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Commentary

COVID-19, Lockdown, and Intimate Partner Violence: Some Data from an Italian Service and Suggestions for Future Approaches

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Abstract

Intimate partner violence (IPV)—defined as physical, psychological, sexual, and/or economic violence typically experienced by women at home and perpetrated by their partners or expartners—is a pervasive form of violence that destroys women's feelings of love, trust, and self-esteem, with important negative consequences on physical and psychological health. Many reports from several countries have underlined a remarkable increase in the cases of IPV during the COVID-19 emergency. In this opinion article, we discussed the hypothesis that such an increase may be related to the restrictive measures enacted to contain the pandemic, including women's forced cohabitation with the abusive partner, as well as the exacerbation of partners' pre-existing psychological disorders during the lockdown. In addition, we retrospectively analyzed some data derived from our practice in a public Italian referral center for sexual and domestic violence (Service for Sexual and Domestic Violence [SVSeD]). These data interestingly revealed an opposite trend, that is, a decrease in the number of women who sought assistance since the beginning of the COVID-19 outbreak. Such a reduction should be interpreted as a negative consequence of the pandemic-related restrictive measures. Although necessary, these measures reduced women's possibilities of seeking help from antiviolence centers and/or emergency services. Owing to the COVID-19 outbreak, there is an urgent need for developing and implementing alternative treatment options for IPV victims (such as online and phone counseling and telemedicine), as well as training programs for health care professionals, especially those employed in emergency departments, to facilitate early detection of IPV.

Keywords: COVID-19, domestic violence, intimate partner violence, lockdown

Introduction

Intimate partner violence (IPV) is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner or expartner.[1,2] IPV is a pervasive form of gender violence that destroys women's feelings of love, trust, and self-esteem, with important negative consequences on physical and psychological health.[3] Violence against women has been recognized as a serious public health problem,[4] which also raises important ethical, judicial, and legal issues. Worldwide, it is estimated that ~30% of women experience some form of IPV, for instance physical and/or sexual violence, in their lifetime.[5]

The World Health Organization (WHO) underlined that the restrictive measures enacted to contain and manage the COVID-19 emergency (*e.g.*, quarantine, isolation, and social distancing) can exacerbate the risk of violence against women.[6] Indeed, according to reports from several countries (China, the United Kingdom, the United States, and Italy), IPV has been rising as a consequence of the COVID-19 pandemic.[7]

The remarkable increase in cases of IPV observed during the COVID-19 outbreak is extremely worrying, especially if one considers that women victims of IPV are at risk of fatal events (such as homicides and suicides), psychological disorders (such as anxiety, depression, eating disorders, posttraumatic stress disorder, and alcohol or substance abuse), as well as physical diseases (such as chronic pelvic pain, sleep

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disorders, gastrointestinal and cardiovascular diseases, and physical injuries).[8] Because of IPV, women may experience isolation, inability to work, income loss, lack of participation in regular activities, and limited ability to care for themselves and their children.[9] Moreover, children's exposure to IPV is associated with an increased risk of psychological, emotional, social, and behavioral problems.[10]

In this opinion article, we draw attention to the reasons that might have led to an increased risk of IPV—including physical and sexual violence, emotional/psychological abuse, and controlling behaviors—during the lockdown related to COVID-19. In addition, we present and discuss some data derived from our practice in a public Italian referral center for sexual and domestic violence (Service for Sexual and Domestic Violence [SVSeD]), with suggestions for alternative treatment options for women victims of IPV during the COVID-19 pandemic.

Possible Reasons for Increased IPV Cases During the COVID-19 Outbreak

After the restrictive measures imposed by several governments, women have been forced to stay at home with their abusive partner for most of the time, with extremely difficult or even impossible contacts with their family and friends who might offer support.[11] Moreover, the pandemic may have exacerbated pre-existing psychological disorders of violent partners. In this regard, the negative psychological impact of the COVID-19 pandemic has been highlighted in several studies,[12–15] and many psychotherapists have issued a warning call about the substantial increase in the requests for psychological support to reduce anxiety and to cope with the constant exposure to terrifying news.[16] In a recent rapid review on the psychological effects of quarantine related to diseases other than COVID-19 (such as for instance severe acute respiratory syndrome [SARS]), Brooks et al.[17] reported that confinement is associated with feelings of anger, frustration, boredom, and confusion. Moreover, as indicated by the Center for Disease Control and Prevention,[18] the indirect consequences of COVID-19, including economic uncertainty and social instability, may also increase alcohol and psychotropic substance abuse, which is consistent with the experience of the professionals working at an Italian center for the treatment of perpetrators of sexual crimes and interpersonal violence (personal communication of Paolo Giulini, president of the ''Italian Center for the Promotion of Mediation,'' CIPM [data not shown]).

It is well known that all the mentioned psychological conditions enhance violent behaviors in general, not only during viral outbreaks. In particular, forced cohabitation without ''safety valves,'' such as work or hobbies, could make the management of risk situations even more difficult and enhance the abusers' psychopathological aspects.

Data from an Italian center, the SVSeD

The SVSeD is a public antiviolence service located at the emergency department of obstetrics and gynecology of the Scientific Institute for Research, Hospitalization and Healthcare (IRCCS) ''Ca' Granda Foundation, Policlinico Hospital,'' Milan, Italy. The recognition of ''IRCCS'' is granted by the Italian Department of Health to a limited number of biomedical institutions of relevant national interest, characterized by a drive toward increased quality of care combined with scientific research.[19]

The SVSeD was founded in 1996 and offers health care, social, psychological, and legal support to the victims of sexual abuse and IPV. The center is open 24 hours all days and the clinical practice is based on a well-established, standardized, and comprehensive multidisciplinary approach that involves the cooperation of multiple health care providers (gynecologists, forensic medical doctors, midwives, nurses, mental health professionals, social workers, and lawyers). The SVSeD team members are also regularly consulted by the other physicians of the emergency department of the hospital in case of confirmed or suspected IPV. Women victims of sexual or domestic violence can access to SVSeD spontaneously, or be referred by hospital doctors, general practitioners, police, and judicial authorities.

A clinical examination is immediately offered to all women seeking assistance at the SVSeD, to provide all the required health care support to the victims and collect evidence for the legal process, such as blood or urine samples for toxicological tests, swabs for the detection of spermatozoa or other biological material, and pictures of injuries in case of physical violence. Immediate psychological support, as well as medium-term psychotherapy, is also provided to all women. Moreover, SVSeD guarantees free legal assistance to the victims who want to report to the police. Social workers and doctors working in SVSeD usually directly refer to the judicial authority, in the cases specified by the Italian law. Women referring to SVSeD are routinely requested to provide an informed consent for their clinical data to be used for research purposes.

To control the spread of COVID-19, the Italian government enacted severe measures that involved remarkable limitations of movements in the entire nation (with some exceptions only for reasons such as food, work, and medicine), and most Italians respected the rules for fear of contagion, considering the very high number of COVID-19 cases. Lombardy, where the SVSeD is located, has been the first and the worst hit Italian region, with the highest number of COVID-19 cases and deaths, and with the greatest pressure on hospital services—a very critical situation that was referred to as ''perfect storm''[20] (for a subjective account of our experience in Lombardy, see also Facchin[21]).

The context is particularly important to interpret the data collected at the SVSeD since the beginning of the COVID-19 outbreak. Although the Italian National Department of Equal Opportunities reported an alarming national increase in women's IPV-related requests for help at the dedicated phone counseling service (1039 phone requests for help from April 1 to April 18, 2020 vs. 397 requests in the same period in 2019[22]), we surprisingly observed a decrease in the number of women who asked in-person assistance and phone counseling at the SVSeD. Specifically, from February 24 to April 21, 2020, the SVSeD offered emergency health care and psychosocial support to 34 women victims of IPV. In the same period last year (2019), we assisted 69 IPV victims. Consistent with the SVSeD experience, the prosecutor's office in Milan has confirmed a drastic decrease in criminal proceedings for IPV (personal communication, deputy public prosecutor of Milan). Specifically, from February 21 to April 17, 2020, criminal proceedings for IPV were 178, versus 364 in the same period in 2019.

These data should not be interpreted as a decrease in the cases of IPV, on the contrary we believe that their message is alarming. First, perpetrators may have exploited the restrictive measures to

increase their power and control over women, who may have been completely isolated and unable to seek help during the lockdown.[6] In this regard, phone calls to IPV helplines when the abuser was temporarily not at home may have been the unique chance to receive support for most women victims, since going out to report to the judicial authorities or seek help to antiviolence centers was almost impossible.

Second, the SVSeD is placed in a big city hospital and all the operators of the center (psychologists, social workers, forensic medical doctors, and gynecologists) usually work in collaboration with the health care professionals of the emergency department. The COVID-19 outbreak has put the health care system under a pressure without precedents in northern Italy, which required rationing medical care in hospitals to allocate the majority of resources for patients with COVID-19. In this tragic scenario, women victims of violence may have been worried about the risk to acquire SARS-CoV-2 infection in the hospital, which may have prevented them from seeking help.

At the same time, health care workers employed in emergency departments may have been overwhelmed (physically and emotionally) by the management of the pandemic,[23–25] with a consequent temporary decreased sensitivity toward the signs of violence against women. Being able to timely recognize the ''red flags'' of violence in the context of emergency health care is fundamental, because these professionals are often the first to examine women with IPV-related injuries and thus the first to detect possible cases of violence, even when the patient has sought treatment for other conditions.[26] It has been estimated that one in three women seeking emergency department services after a physical trauma have been injured by their partner, and one in six women who report an orthopedic fracture have experienced IPV in the past year.[27]

A third disquieting hypothesis should be considered to try to explain the SVSeD experience during the COVID-19 outbreak. The majority of abusers aim to exercise absolute control over their partner, which entails enacting restrictive measures to increase the partner's social isolation. The confinement forced women to stay at home for most of the time, which might have increased the abuser's perception of power and control over them. Paradoxically, the lockdown might have offered abusers less reasons for outbursts of physical violence, due to increased possibility of controlling their victims. In this context, psychological violence based on power and control, and denigration of the victim, is more effective, with devastating consequences on women's emotional conditions and identity—which may explain the current increased demand for telephone psychological support. This is alarming, and we expect a dramatic explosion of the requests for help at antiviolence services and emergency departments after the COVID-19 emergency.

Alternative Treatment Options During the COVID-19 Pandemic

Because IPV is unfortunately a widespread phenomenon, conceiving alternative strategies of clinical and forensic assistance for the victims during the pandemic is essential. Since the beginning of the COVID-19 outbreak, many physicians and surgeons have been performing telemedicine follow-ups to maintain physical distancing.[28] In this regard, from March 15 the SVSeD has been offering online and phone counseling, besides routine in-person psychological support. This opportunity was taken by the women who were already undergoing psychotherapy at the SVSeD. However, online or phone counseling need to occur in a private space, which has been problematic during the lockdown for many women due to the presence of their abusive partner.

In this regard, the Canadian Women's Foundation has launched the ''Signal for Help'' campaign, which involves a simple single-handed gesture that can be used by victims during video calls to silently (and thus safely) ask for help.[29] Indeed, dealing with IPV during the pandemic is challenging and there are no easy answers, but all the possible efforts should be made to offer alternative strategies to women who need help. Unfortunately, telemedicine cannot be envisaged for clinical and/or forensic activities that require a hands-on approach on the victim (health checks, radiological assessment, description and photography of physical lesions, swabbing for evidence, trauma interpretation, *etc.*). Hence, telemedicine cannot provide appropriate clinical and forensic services in most instances of IPV victimization. Consequently, not only the victims, but also the health care and justice system will inevitably suffer from this constraint.

Health care administrators should urgently develop effective strategies to provide an adequate response to women victims of IPV during pandemics or other public health emergencies that may limit access to hospitals, also considering that the WHO suggested that care for IPV victims should be integrated, as far as possible, into existing health care services, rather than offered as stand-alone services.[30]

The WHO Global Campaign for Violence Prevention (plan of action for 2012–2020) aims at improving the health and safety of all individuals by addressing underlying risk factors. Major goals of the plan are (1) to prioritize violence prevention within the global public health agenda, (2) to define the problem through the systematic collection of information, (3) to use research evidence to determine the causes and risk factors of violence, and (4) to implement effective and promising interventions to prevent violence.[31] Achieving these goals becomes particularly important during the pandemic, because violence against women has been dramatically increasing.

Conclusions

Although international and national data have shown a dramatic increase in the cases of IPV due to the COVID-19 pandemic, we observed a reduction in the number of women seeking help at the SVSeD during the lockdown. This trend should be interpreted as a further negative consequence of the pandemic, which hampers victims' requests for help from antiviolence and/or hospital emergency services. In this scenario, all health care providers, and particularly those employed in emergency departments (who are more likely to deal with undisclosed cases of IPV), should be even more aware of violence against women, as many IPV physical injuries can be misinterpreted as routine trauma. Increased awareness could facilitate early detection of IPV and potentially save lives. Protecting and helping all the victims of any form of violence should remain a priority, even in the context of the current viral outbreak.

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