Sheltered-In-Place: Domestic Violence during COVID-19

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March 2020 marked the closure of thousands of workplaces, schools and other services to comply with government-issued lockdowns to prevent the spread of coronavirus (COVID-19) across the Canadian population. While the intent of the stay-at-home orders was to provide safety for the surrounding communities from the pandemic, many victims of domestic abuse soon found themselves confined to the root of their trauma for the sake of public health. Dubbed the "pandemic within a pandemic" by the media, 54% of responding victim services have reported an increase in the number of served domestic violence victims between mid-March and early July of 2020,[1,2] and police-reported calls for domestic disturbances have also increased 12%, according to data compiled from 17 police services across Canada.[3]

Risk factors for increases in domestic violence shown after catastrophic events and natural disasters include rapid decreases of available resources, unprecedented shifts in daily routines, unemployment and closure of community services.[4] COVID-19 has also brought upon the additional stressor of mandatory community physical separation, which may increase tensions within the home and prevent victims of domestic violence from accessing help due to restricted contact with personal networks and victim services, or less opportunities for contact due to increased time and exposure with their abuser.[2,5]

Mechanisms of domestic abuse can fall under physical, sexual, psychological/emotional, financial, coercive control, cyberviolence and any other forms used to harm and manipulate a former or current intimate partner.[5,6] Victims of domestic abuse may not only be limited to the partner, but also that of other inhabitants within the

domestic cohort including children, parents, relatives, etc.[5]

Social isolation is one of the most common mechanisms abusers use to maintain control over their victim, as it limits their opportunity for contact with family, friends, and protection services.[7,8] Abusers can use stay-at home orders to their advantage, because it provides more contact with their victim in both shared space and time.[9] Since lockdown provides less opportunities for a victim to temporarily escape from their abuser and for peers to intervene, the likelihood for abuse increases as the victim is exposed to their abuser on a daily basis.

A study done in emergency department admissions at The Ottawa Hospital for cases of domestic violence have shown an increase of 28.57% in cases of psychological abuse and 22.86% of assaults occurring outdoors.[10] This presents the troubling dilemma victims face where even during essential trips for grocery trips or exercise, they may have to remain with their abuser to comply with interactions only being with those within the household. Coercive control is described as an abuser's pattern of behaviour which includes intimidation, threats, isolation and controlling tactics.[11] The transition to online services and contacts could allow for a victim to get help through victim services when the perpetrator is not present; however, abusers may use technology-facilitated violence[6] for technological surveillance and limit a victim's communication with their social supports. Abusers may also emphasize a victim's financial reliance on them if the victim is unemployed and/ or if there are financial difficulties due to the pandemic; and may decrease a victim's financial autonomy or withhold their finances altogether if the victim fails to comply.[6,7]

Reported abuse mechanisms during the pandemic include the gatekeeping of information about public health measures, the virus itself, and restricting access to essential hygiene products such as sanitizer, hand soap and masks.[12,13] With more access to their victims than ever, the COVID-19 pandemic becomes the perfect platform for abusers to further intensify their coercive control and manipulation.

One of the prime determinants of health in society is the "absolute ability of individuals to meet their basic human needs".[14] Which, when further explained using the materialist approach to the social determinants of health, include the availability of material needs such as: safe housing, being adequately compensated and access to essential goods such as clean water and good-quality food. Without these things, the health of individuals is compromised and leaves them susceptible to illness or death; especially if there are inequities that prevent an individual from personally obtaining them,[14] such as abusers withholding essential items. Maslow's Hierarchy of Needs, a five-model that presents human needs from the bottom-up as physiological, safety, love, belonging needs, esteem and self-actualization can be used to combine materialist and social-psychological needs of determinants of health.[15] The ability for a victim to fulfill the needs for personal safety and physiological needs is severely compromised during the pandemic. It becomes evident that victims of domestic abuse have limited options as outside of the home appears no less safe than the inside, due to fears of contracting coronavirus and closures or decreased space in women's shelters. Heightened public tensions and personal tensions from pandemic makes victims of domestic abuse more susceptible to long-term psychological damage and trauma more than ever.

Further research is needed to understand women's experiences with IPV during this time and how abuse mechanisms can be manipulated due to COVID-19 measures is absolutely key for policy makers and outreach workers to figure out what is essential for not only safety during the pandemic, but also for sheltered-in domestic violence victims.[7] Social workers are encouraged for the use of in-depth conversations and codewords during risk assessments and recognize the increased presence or technological monitoring of abusers when conducting risk assessments online or on the phone.[12,16] Internet-based platforms for outreach also need to be inclusive to abused women who may have difficulty navigating help services due to language barriers, and include a way for victims to exit the page quickly in case of technological monitoring.[6,12] Increased funding for women's shelters can allow for victims to escape abuse while maintaining public safety guidelines,[17] and provide them the essential needs for rehabilitation and healing during the pandemic.

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