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Staying Safe During COVID-19: How a Pandemic Can Escalate Risk for Intimate Partner Violence and What Can Be Done to Provide Individuals With Resources and Support

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The emergence of COVID-19 presents unprecedented challenges in keeping individuals experiencing intimate partner violence (IPV) safe in the United States and abroad. This commentary explores how COVID-19 may be increasing risk for IPV and what strategies may be used presently, and in the future, to mitigate IPV risk during crises.

Clinical Impact Statement

This commentary reviews the impact that COVID-19 has had on intimate partner violence and provides suggestions for what can be done to increase intimate partner violence safety during the pandemic and future crises.

Keywords: intimate partner violence, pandemic, Covid-19, coronavirus

Intimate partner violence (IPV) is a critical public health problem with vast negative health sequelae. Exposure to heightened environmental stress, such as the sweeping emergence of the novel coronavirus, coronavirus disease 2019 (COVID-19), is likely to increase the occurrence of IPV in the United States and globally. The objective of this commentary is to examine strategies to increase IPV safety during salient periods of increased stress exposure now and in the future.

Although it will not be possible to develop an empirically driven understanding of the effects of COVID-19 on IPV frequency and severity until the pandemic is fully remediated, the media and

other recent commentaries have already reported on the exacerbating effect of COVID-19 on IPV (Bradbury-Jones & Isham, 2020; Campbell, 2020; World Health Organization, 2020). Some have suggested that reducing the penetrance of COVID-19 infections and the need for social distancing might mitigate IPV exacerbations (van Gelder et al., 2020). One report published that nine of 20 major metropolitan cities have observed a significant (i.e., 20% or greater) increase in IPV-related calls (Tolan, 2020). Anecdotal data also suggest that several countries have observed an increase in responses to IPV from criminal justice affiliates (e.g., police responding) (Graham-Harrison, Giuffrida, Smith, & Ford, 2020).

Abundant empirical literature reminds us that some intimate relationships are characterized by situational couple violence, which includes less frequent and severe IPV, whereas others might reflect intimate terrorism in which the dynamics of power and control yield more severe and chronic psychological, physical, and sexual IPV (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012; Straus, 2008). With this contextualization in mind, it is clear how the current social and economic climate might predispose partners to increased conflict and IPV; namely, lockdowns, stay-at-home orders, and social distancing guidelines mean partners are spending comparatively more time at home together. Some partners might use the threat of COVID-19 exposure as a method to coerce the other away from seeking medical or psychological treatment. Individuals might also perceive less ability to leave an intensifying, potentially unsafe interaction out of concerns about contracting or passing COVID-19. The already-limited resources available to help individuals experiencing IPV are stretched, leaving individuals with fewer places to access help. Developing safety plans might become more difficult without family and friends'

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homes accessible. Shelters, to prioritize the health of their current residents, are not commonly accepting new residents. Travel restrictions might amplify this dynamic, particularly in situations in which public transportation and travel by car are limited.

Job loss and financial insecurity are COVID-related stressors that might simultaneously increase risk of IPV while making a potential escape less feasible. A Pew Research Center study found that individuals experiencing greater financial hardship related to COVID-19 are also reporting greater psychological distress (Keeter, 2020). Financial strain, in combination with increased and changing parenting responsibilities, lack of access to or having to change adaptive coping strategies (e.g., recreation, social support), might further amplify risk. Moreover, outlets that sell alcohol remain open and accessible. Given that alcohol intoxication is among the most well-established precipitants to IPV (Cafferky, Mendez, Anderson, & Stith, 2018; Foran & O'Leary, 2008), the risk for individuals to use violence might grow exponentially.

As a result of these factors, it is crucial to find novel and creative means to make IPV and healthy relationship resources accessible. Given the heterogeneity of IPV and populations experiencing it, dissemination of resources must become even more inclusive and accessible via multiple platforms. This means leveraging national, local, and social media to reach as many individuals as possible. Because some individuals have limited access to news and information via television, smartphone, and Internet, paper flyers containing information about IPV resources can be posted in neighborhoods. Workplace IPV education to professionals working in essential businesses is also possible.

The primary mechanisms used to get help to individuals experiencing IPV may manifest differently during a pandemic. There is a heightened need for discreet ways to access IPV services. Placing a phone call while at home with a violent partner may be difficult, and some hotlines offer options to text or chat online. M-Health apps have been developed to provide IPV education, information about hotlines and shelters, journals for logging IPV incidents, and/or tools for developing safety plans. Some apps require personalized pin numbers to log on and others are disguised as news and weather apps. IPV-focused professionals may need to use telehealth platforms. Because individuals experiencing more severe IPV may be easily monitored by their partner during the pandemic, professionals might apply increased flexibility with how and when to communicate with their client (e.g., when the partner leaves for the store or is asleep).

Even in a pandemic-free world, it can be difficult for individuals to report or seek help for IPV. In some locations, code-word systems are being implemented in essential businesses, such as grocery stores or pharmacies, so individuals can indicate they are experiencing IPV and need assistance (Kottasová & Di Donato, 2020). Governments should make exceptions for individuals experiencing IPV to leave home to seek help while under lockdown or stay-at-home orders. Information about these exceptions should be widely publicized and made accessible via multiple platforms to reach as many people as possible.

Governments around the world are learning from COVID-19 and may be considering how to prepare for future crises. It is

crucial to utilize rigorous scientific approaches to identify specific mechanisms linking the pandemic to IPV risk and to survey individuals and couples regarding effectiveness of measures they have used to increase safety. This will inform long-term, adaptive planning for preventing IPV and assisting individuals experiencing IPV during crises. Lobbying lawmakers to increase funding for IPV shelters and organizations may increase preparedness. Expanding training in IPV screening procedures for health professionals across disciplines and creating protocols for integrating these screenings into telehealth visits may increase identification of at-risk individuals. Although anyone can be impacted by IPV, women and transgender women (particularly those of color) incur increased risk of injury and death because of IPV (D'Inverno, Smith, Zhang, & Chen, 2019). Thus, developing novel opportunities for financial independence for women, sexual and gender minority individuals, and people of color (e.g., equal pay, paid parental and sick leave, affordable child care options, affordable health insurance) may facilitate separation from partners and reduce overall IPV incidence. Using data to inform larger-scale solutions, such as these, will facilitate the safety of individuals who are most vulnerable when they are mandated to stay home.

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