

# IPV-DACOVID

## Intimate Partner Violence During and After Covid

### Summary

#### **Background to IPV DACOVID research**

On 11 March 2020, the WHO declared the outbreak of COVID-19 a pandemic and governments around the world attempted to halt the spread of the virus by applying restrictive measures unprecedented in the history of public health, such as "lockdown" strategies, social distancing rules and "self-isolation". Previous pandemics, including COVID-19, and situations of social isolation, have increased psychosocial stress, which is associated with an increase in intimate partner violence (McNeil et al., 2023). The Covid 19 pandemic crisis and the health measures taken in response to this crisis have had a major impact on mental health (depression and general anxiety) and on the population's quality of life, also increasing the risk of domestic and conjugal violence. IPV can occur in all intimate relationships, regardless of gender of the perpetrator or victim: helplessness in the face of chaotic or uncontrollable situations, heightened financial and economic stress, loss of access to typical support systems, and lack of opportunities for law enforcement and justice.

#### **Research objectives and methodology**

The overall aim of the IPV-DACOVID research (October 2021-2023) was to assess the impact of the COVID-19 crisis on the dynamics of violence on the basis of case studies and the experience of professionals in the paramedical, psychosocial, police and judicial sectors, and to evaluate changes and developments in public policies and actions involving multiple sectors and actors (police, justice, health and associations) during and after the COVID-19 crisis. To do this, the IPV DACOVID research adopted an ecosystemic approach including microsystemic levels (for victims and perpetrators), exosystemic levels (professionals in the judicial and medico-psychosocial sectors) and macrosystemic levels (government policies, crisis management policies, etc.) by integrating the temporal dimension of the crisis (during and after the Covid crisis). Several research methodologies were used in a complementary and sequential manner: **1)** an ongoing **analysis of the media** and of the discourse of civil society organisations, and in parallel, semi-structured interviews were conducted with political and administrative leaders involved in the political debate, members of civil society, as well as with representatives of various ministerial cabinets and members of government departments, in order to retrace the history of the issues and debates surrounding the question of violence between partners since the start of the Covid-19 crisis; **2)** an analysis and comparison of **statistical data** (police, public prosecutor's office, call lines, etc.); **3)** an analysis of **Praxis files** opened between 15 March 2020 and January 2023 in the Wallonia-Brussels Federation; **4)** **questionnaires** distributed online to professionals in the psychosocial, medical and paramedical sectors working in Belgium (June 2022-December 2022); **5)** police areas (July-August 2023); **(6)** magistrates. The data from these three **online surveys** highlighted the development of measures, changes in practices, the monitoring of reports of violence, and the profiles of IPV situations during the pandemic crisis period (confinement and after confinement) within three sectors: judicial (police/magistrates), (para)medical and associative. A qualitative approach enabled an in-depth examination of the changes in practices during and after the pandemic in the field of IPV, and of the experience of professionals. **(7)** Eight **case studies** were carried out in the country's three regions: justice/police, health and the associations. They were: harassment

alarm, revisit, Stopp Vif, a (para)medical centre in Ostend, the CPVS at St Pierre hospital in Brussels, a Family Justice Centre, a hotel and Praxis. The final phase of the research was aimed at integrating the various results of the studies in order to discuss them with key players. **(8) Three face-to-face discussion groups** were held, each comprising around twenty psychosocial and legal professionals (psychologists, social workers, criminologists, legal assistants, etc.) from various organisations (shelters, public social welfare centres (CPAS), courthouses, specialist associations, etc.). Two additional discussion groups were conducted by videoconference with magistrates, one in Wallonia and the other in Flanders.

## Results

The studies carried out in the IPV DACOVID research highlight the impact of the Covid crisis at different times on the risk of domestic violence and on the workload of professionals and intervention practices in the field of IPV. The first phase of the Covid crisis, associated with the lockdowns, created **a state of alert** in the field of domestic violence due to the risk of the occurrence and increase in domestic violence and **a context of urgency** for front-line and specialist professionals. The second phase of the crisis was the end of restrictive health measures, and the gradual and steady increase in the demands and needs of the population made vulnerable by the crisis. The post-crisis phase, the third stage of the crisis, which should be aimed at "reconstruction", has nevertheless turned out to be a prolongation or even intensification of the effects of the crisis (in particular due to the cumulative effects of successive crises and the weakening of the network during the crisis), with the **persistence after 3 years** of impacts at several levels. Not only was this stage not accompanied by a reconstruction perspective, but the support provided during the acute phases of the crisis was also withdrawn.

## Impact of the crisis on intimate partner violence

The figures currently available for Belgium do not allow us to draw any strong conclusions as to whether or not there was an increase in intimate partner violence during the Covid-19 crisis, in particular during the lockdown periods considered to be particularly high-risk periods. On the other hand, the telephone helplines were confronted with a massive increase in calls at the time of the first confinement, with the strongest peak in April 2020, i.e. 2.5 times more calls than the average monthly number. A significant increase came from calls from victims' relatives, family members, colleagues or friends. An increase in the number of calls, felt more widely by stakeholders in the psycho-social and medical sectors. The increase in calls to telephone hotlines and the variety of callers probably reflect recourse to an alternative means of calling for help in a situation where access to the usual resources has become impossible or difficult. But it also reflects a form of social solidarity fueled by the high media profile given to the issue of domestic violence from the outset of the health crisis. The analysis of the large series of official statistical figures from police and judicial sources, shows a decline in reports of partner violence at the time of the first confinement (particularly psychological violence), in both cases. The reduction in the propensity to report violence to the police might come either from a lower perception of the need to report, or the urgency of doing so, in a societal context in which pandemic related survival priorities predominate. Access to psycho-medico-social support was also difficult as the sector was then shut down or teleworking. Going to the police was difficult because of movement limitation and fear for contamination. **Nevertheless, professionals agree that the**

**pandemic and the measures taken to contain the crisis have been potential aggravating factors, with more situations of severe and multiple violence requiring rapid treatment.**

### **Impact of the crisis on practices and professionals**

The Covid 19 crisis initially had **the effect of revealing and raising awareness** of the problem of violence against women and between intimate partners in our society. However, the high media profile given to the risk of domestic violence at the start of the crisis generated pressure on the network and its professionals, without equipping them with sufficient means and resources. The Covid 19 pandemic is seen by those involved as a **lever for action** that facilitated the implementation of public policies that had been thought through in advance. The Covid crisis had **the effect of accelerating** the implementation of public policies, most of which were still being developed. The Covid crisis proved to be **a catalyst in the development of new practices** for caring for victims in the various police, psychosocial and paramedical sectors in order to meet the needs of victims despite the constraints imposed by the crisis. Measures and interventions have been developed and implemented by professionals, some for victims and others for perpetrators. Generally speaking, during and after the crisis, children and teenagers exposed to domestic violence received little attention and, apart from certain initiatives and structures, their needs were given little consideration during the various stages of the crisis. As part of **a reactive and proactive dynamic**, the professionals with responsibility for helping victims of domestic violence deployed energy and resources beyond their limits to deal with the crisis, both **in the emergency context of the restrictive measures and when they came to an end**. The Covid crisis put a strain on these services and professionals and weakened the networks, resulting in the exhaustion of professionals who did not receive the recognition, support and resources they needed to respond in a crisis context to the need for quality interventions structured in a solid network.

### **Recommendations**

- Analyse the crisis and consider its long-term impact
- Recognise workers as essential services for IPV
- Rebuild and/or consolidate the network of front-line workers to avoid worker burnout
- Provide post-crisis management debriefing activities for professionals, supporting a proactive rather than reactive approach.
- Strengthen associations and groups of associations working to combat intimate partner and gender-based violence.
- Include the issue of IPV and children exposed to domestic violence in the management of the health emergency plan.
- Undertake a health crisis management analysis with a public health rationale, taking into account the most vulnerable groups and the diversity of local contexts.
- Develop an integrated approach between the authorities and the resources available at federal, regional and community level.

**Keywords** : Covid 19 crisis; Intimate partner violence; Impact of the crisis; Covid post-crisis; Professional in the psychosocial, legal and paramedical sectors; Public policy.

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