

Commentary

The hidden monster of domestic violence during the COVID-19 pandemic in resource limited settings: a call to action

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ABSTRACT

The emergence of COVID-19 has seen an unprecedented increase in social and economic disruption worldwide. While measures such as lockdowns and directives to stay at home have helped ease the impact of the pandemic, there has been an upsurge of reported cases of intimate partner and domestic violence. This problem has disproportionately affected already socially disadvantaged communities especially those in low and middle income countries. This paper discusses domestic violence in the context of COVID-19 and proffers recommendations on how to address this growing burden.

The COVID-19 pandemic has caused widespread disruption in almost all facets of life globally. As the world grappled with the morbidity and mortality associated with the disease, numerous public health interventions have been instituted across the globe and these include physical distancing, social isolation and stay at home measures among others. While “stay at home” messages have helped to slow down community spreading of the virus, there also has been an increased risk of domestic violence which has been reported during these times. A number of researches have reported increased incidences and concerns around domestic violence during the COVID-19 pandemic¹⁻⁹ which suggest that this is a growing public health concern which needs urgent intervention. For instance, evidence from a recent study indicated that there was a 7.5%

upsurge in service calls around domestic violence in 14 large United States cities during the 12 weeks following the introduction of social distancing measures⁷. In China, for instance, it was reported that cases of domestic violence increased three-fold in February 2020 when compared to February 2019¹⁰. In Sub-Saharan Africa, the burden of HIV and poverty has contributed immensely to cases of domestic violence. For instance a previous systematic review indicated that the overall prevalence violence of a physical, sexual or emotional nature ranges from 31% in Nigeria to 43% in Zimbabwe; 45% in Kenya; 45.5% in Mozambique; 54% in Zambia and over 57% in Cameroun¹¹. Another more recent review of studies exploring gender based violence in Sub-Saharan countries reported a pooled prevalence of intimate partner violence among women to be 44%.¹²

The social and economic impacts brought about by the COVID-19 pandemic are vast and sometimes not so easy to quantify. Millions of lives have been affected and in most LMICs, many have been pushed further into poverty due to the economic slowdown. Additionally, measures instituted by most governments in an effort to curb the spread of the virus have further worsened already vulnerable populations. Containment policies and strategies aimed at minimizing the risk of COVID-19 transmission may pose the additional risk of psychological effects such as depression, anxiety, substance abuse¹³, feelings of isolation and loneliness¹⁴ and increased unmet health needs¹⁵. For those individuals in already abusive relationships,

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they may face the additional burden of increased isolation from support networks. This may be more pronounced in disadvantaged communities in low-income countries especially those which also lack basic amenities such as water and sanitation facilities, adequate food and poor housing. In most cases, victims and survivors of domestic violence in poorly resourced settings lack basic access to services such as phone in facilities to report the occurrence of violence. This also results in less cases being documented by the relevant authorities which further obscures the extent the burden of domestic violence.

Documenting cases of domestic violence during pandemics such as COVID-19 remains a major challenge in most settings as there are no robust mechanisms to ensure that reliable data is collected. This is usually compounded by lack of information to the public on the various forms of domestic abuse and lack of guidelines to address violence within families and intimate partners. In most cases this results in underreporting and underestimation of the burden of domestic violence. Although in some instances, government ministries, development partners and other stakeholders may be collecting such data, oftentimes there is no proper integration of these data so as to inform programming. This therefore has the impact of clouding the true extent of the problem which may result in less resources being allocated to curb the occurrence of domestic violence during disaster situations.

RECOMMENDATIONS

In light of the foregoing arguments, there is need to adopt a holistic approach which encompasses different sectors of society and the economy. On the social front, there is need to improve social support systems at individual, family and community levels. Faith-based and other community based organizations, could thus be instrumental in coming up with individually tailor made intervention programmes aimed at reducing the deleterious effects of the pandemic. There is also urgent need improve documentation of cases of domestic

violence during outbreaks of public health emergencies. This can be achieved through sensitizing communities of the presence of domestic violence and ensuring that communities are encouraged to report such violations. Organizations offering communities interventions may also develop more innovative ways of gathering such data especially in communities where call-in services may not be available or feasible. Another useful intervention may involving and empowering community gatekeepers and peer educators to gather data and proffer appropriate interventions. In this vein, there may be need to further strengthen laws that protect vulnerable populations which may be at increased risk of experiencing domestic violence during pandemics such as COVID-19. Awareness campaigns should be done which sensitize communities on their rights and how to seek recourse in the event that these rights are violated.

Governments, community service organizations and other stakeholders could also develop guidelines on domestic violence which may be used by healthcare providers and community workers to assist in the detection, documentation and intervention strategies when cases of domestic violence occur. There is need to harness and allocate resources to domestic violence front-liners within communities so as to ensure that communities are well prepared for public health disasters, response, and recovery.

REFERENCES

1. Boserup B, McKenney M, Elkbuli A. Alarming trends in US domestic violence during the COVID-19 pandemic. *Am J Emerg Med.* 2020 Dec 1;38(12):2753–5.
2. Vora M, Malathesh BC, Das S, Chatterjee SS. COVID-19 and domestic violence against women. *Asian J Psychiatry.* 2020 Oct;53:102227.
3. Mazza M, Marano G, Lai C, Janiri L, Sani G. Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Res.* 2020 Jul 1;289:113046.

4. Gulati G, Kelly BD. Domestic violence against women and the COVID-19 pandemic: What is the role of psychiatry? *Int J Law Psychiatry*. 2020 Jul 1;71:101594.
5. Anurudran A, Yared L, Comrie C, Harrison K, Burke T. Domestic violence amid COVID-19. *Int J Gynecol Obstet*. 2020;150(2):255–6.
6. Kofman YB, Garfin DR. Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychol Trauma Theory Res Pract Policy*. 2020;12(S1):S199.
7. Leslie E, Wilson R. Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. *J Public Econ*. 2020 Sep 1;189:104241.
8. Bradbury-Jones C, Isham L. The pandemic paradox: The consequences of COVID-19 on domestic violence. *J Clin Nurs*. 2020;29(13–14):2047–9.
9. Roesch E, Amin A, Gupta J, García-Moreno C. Violence against women during covid-19 pandemic restrictions. *BMJ*. 2020 May 7;369:m1712.
10. Fraser E. Impact of COVID-19 pandemic on violence against women and girls. UK Aid Available [Httpwww Sddirect Org Ukmedia1881vawg-Help-284-Covid-19--Vawg.Pdf](http://www.sddirect.org.uk/media/1881/vawg-Help-284-Covid-19--Vawg.Pdf). 2020;
11. Bamwuye SO, Odimegwu C. Spousal violence in sub-Saharan Africa: does household poverty-wealth matter? *Reprod Health*. 2014 Jun 17;11(1):45.
12. Muluneh MD, Stulz V, Francis L, Agho K. Gender Based Violence against Women in Sub-Saharan Africa: A Systematic Review and Meta-Analysis of Cross-Sectional Studies. *Int J Environ Res Public Health*. 2020 Jan;17(3):903.
13. Czeisler MÉ, Lane RI, Petrosky E, Wiley JF, Christensen A, Njai R, et al. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morb Mortal Wkly Rep*. 2020;69(32):1049.
14. Kotwal AA, Holt-Lunstad J, Newmark RL, Cenger I, Smith AK, Covinsky KE, et al. Social Isolation and Loneliness Among San Francisco Bay Area Older Adults During the COVID-19 Shelter-in-Place Orders. *J Am Geriatr Soc*. 2021;69(1):20–9.
15. McMorrow S, Gonzalez D, Caraveo CA, Kenney GM. Urgent Action Needed to Address Children's Unmet Health Care Needs during the Pandemic. *Wash DC Urban Inst*. 2020