

COVID-19 Lockdown and the Increased Violence Against Women: Understanding Domestic Violence During a Pandemic

Jinan Usta, MD, MPH,¹ Hana Murr, MA,² and Rana El-Jarrah, MD¹

Abstract

Globally, during the COVID-19 pandemic lockdown, reports of domestic abuse have increased. Using scientific and news reports about violence against women during COVID-19 and the changes it implicated in society, this article speculates how different factors contribute to violence against women worldwide, with some focus on Lebanon. Violence types addressed in this study will be domestic violence and intimate partner violence. To understand the link between violence against women and the multidimensional interplay between different factors operating during pandemic lockdown, Heise's ecological model is used. These factors are classified into four groups: structural and environmental, community/societal, relationship, and individual. Violence increase was due to increase in tensions in households, increased perpetrator's risk factors for violence, economic burden, and survivors' limited access to support services available prelockdown. COVID-19's response plan limited the spread of the virus, however, it weakened women's ability to respond to their violent perpetrators.

Keywords: violence against women, COVID-19, pandemic, intimate partner violence, domestic violence, lockdown

Background

ON MARCH 11, 2020 the World Health Organization (WHO) General Director announced the coronavirus COVID-19 infection to be a pandemic. With no available definitive treatment yet, preventive methods are being implemented worldwide to control the quick spread. These include proper hand hygiene, use of face masks, social distancing, and home lockdown. Lockdown is implemented for the greater good of the public; however, the strict order in place gravely impacts certain groups. Whereas some people have reported positive developments such as increased family bonding time and contributions to household chores as a result of lockdown measures (Peshave and Peshave 2020), news outlets have indicated more domestic abuse and intimate partner violence (IPV) (Godin 2020; Gupta 2020; Jeltsen 2020; Wanqing 2020).

In China, according to a founder of an antidomestic violence (DV) organization, domestic abuse reports tripled in February 2020 in one of the cities in Hubei province—the province where the pandemic began (Wanqing 2020). Other places witnessed an increase in DV reports on a country-wide scale: 40–50% in Brazil, 20% in Spain, and 30% in Cyprus (Graham-Harrison 2020). Arab countries have also

been witnessing an increase in domestic abuse. In Egypt, females reported a 19% increase in violence among family members with 11% having been exposed to violence by their husband and verbal abuse being the most form of violence encountered, at 83.4% (UN Women 2020b). In Palestine, service providers to female violence victims noted a 50% increase in call for help (UN Women Palestine 2020).

In Lebanon, according to the nongovernmental organization (NGO) Kafa (2020b) that deals with eliminating gender-based violence, the number of calls to their help hotline have doubled within a month since the lockdown started, and six cases of mortality of abused female victims were recorded. However, these numbers underestimate the full extent of DV and IPV as women are afraid to report due to social censure, inability to report without their abuser knowing, and having nowhere to go during the lockdown.

During previous outbreaks and public health emergencies, violence against women increased as observed during the Ebola virus epidemic in West Africa in 2014–2016 and Zika virus epidemic in Central and South America in 2015–2016 (Fraser 2020; International Rescue Committee 2019; Oxfam International 2017). That was attributed to extended quarantine measures as well as economic stressors (Rigoli 2020; Wanqing 2020). The lesser availability of quality and

¹Family Medicine Department, American University of Beirut Medical Center, Beirut, Lebanon.

²ABAAD — Resource Center for Gender Equality, Program Management Unit Department, Beirut, Lebanon.

access to women's sexual and reproductive health services resulting from the strain on the health care systems could have exacerbated the violence women experienced (Evans 2020; Sochas et al. 2017; UN Women 2020a).

Methods

This review article will explore several factors that contribute to violence against women specifically DV with emphasis on IPV, and attempt to provide an explanation for the observed increase in DV during the COVID-19 pandemic, as observed globally with some focus on the situation in Lebanon. The information was collected from different news sources and gray literature from Google Scholar, NGO reports, and articles searched on MEDLINE and PUBMED. Keywords used included: pandemic, covid-19, coronavirus, SARS-CoV-2, violence against women, domestic violence, intimate partner violence, epidemic, and lockdown. The information gathered was between the time period January 2020 and June 2020. At the time, there were few published articles in journals about IPV and COVID-19. Most of the information was therefore gathered from NGO reports and news outlets. This article focuses on trying to explain the observed increase in IPV and DV from the start of the pandemic until June 2020 using Heise's ecological model.

Ecological framework model for violence against women during the pandemic

To understand the link between violence against women and COVID-19 pandemic lockdown, Heise's (1998) ecological framework will be used. Several factors come into play and result in violence against the victim. This framework attempts to understand violence against women using an integrated multidimensional interplay between different factors such as personal, situational, and sociocultural. The framework is neither strict nor definitive; it is merely a guide to help understand the factors that contribute to the increase of violence against women. The framework classifies these factors in four groups: (1) structural and environmental, (2) community/societal, (3) relationship, and (4) individual. To our knowledge, this is the first article to apply Heise's ecological model in pandemic lockdown to understand the factors leading to the noted increase in IPV and DV along with a special focus on the situation in Lebanon.

Results and Discussion

Structural and environmental factors

Lockdown and movement restriction. A few of the distinguishing characteristics of the onset and spread of COVID-19 globally are the shock, confusion, and panic resulting from the speed and scope at which the pandemic has spread combined with the initial lack of knowledge on how to best combat it. Lockdown measures—even when considered being drastic—were swiftly instituted as a policy option for the greater good of the public in many countries given their efficacy at slowing the spread of the virus. Airports and other forms of public transportation had to be shut down temporarily to control the spread of the virus. International air travel dropped by 90% because of the pandemic lockdown measures (Suhartono 2020). The success of combating the virus through lockdown measure can

be seen in New Zealand where they succeeded in recording zero cases of the virus over a month after implementing strict national lockdown measures (Cousins 2020). However, the speed and severity with which the lockdown is being enforced and the profound disruption the pandemic is causing on a global scale is creating panic and uncertainty about the future everywhere. This uncertainty is increasing stress, anxiety, depression—as well as other mental health issues—among the global population affecting daily functions (Torales et al. 2020). Unlike forced displacement seen among refugees, COVID-19 has resulted in an enforced global movement restriction. However, they both isolate a person from their familiar environment, routine, and support system thus increasing their risk for experiencing violence.

Lockdown is forcing people to stay at home providing families with more time to be spent together. This is strengthening bonds but also building up stress tensions and arguments especially when people are unusually confined with each other all day (NSPCC 2020; O'Halloran 2020). In societies where women are primarily responsible for household duties, it has been previously shown that in times of crises such as armed conflicts, or natural disasters, tensions in the household increase as a result of partners stuck at home together, increasing IPV (Inter-Agency Standing Committee 2015). Globally, during the COVID-19 pandemic, reporting of domestic abuse has increased with the implementation of lockdown measures (Graham-Harrison 2020; Kadi 2020; Lewis 2020a; Wanqing 2020).

Movement restriction and being locked at home with the perpetrator during quarantine is making it hard for survivors to escape, to report domestic abuse, and to seek help (Godin 2020; Gupta 2020; Jeltsen 2020; Taub 2020). Survivors are reporting not being allowed to go out and threatened if they get sick with COVID-19 and infect the abuser (Godin 2020). They are also unable to reach out and talk on the phone or call for support because of the loss of privacy. Calls from Syrian refugees in a province in Lebanon decreased by 15% during mid-March when the lockdown started (Kafa 2020a). This could be due to limited access to help and social services due to movement restrictions, lack of privacy and fear to report, and lack of access to a phone or phone credits (UN Women et al. 2020). In addition, organizations that deal with domestic abuse in Lebanon are having difficulty providing support and reaching survivors during these times (Asharq Al-Awsat 2020; Bami et al. 2020). Support has been provided online as an alternative for survivors of abuse but the extreme situation of being stuck with the perpetrator is making it harder to reach and help survivors of abuse (Asharq Al-Awsat 2020; Bami et al. 2020).

Overwhelmed health care. In times of outbreaks health care resources are redirected toward addressing the crisis leaving women with limited access to women's health services and DV support services (Owen 2020; Sochas et al. 2017). For instance, women died more of obstetrical complications than of Ebola in Sierra Leone (Women's Budget Group 2020). In times of COVID-19, the health care system is overwhelmed and overloaded with the pandemic leaving crisis centers in tertiary hospitals unable to provide care for survivors of DV or IPV (UN Women 2020a). Women's centers are being repurposed into homeless shelters in China and Italy further limiting safe places women can go to if they have experienced DV (Fraser 2020; Wanqing 2020). In

Lebanon, women's shelters are at full capacity and not accepting new cases due to the fear of spreading the virus (Lewis 2020a). In Italy and France, local authorities have used hotel rooms as temporary shelters for survivors of DV since the actual shelters cannot receive new cases due to fear of spreading the virus (Taub 2020).

In addition, overwhelmed health care systems diverting their resources to deal with the COVID-19 crisis is affecting care delivered to other patients. The U.K. data from the Office for National Statistics have shown that during the COVID-19 crisis there has been an increase in non-COVID-19 deaths compared with the 5-year average death. Deaths due to dementia and Alzheimer disease increased by 52.2% compared with the 5-year average during mid-March to the beginning of May 2020; deaths due to other causes such as ischemic heart disease, stroke, sepsis, asthma, and diabetes also increased (Office for National Statistics 2020). The increase in the cases of non-COVID-19 deaths can possibly be indicating that these cases are not getting proper care on time due to an overwhelmed health care system or delay in seeking care due to anxiety of exposure to the pandemic in the health care setting. Delayed care and limited care in an overwhelmed and overstretched health care system can lead to violence since patients and their families will be frustrated about not being able to receive the proper care they need in such a situation. There have been reports of increased violence against health care workers in the time of the pandemic at overwhelmed hospitals, with women making 67% of the health care frontline workers (Boniol et al. 2019; Fraser 2020; UN Women 2020a).

Breakdown of the legal system, police, and impunity of violence. Access to legal and health care systems for women is limited during public health emergencies (Peterman et al. 2020). Newspaper or news outlets discussed breakdown of the legal system for DV survivors during the disease outbreak. Reports of DV to police in China have tripled during the time of the lockdown (Wanqing 2020). However, attention has not been properly directed to DV cases or reports. In China, a victim of DV recorded a conversation with a police officer where after she reported being abused at home by her husband, the officer is heard telling her to forget about pursuing the case (Wanqing 2020). During the Ebola epidemic in West Africa in 2014–2016, the police system got overwhelmed with the epidemic resulting in increased disregard to punishing acts of gender-based violence (UNICEF GBViE Helpdesk 2018). On the other hand, in Lebanon, during the lockdown, some judges made use of remote listening technology such as video calls to allow survivors of abuse victims to give their testimony for court orders regarding cases of domestic abuse to be issued (Kafa 2020b).

With the spread of the pandemic, gun purchase sales in the USA increased (WTOC 2020). Firearm sale in March 2020 was 85.3% more than March 2019 (Brauer 2020). This might be due to the fear of social collapse or the feel for self-protection. The presence of firearms at home might increase the risk of accidental or intentional injury or death against women and children (Peterman et al. 2020).

Enforcing the lockdown at governmental levels has required the use of police officers to make sure the strict measures are being followed. However, there is concern that in several countries police brutality to enforce the lockdown has increased. Combating COVID-19 has placed countries in a police state for the greater good of the public and overrode

individual freedom. For example, in the United Kingdom, police used drone and roadblocks to stop people from driving into a park during the lockdown (Pidd and Dodd 2020). In Nigeria, police brutality to enforce lockdown killed more people than the pandemic itself up to April 14, 2020 (National Human Rights Commission 2020). In Lebanon, the military was deployed at the start of the lockdown to support the enforcement of the measures (Lewis 2020b). This decreased individual freedom, and despite it being for the greater good of the public, has increased violence.

Community/societal

Altered sex ratio. COVID-19 pandemic's male mortality is noted to be higher than female's mortality globally (Chen et al. 2020; Global Health 5050 2020; Onder et al. 2020; Richardson et al. 2020). There is no direct explanation for this observation, however, it may be related to men smoking more than women, men being at an increased risk of having more chronic diseases such as hypertension and type 2 diabetes mellitus, and men washing their hands with soap less than women (Gao et al. 2013; Parascandola and Xiao 2019; Rabin 2020; World Health Organization 2019). On the other hand, women are more prone to being victims of DV in times of unrest. In the aftermath of war, a woman's lifetime risk of being a victim of DV was increased by 65% for every one standard deviation decrease in the sex ratio of men to women (La Mattina 2013). After the 1994 genocide in Rwanda, women who got married in provinces that had more decrease in the male to female sex ratio were more likely to become survivors of IPV, less likely to have economic decision-making powers, less likely to use contraception methods, and married less-educated husbands (La Mattina 2013). The full extent of the COVID-19 pandemic on female violence is yet to be understood however, extrapolating from the war example, a decrease in the male to female sex ratio due to the increased mortality among males could affect female violence in a similar way war did.

Widespread poverty and unemployment. The pandemic's economic impact is projected to push poverty to levels more than those seen 30 years ago and cause unemployment in about half a billion people globally (Shipp 2020; Sumner et al. 2020). In Lebanon, the country was already battling a plummeting financial crisis and poverty rate had increased to 40% before the coronavirus crisis (Houssari 2020). With the worsening economic situation and difficulty providing food for their families, people have started protesting again on the streets amid the pandemic lockdown (Chulov 2020). Women will be affected more in a crisis outbreak since they work more in service sector jobs and informal sectors, such as household cleaning and caring for children, where they have lower wages and no unemployment insurance (European Parliament A8-0281 2015; Evans 2020; UN ESCWA 2020; Women's Budget Group 2020). During the Ebola outbreak, economic stressors affected women's ability to find jobs in the informal sectors and negatively affected women's financial empowerment (European Parliament A8-0281 2015). Women are also expected to bear the household responsibility in some cultures so they might have to sacrifice their jobs to bear that extra responsibility during those times (Women's Budget Group 2020).

Being unemployed will make the female more financially dependent and will make her more susceptible to IPV (Bhalotra et al. 2019; Buller et al. 2018; Harman 2016; Wenham et al. 2020; Women's Budget Group 2020). In addition, male unemployment has been found to increase IPV, especially physical abuse due to financial and psychological stressors in countries where women have unequal access to divorce than men (Bhalotra et al. 2019). In fact, decrease in financial burden through monetary assistance with cash transfer programs has shown some decrease in IPV, mostly physical abuse (Buller et al. 2018). In patriarchal societies where the male is expected to be the provider of the household, financial and psychological stressors are thought to increase IPV by threatening the male's authority at home making him more aggressive in an attempt to regain his authority (Bhalotra et al. 2019; Buller et al. 2018). The economic burden would leave the female dependent on the male partner making it harder to leave a violent relationship.

Relationship

Changing norms and shift in gender roles and relationship dynamics. With enforced lockdown and social distancing implemented, new social interaction norms are emerging. Meetings in person are limited to a small number of people while practicing social distancing by staying 2m apart (Center for Disease Control and Prevention 2020). Schools and universities are using online teaching tools with online virtual classes. Business meetings are conducted virtually. There is an increase in the use of online platforms and women in some Lebanese household might not be familiar with this, especially older adults and those in low-income and rural communities (Emezue 2020). In addition, resources for support about violence against women have moved to online platforms and mobile applications, limiting access to some vulnerable groups with no internet or phone access or no experience in online platforms (UN Women et al. 2020).

Disease outbreaks shift gender roles and women are more vulnerable due to assumed gender roles to stay home and sacrifice their career. With school and daycare closures, parents have to bear the extra responsibility of childcare and education under lockdown (Evans 2020). In most societies women have the assumed gender responsibility of taking care of their children in the household, therefore, they will end up taking unpaid leaves or leaving their work to stay home with the children (Women's Budget Group 2020). Some girls will not only lose their work, but also lose their education chance since many of them do not go back to continue their education (Evans 2020). For example, girls who left school did not go back after the Ebola crisis and teenage pregnancies increased (Fraser 2020). These circumstances put the female in a lower status compared with her male counterpart. With the risk of financial dependency and unemployment, women are at an increased risk of IPV in places where they have less authority than males (Bhalotra et al. 2019). The changing norms faced in such a short time along with home isolation are building stress and tension in households and resulting in increased DV. An explanation for this observation can be extrapolated from the noted increase in violence among male Syrian refugees in Lebanon as a reaction to regain their power in their household when faced with changes in gender roles (Harvey et al. 2013).

Individual

Perpetrator's characteristics and increased violence during the lockdown. The lockdown isolation and unemployment are some repercussions of the COVID-19 pandemic that are resulting in making perpetrators react more violently. News outlets and NGOs from different parts of the world are reporting cases of women facing new or increased violence at home. In Lebanon, the founder of an NGO that addresses violence against women was quoted saying "we're seeing the nature of the violence become more severe and there are more death threats" during the lockdown (Asharq Al-Awsat 2020). In Croatia a woman reached out for help after her verbally abusive partner became more aggressive during the lockdown and started physically abusing her for the first time in their relationship (Bami et al. 2020). In China, a woman reported that under lockdown tensions grew with her husband, there was no escaping each other, and they argued all the time until 1 day he became aggressive and beat her (Taub 2020). The increased stress and tension the pandemic is building in households is causing dysfunctional families to be at a greater risk of violence and increasing dysfunctional patterns in abusive partners (Bami et al. 2020). In addition, there has been an increase in the use of alcohol and substance abuse during the lockdown, which in itself might contribute to an increase in IPV and DV (Abdo et al. 2020; Edleson 1999; Marques et al. 2020). Violence seems to be a venting out behavior. In fact, changes in gender roles among Syrian refugees in Lebanon was shown to lead to men venting out their frustration on their women and children to regain power in their household (Harvey et al. 2013). Under lockdown, perpetrators are on edge and are becoming more violent toward their partners at home.

Stress frustration and lack of opportunities. In states of emergencies and disasters, there are lockdowns, increased household tensions, and lack of access to legal support for DV survivors, all of which increase IPV (DVRCV 2020; Gearhart et al. 2018). The economic burden and unemployment along with lockdown measures cause increased stress and frustration (Bhalotra et al. 2019). In addition, with the closure of public and private leisure centers and activity places, people have lost access to usual stress-relieving mechanisms, such as exercising at gyms or going for a walk outdoors. This further hinders stress release and can exacerbate the stress and frustration individuals are feeling which in turn can increase household tensions that may result in increased IPV (Bouillon-Minois et al. 2020).

Survivor characteristics and increased violence during the lockdown. Repercussions of public health emergency measures include early marriage, reduced years of education, and low earning potential. It is expected that the COVID-19 lockdown measures will produce similar repercussions consistent with the experiences of previous health emergencies. During the Ebola crisis in the Democratic Republic of Congo, early marriage and teenage pregnancies increased and many girls did not go back to school after the lockdown (Boniol et al. 2019). The effect of lack of education and early marriage will further limit women's already low earning potential. Women are more likely to work in informal economy where adequate protection for safe work does not exist and in a lockdown scenario they risk losing their wages

(International Labour Office 2017). Furthermore, since women are more involved in care work, globally they will suffer burdens of unpaid care work three times as much as their male counterparts (International Labor Organization 2018). This will lead to economic strains in the household which has been shown to increase IPV (Buller et al. 2018). Early marriage and reduced education further increase the female's risk of experiencing DV or IPV. Lower threshold of tolerance for the increased violence is seen in female survivors of DV with a lower socioeconomic status and lower education (Jesmin 2017; Uthman et al. 2009). This is a major concern because as survivors of DV face worsening conditions, they will develop lower thresholds for violence and suffer more.

Recommendations to Prevent the Increase in DV During the Pandemic

Several interventions at the individual and community level can help mitigate the increase of DV in pandemics. Intervention programs that raise awareness about DV and advocate for nonviolent ways to cope with stress and anger can help in decreasing violent reactions during crisis. In Lebanon, predating the crisis, an NGO has been directly engaging perpetrators of violence in stress and anger management programs, as well as workshops on positive masculinities programming, where men and boys critically examine conceptions of their own masculinity to reduce (re)occurrence of violence (Abaad 2012). During lockdown, this work has been continuing over the phone or teleconferencing modalities whenever lockdown was in effect. Similar programs, in pre-COVID-19 era, including behavioral and substance abuse interventions have been shown to significantly decrease IPV (Karakurt et al. 2019).

At the community level, an emergency preparedness plan needs to be developed to be used during crisis to prevent confusion and anxiety, maintain resources network, and slow the increase in violence. In addition, increasing digital literacy and securing equal access to technology should be advocated for. NGOs and DV response services need to diversify and publicize widely their outreach services, including hotlines, for DV survivors during the pandemic, making use of the different virtual platforms and/or in person respecting safety measures. Moreover, communities can be engaged in activities that increase social cohesion and provide support to its individuals. With the increase in telehealth during lockdown, primary care physicians need to be more tuned to this "second pandemic" and play an important role in identifying, providing supporting and guidance to survivors, as well as supporting the mental wellbeing for their community. Lastly, continuation of education needs to be encouraged during the pandemic because it is a protective factor against DV (Uthman et al. 2009).

Conclusion

Violence against women increased globally during the COVID-19 pandemic especially IPV and DV. The lockdown exacerbated several factors that affect violence against women. It increased household tensions, affected gender roles, decreased independence, decreased access to supportive services, decreased stress relieving activities, and increased economic burdens. The different factors contributing to violence were

addressed thoroughly in an attempt to explain why the increase in DV and IPV occurred during the pandemic. COVID-19's response plan prioritized the collective safety of the community to limit its spread over personal freedom and individual's safety for not being exposed to increased violence. This article sheds the light on factors that exacerbate violence against women during health emergencies and provides recommendations to tackle them. The strength of this article is that it is the first of its kind to attempt to explain the observed increased in violence against women during the pandemic lockdown period using Heise's ecological model. Limitations of this article are that it does not provide an up-to-date review of the literature as articles published after June 2020 were not included. In addition, this article tries to provide an explanation for an observed increase in IPV and DV, hence agreeing with the assumption that there is an increase. One may argue that an increased reporting may not necessarily reflect a true increase, however, articles stating there was a decrease in DV during pandemic were not found when the search was done. As restrictions for lockdown plans start easing, survivors of IPV and DV should be approached and have safety plans set in place as they are not yet safe from their perpetrator. Efforts should be made on a national and a global level to respond to violence against women in this challenging unprecedented time especially when the community's collective safety is at risk.

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Address correspondence to:
Rana El-Jarrah, MD
 Family Medicine Department
 American University of Beirut Medical Center
 P.O. Box 11-0236
 Riad El-Solh
 Beirut 1107 2020
 Lebanon

E-mail: rte06@mail.aub.edu