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The Invisible Impact of the
COVID-19: Rise in Domestic
Violence

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The Covid-19 outbreak has had an unforeseeable effect, crucially impacting the lifestyle and conditions of populations across the globe. It has resulted in the crumbling of the most developed economies and healthcare systems around the world. Following its declaration by the World Health Organization as a pandemic, most of the countries went on a strict lockdown to flatten the curve of the infections and community spread. However, due to this millions of people across the globe were confined to their homes along with shutting down of businesses and ceasing all economic activity. The much more negative and socially invisible impact was the increase in domestic violence cases across the world especially in the countries where domestic violence already existed at high rates.

The negative consequential effects of the measures adopted by the countries to tackle the spread of Covid-19 is the impending crisis of domestic violence. The physical and emotional violence, child abuse and neglect. This is due to movement restrictions, loss of income, isolation, overcrowding, and stress and anxiety, all which put people especially women and children at a disproportionately increased risk of harm. Therefore, it is important to understand that any resultant increases in the rates of domestic violence would not only be a further travesty of human rights but also be associated with further long-term costs to society, which might be irreparable beyond the immediate threat of COVID-19. (Chandan, 2020) 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. IPV and its impact on children who live with or are exposed to IPV between adults is also a critical aspect that influences the mental health of a child exposed to these conditions. Domestic abuse affects women and men and occurs within same-sex relationships. (Bradbury-Jones & Isham, 2020, p. 2047)

However, it should also be taken into consideration that in addition to physical violence, which is not present in every abusive relationship, common tools of abuse include isolation from friends, family and employment; constant surveillance; strict, detailed rules for behaviour; and restrictions on access to such basic necessities as food, clothing and sanitary facilities. Home isolation, however vital to the fight against the pandemic, is giving still more power to the abuser. The isolation has also shattered support networks, making it far more difficult for victims

to get help or escape. Studies show that abusers are more likely to murder their partners and others in the wake of personal crises, including lost jobs or major financial setbacks. Even if the lockdown ends, the confinement drags on and the danger seems likely to intensify. (Taub, 2020)

More than 90% of employed Indians work in the informal sector and stand the risk of losing their jobs, unless already lost. Of all women who work, 94% work in the informal sector and will bear the brunt of going incomeless: “Women are more likely to be engaged in the informal sector and be hardest hit economically by COVID-19” observed the Inter-Agency Standing Committee, a forum of the UN and non-UN humanitarian partners. A similar threat grips the men of the same households, creating a pressure cooker of uncertainty, frustration and stress. A combination of these three emotions, especially in patriarchal cultures such as we have, commonly leads to a perverted expression of violence upon the dependents at hand, the elderly, children and the women of the household. As a result, abuse rates are shooting up. The WHO has prioritized the urgency to recognize that “violence against women remains a major global public health and women’s health threat during emergencies”. The COVID crisis has already begun to leave in its trail a chain of gendered consequences, including an increased risk of domestic violence. (GHOSHAL, 2020)

Rates of Domestic Violence have already gone up in many COVID-affected countries such as Brazil, Germany, Italy, China, the United Kingdom, the United States and Australia. In China’s Hubei province, the cases during lockdown tripled compared to the previous year for the same period and same area. Reports of increased volumes of domestic violence have also come in from Lebanon and Malaysia as per UN data. In the UK, the National Domestic Abuse Helpline saw an increase of 25% in calls and online messages after the lockdown began. In Cyprus, when the rest COVID positive cases were identified, panic spread and people were asked to stay indoors, and soon after calls to the violence helpline numbers shot up by over 30%. Needless to add, calls are being made by women who have access to a cellphone/ telephone, who can leave the house for a short while, or can ensure a private space in the house from which to place the call. Several more women are unable to reach out as they can manage neither of these. Again, while the reporting of violence has shot up, the availability of support services, and accessibility

to those services, have gone down. Reports also show that in Australia perpetrators are using COVID as a psychological tool against the victims. (GHOSHAL, 2020)

Addressing the acute need of the hour, rights-based groups in Germany have issued a call to the government to prioritize women's safety and to earmark resources to equip more safe houses – including converting hotels and guesthouses into safe houses. They have argued that much more important than following the no-contact rule is the need to save survivors; these groups have prioritized home visits of known cases despite the lockdown. Spain, which had been imposing penalties for those breaking lockdown rules, eventually relaxed its restriction for women, in case they were leaving their houses because of violence. Organizations in the UK have called for special police powers to help rescue domestic violence survivors. In Italy, a trade union group has demanded that for the duration of the pandemic, the perpetrator, and not the survivor, should be made to stay in a shelter. (GHOSHAL, 2020)

As for India, in just one week of the pan-India lockdown, the National Commission for Women (NCW) in India received 58 complaints, close to double its number of weekly complaints, The NCW chairperson stated that, till date, the recorded incidence of Domestic Violence during COVID has been highest from Punjab. However, as all the 58 complaints were received over email, the Chairperson remains apprehensive that the real numbers, including women with no access to emails, and are unable to use the post due to the lockdown, would be significantly higher. Reduced mobility is restricting the survivor's ability to leave the place of abuse, and travel to the natal household or to a safe address during times of exaggerated violence, or to access a healthcare facility for treatment of violence in incited injuries. However, a detailed analysis of the data of calls and emails along with which women are able to reach out, which women are not – would lead to a nuanced reading of the socio-economic class, as well as educational status, and level of awareness about support services that the survivors have. It has never been more important than now to implement a public health approach to gender-based violence. Without adequate surveillance, it is not possible to capture the burden of domestic violence during this pandemic. Because of selection biases, administrative datasets have consistently shown underestimates in the expected rates of domestic violence. (GHOSHAL, 2020)

Potential approaches to improve the surveillance of domestic violence could include the routine inquiry (feasibly integrated into remote primary care consultations or active syndromic surveillance from local health protection teams) and the urgent implementation of linked datasets between police and health records datasets to identify individuals at risk. Enhancing surveillance would also provide the opportunity to offer targeted support and interventions. Though formal evaluations of current interventions have not yet taken place during the pandemic, national charities have produced guidance for how survivors can both report violence, abuse, and neglect and keep themselves safe, including information on remote reporting and support mechanisms. (Chandan, 2020)

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