



Commentary

COVID-19 and its effect on intimate partner violence : Example from US

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The COVID-19 was declared as a controllable pandemic by the World Health Organization (WHO) on 11 March 2020 (WHO, 2020). Measures have supported in controlling the infection rates and flatten the pandemic curve in different countries. However, it has still affected the societies adversely by increasing an individual's financial, social and psychological burden (Nicola, et.al, 2020; Hossain et al, 2020), these repercussions have reflected more on vulnerable women who live with abusive partner (pregnant women, women with underlying conditions and women with disabilities)and their survival safety have been compromised. As many vulnerable women trapped indoors with their abusers, especially during quarantine conditions, which are usually associated with substance misuse and stress, are at risk of domestic violence (DM) (Mazza, et.al, 2020). A variety of factors are hindering them from reaching the services or getting help, starting from their inner fear of getting infected, constraints in moving to the services as most

of the face to face services had been canceled and lots of organizations were shut down and financial issues, adding to the overwhelmed health services and finally the perpetrators control and threatening (Centre for Disease Control and Prevention (CDC), 2020). Some women may tolerate violence more than others and due to fear, they are reluctant about reporting violence (Kabir and Khan, 2019). In the United States (US), Intimate Partner Violence (IPV) against women was already highly prevalent before the new pandemic crisis, as nearly 1 in 4 women had experienced physical or sexual violence by their intimate partner (CDC, 2019). After stay-at-home instructions, which started officially from late March until the end of May, 2020, IPV rates have raised significantly across the country in comparison to the same time period in the previous year, 2019 (Ngonghala, Iboi, and Gumel, 2020). According to the National Domestic Violence Hotline Department (NVDH) (2020a), the total contact volume increased by 9% during lockdown (58% of the cases have reported experiencing IPV). At the beginning, the volume had fallen due to victim's inability of reaching the services especially while being that proximately close to their abusive partner, after that, it started increasing sharply, and 10% of the contacts have mentioned that COVID-19 crises with

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its new measures have worsened their status. According to the detailed report shared by the NDVH department (NVDH, 2020b), 78% of all contacts were females and the most affected age group are; 25 to 33 years (27%), 34 to 45 years (22%), and 19 to 24 years (17%). Subsequently, new ways of violence have been initiated on victims, as some of them reported, being prevented from hand washing, threatened denial of medical assistance, withholding financial resources and to be locked out in case they get infected with the virus. This is in addition to the other types of violence which they have suffered by their perpetrators before the pandemic including physical (slapping, kicking and beating), sexual (forced sexual intercourse), and emotional violence (insult and threat of harm and taking children away) (WHO, 2013; Godin 2020; Campbell, 2020).

The US response plan is similar to that of other countries where remote services have expanded, as the domestic violence hotlines increased their capacity across the country (NDVH, 2020a) and some states as New York have added text communication and secured online chat on their website to increase victims accessibility; however, shelters are not widely spread and provided, especially that the federal guidance on essential infrastructure does not clearly indicate them as essential support and only five states (Colorado, Minnesota, North Carolina, Illinois, and Indiana) have exceeded the guidance by exploiting listing DV shelters (Center for American Progress, 2020).

Moreover, further steps are yet to be taken to increase victim's accessibility and support, which can be achieved by high cooperation between different parties including the policymakers, health sector, and community organizations (WHO, 2020). Health providers should be aware of the risks and health consequences of IPV, assessing victims and support them by offering

information and safe referrals and to enhance routine IPV screening at the COVID-19 testing sites (Anurudran, et.al, 2020). Increase funding for humanitarian response organizations is vital to all countries' response plans, which will allow them to operate fully during the crisis as some of them are shutting down due to financial constraints. On the other hand, digital platforms can be used critically at this stage by sharing and updating information about all hotline numbers and operating sites which can increase victim's survival (Center for American Progress, 2020; WHO, 2020). Overall, shedding the light on violence against women during this pandemic is highly important, and reaching victims and increase their accessibility is critical and this can only be done through comprehensive cooperation at different levels.

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