

Intimate Partner Violence during COVID-19

Subjects: **Others**

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Domestic violence abuse (DVA) is a widespread public health problem that includes different kinds of abuse, such as that upon elderly individuals and children in the family, while intimate partner violence (IPV) refers to violence by a current or former spouse or partner in an intimate relationship with the victim. IPV can be physical, psychological, sexual, or economic and can have negative health consequences on the victim. Social isolation is considered one of the main risk factors leading to intimate partner violence episodes; this evidence also emerged during the application of stay-at-home policies to contain the COVID-19 pandemic.

stay at home

coronavirus

thematic synthesis

aggressive behavior

helping professions

psychological violence

lockdown

forced cohabitation

victimization

1. Introduction

Domestic violence abuse (DVA) is a widespread public health problem [\[1\]](#)[\[2\]](#) that includes different kinds of abuse, such as that upon elderly individuals and children in the family, while intimate partner violence (IPV) refers to violence by a current or former spouse or partner in an intimate relationship with the victim. IPV can be physical, psychological, sexual, or economic and can have negative health consequences on the victim [\[3\]](#)[\[4\]](#)[\[5\]](#)[\[6\]](#).

Both geographical and social isolation may contribute to violence among people living together and the sequential consequences of a lack of social networks and support, a main protective factor in IPV episodes [\[7\]](#)[\[8\]](#). Worldwide, several confinement measures have been taken to reduce the risk of infection; measures have differed among different countries, but all agreed on the advice (or, in some cases, orders) to stay at home (SAH), reduce mobility and increase social distancing across individuals [\[9\]](#)[\[10\]](#). The SAH policies were effective in limiting the spread of the virus but resulted in profound crises on several levels: public health, economic crisis, increased unemployment, and difficulties of forced cohabitation [\[11\]](#)[\[12\]](#); moreover, there has been an impact on society, which suffered from a lack of social support systems, and repercussions on, in particular, in intimate partner violence situations.

DVA and IPV, during the different pandemic responses and situations of social isolation, were apparently associated with several factors: loss, bewilderment in facing an uncontrollable disaster, economic stress, increased exposure to risky and dysfunctional relationships, and lack of access to support systems, including health, law enforcement, and justice [\[2\]](#)[\[12\]](#)[\[13\]](#)[\[14\]](#)[\[15\]](#)[\[16\]](#). Moreover, substance abuse, isolation and financial strain have been shown to be IPV risk factors that may be intensified during a pandemic period, as these factors can increase loneliness, increase psychological and financial stress, and increase the use of negative coping strategies, such as

substance abuse [2][4][12]. Concerning the COVID-19 pandemic, early data collected on a global scale suggest that as isolation measures take effect, there has been a significant increase in IPV episodes since 2019 [4][17][18] regarding both reports and access to support services and websites [1][3][19][12][20][21]. However, most data regarding the impact of COVID-19 social isolation measures on IPV have come from media and reports from victim support organizations [1][2][16][22].

As the restriction measures went into effect, the media highlighted a spike in IPV cases, sometimes with data that seemed to conflict. In Italy, for instance, during the SAH orders, a decrease in calls to the intimate partner violence hotline has been recorded; similar data have been found in Norway and in New York [23]. A possible explanation for this phenomenon may be the difficulty of victims seeking help, either because of social isolation that may amplify individual vulnerability and abusive behavior [1][4][9][24][25][26] or because of the coping strategies implemented by victims without incurring an increased risk [27].

Notwithstanding, several studies report different attitudes towards IPV reporting between victims and help professionals, both with regard to the perceived risk of reoffending [28] and the possibility of receiving/providing effective help [29][30]. Specifically, help professional reports—particularly those made by health providers [31][32][33]—seem to acknowledge a lower percentage of IPV cases than the victims, making it difficult to understand the real extent of this phenomenon. Nevertheless, health providers work through social services and shelters, allowing for systematic data collection and support and practical help for victims, both in recognizing the abusive situation and in getting out of it.

Crucially, the pandemic condition has drawn media attention to a phenomenon that should not be viewed through a causal filter but throughout its evolution. The fragmentary nature of data and news does not emphasize that IPV is a pattern of abusive behavior that stems from social and gender culture, nor is it a direct consequence of the COVID-19 emergency [17][27][24].

Several reviews have examined the issue of IPV and its characteristics from the perspectives of victims, police, and healthcare facilities. However, to the best of our knowledge, no reviews have assessed the impact of the COVID-19 pandemic on IPV. Particularly, our study would like to fill the dark figure of crime issues through a multiperspective phenomenon analysis (i.e., victims, police, healthcare).

From these premises, the purpose of our review was (1) to collect research data on IPV during the COVID-19 pandemic to identify possible trends and (2) to highlight the features of this phenomenon by comparing data from victims (e.g., data collected from anonymous online surveys) and from help professionals. This includes all professionals (e.g., law enforcement officers, psychologists, doctors, health workers, educators) who activate supportive and helpful services in numerous fields, from social care and healthcare to security and prevention.

It is assumed that victims, because of the risk of infection, have preferred not to seek emergency care; moreover, hospitals and specialty facilities have limited access to support services for IPV victims, because of cases of staff contamination and because they are prioritizing the reception and care of those with COVID-19 [10][27].

2. Discussion

This review allowed us to investigate the phenomenon of intimate partner violence from different perspectives. On the one hand, there were data from the victims themselves; on the other hand, there were data from reports and calls to healthcare facilities. This approach allowed a third observation, the comparison between the data provided by the authorities and the data from the victims, taking into account the difficulty of victims in reporting their abusive partners.

It is worth noting that among the different forms of victimization, physical assault episodes decreased, although the severity of the assaults worsened among the victims [34]. This result might be explained by the perpetrators wanting to avoid hospitals, thus ensuring that the victimization was less harmful than that in normal conditions; moreover, the victims were not able to reach hospitals due to the spread of the virus and the at-home confinement with their abusers. The implementation of SAH policies increased the difficulty of victims escaping the abusive behavior; it can also be assumed that SAH policies provided more control over the victims for the perpetrators, who had more knowledge of their movements [35][36][37][38][39]. This assumption was also supported by the data from this review; while victims reported more IPV episodes, the data collected by the police and healthcare services showed little change compared to previous periods [9][14], sometimes even significant declines [40], while a significant change seemed to emerge especially from those who had never sought help for IPV episodes [41].

Based on the data collected through the victims, it was found that physical violence was the one most associated with the increase in tobacco, drug and alcohol intake [42]; however, there is no certainty of a causal relationship between the two phenomena [43]. Additionally, it could be seen that most of the risk factors already found in the literature [44][45][46][47][48] were influential in the period of SAH policies, such as age, educational level, presence of mental disorders, or having previously experienced IPV [42][49]. In addition, having contracted the coronavirus or experienced a state of job uncertainty caused by the pandemic situation, with the subsequent increase in life stressors, seemed to represent new risk factors related to the specific time frame [50][34]. The association between coronavirus positivity and job loss because of COVID-19 and an increase in IPV emerged from both self-reports of victims and self-reports of IPV perpetrators [42][50].

With regard to perpetrator data, it should be noted that they were not sufficient to highlight an in-depth IPV perpetrator perspective; thus, we could not structure a specific discussion on this issue. In particular, there were no studies that specifically considered the perspective of offenders, especially regarding an increase or decrease in pre- and post-SAH violence, with a significant sample.

According to several studies [1][4][12][24], increasing the amount of time spent together with an abusive partner because of forced cohabitation has led to an exacerbation of a victim's vulnerability and, moreover, to an abusive partner's opportunity to perpetrate violence, failing to rely on social support, social networks, and the networking considered among the most important protective factors [7][8]. This result (that spending time together leads to increased vulnerability and therefore violence) is also in line with a UK study [51], which showed that despite a continuous increase in calls and police reports during the lockdown in June, coinciding with a loosening of

restrictive measures, IPV started to decrease. It should be noted, however, that apart from the fact that these were calls to the help line and police calls/reports, the post lockdown period considered was very short and did not represent the focus of the study. This changed the victims' seeking-help modality, making IPV calls for psychological support rather than legal support more accessible [52], while increasing the control of the abusive partner, which may have led to greater isolation for the victim.

3. Conclusions

These results acquired considerable importance in addressing a phenomenon as complex as intimate partner violence. In fact, one of the main issues of data collection concerns the obscure number, i.e., the number of episodes of violence that are never reported, therefore affecting the estimations of the incidence of the phenomenon worldwide. On this subject, in a recent study conducted in Italy on the consequences of forced cohabitation during SAH orders, participants assumed an increase in episodes of IPV and an increase in separations as a result of forced cohabitation caused by restrictive measures in the territory. Although the data reported by research participants did not show a worsening within their daily lives [11], these findings provide a deeper understanding of the result shown by Freeman [9], who reported no change between the SAH period and the previous year but highlighted the increasing difficulty for victims to be able to report while living with their perpetrators.

The dark figure of crime is a pervasive limitation in domestic violence studies and, more specifically, with regard to intimate partner violence. In the interpretation of data from the reviewed studies, a substantial gap has already emerged between data reported by victims and those reported by professionals; although this finding supports the literature on the subject [53][54][55][56][57][58][59][60], the limitation that results in not being able to consider the data generalizable must be considered.

Beyond the limitation due to the obscure number, some inherent limitations in the present review must be considered. First, the wide range of methods and measures used for collecting and analyzing the data did not allow for more in-depth comparisons between the research examined; given the different research designs, this also led to the choice of using two different tools for the analysis of risk of bias.

Furthermore, it should be noted that most of the studies were carried out in the first few months following the onset of the pandemic, and there was no single restrictive measure for all countries, ranging from social distancing measures to more restrictive measures such as lockdowns. In fact, although some of the studies considered were conducted during the period of relaxation of the restrictive measures, the questions asked were focused on the violence experienced during the lockdown period, whereas it would be interesting to focus the study on the post lockdown period. Moreover, lacking sufficient data from all over the world, it was not possible to proceed with a comparison by area; the problem of gender-based violence is mainly due to cultural factors, and being able to highlight the different aspects from different parts of the world could allow more extensive and in-depth work. Furthermore, intimate partner violence involves different dynamics than domestic violence and other forms of abuse; thus, future studies could investigate the phenomenon more extensively.

Future research could further investigate the perspective of perpetrators to highlight the motivations and factors underlying the increase/decrease in violence during the pandemic period, as well as the types of violence most commonly used. As previously mentioned, distancing policies and orders to stay at home might have led to greater control over the victim by the partner, which might explain why in some situations a decrease in violence in the COVID-19 period and a decrease in severity were shown. Furthermore, it might be interesting to take gender differences into account in these terms. Highlighting the perspective of perpetrators could ultimately lead to a better understanding of the phenomenon and, consequently, to additional elements that could form the basis for combating the phenomenon of violence.

In terms of application, the results of this literature review could lead to the implementation of specific training for professionals (e.g., police, psychologists, and doctors), focusing on how to correctly receive requests for help, based on specific trainings with the use of role playing, both in person and on the help line. The training could also concern raising awareness and training with respect to the correct reading of signal or sentinel crimes, with the activation of standardized procedures at the national level. Awareness of IPV alarm signals and of increased risk in spending time with perpetrators in the general population may be an opportunity to decrease the dark figures of crime while increasing social support, as it is an important protective factor [7][8]. Therefore, developing interventions both on a large scale and in individual neighborhoods may contribute to preventing the IPV phenomenon.

According to the available data, it would also seem useful to implement procedures that could make it easier to connect victims with institutions, especially in all cases where the victim has limited possibilities to communicate with the outside world. It is also worth considering that the end of the pandemic will give victims a greater possibility to seek help and break out of the cycle of violence. This might mean making the availability of all those who help victims, from mental and physical health professionals to authorities, even more visible. Therefore, more effort might be needed to increase the possibilities for victims to meet these professionals.

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