Orleans Family Justice Center, the Metropolitan Battered Women's Shelter, and the Tulane University Domestic Violence Law Clinic.

Our survey and subsequent focus groups will provide important empirical information to help us (a) understand how a pandemic differs from other types of disasters in terms of disaster preparation and response, (b) explore changes in IPV during this time period and investigate whether COVID-19 pushed families into experiencing IPV for the first time, and (c) examine changes in these same constructs over the course of the summer. Preliminary data drawn from the responses of New Orleans community ($n = 275$) indicate that an estimated 88% ($n = 244$) felt nervous and stressed in the past month, 95% ($n = 258$) expressed worry about the ongoing impacts of COVID-19, and 59% reported an escalation of IPV among those who experienced IPV prior to the COVID-19 crisis ($n = 27$). When completed, this research will provide critical information to policymakers about the impact of COVID-19 on relational stress and coping strategies for families experiencing IPV. It might suggest that shelter-in-place strategies have differential impacts on families experiencing IPV. Indeed, such data would reinforce the anecdotal evidence that prompted the recent call of the United Nations for urgent action to combat the worldwide surge in domestic violence.

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