



STATE OF THE ART

IPV-DACOVID

Intimate Partner Violence - During and After Covid

Promotor(s)

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Introduction

The global objective of this project will be twofold. First, it aims to assess changes and development in public policies and actions involving multiple fields and actors: police, justice, health and associations during and after the Covid-19 crisis. Second, the project aims to assess the impact of the Covid-19 crisis on the dynamics of violence (emergence, exacerbation of existing violence, intimate/bidirectional terrorism, exits from violence). It will consider what (new) kinds of violence victims experienced during confinement and de-confinement; how the conditions of confinement and deconfinement affected the perpetrators, the victims, and the children exposed to the violence; how the new conditions may have affected different groups; and to what extent intersectional vulnerabilities have surfaced. This project is a continuation of the IPV-PRO&POL project that collected data and analyzed the trajectories and types of intimate partner violence, and public policies and interventions prior to the Covid-19 crisis. This project will specifically identify changes in public and media discourse regarding intimate partner violence, changes in judicial interventions, front-line interventions and associations, as well as innovations and new developments brought about by the awareness of the risk of violence and confinement in the home during and after the crisis. It will assess their relevance in meeting the needs of victims and their continued integration into post-lockdown policies. The global objective of this project is to analyze the impact of the measures taken *hic et nunc* and to draw lessons for more structural and integrated policies that will prepare us for future crises and help us to respond better to the needs of the most vulnerable groups in society (more globally, for the politic IPV).

State of the art

On March 11, 2020, WHO declared the COVID-19 outbreak a pandemic and governments across the world tried to clamp down on the spread of the virus by enforcing restrictive measures that were unprecedented in the history of public health, such as lockdowns, social distancing and “voluntary self-isolation” (Brooks et al., 2020; Hossain et al., 2020; Huang & Zhao, 2020; Sharma & Borah, 2020). Previous pandemics and situations of social isolation have been linked to several factors associated with intimate partner violence (IPV) (Nesset et al., 2021): helplessness in the face of uncontrollable disaster, economic stress, lack of access to support systems, and lack of opportunities for law enforcement and justice (Campedelli et al., 2020; Lausi et al., 2021).

The pandemic crisis and health measures enforced in response to it have had a major impact on the mental health (anxiety and depression) (Glowacz & Schmits, 2020; Lorant et al., 2021) and quality of life of population, increasing the risk of domestic and conjugal violence. The overall objective of the IPV-DACOVID research is twofold: (1) to assess the changes and evolution of public policies and actions involving multiple sectors and actors: police, justice, health and NGOs during and after the COVID-19 crisis and (2) to assess the impact of the COVID-19 crisis on the dynamics of violence (emergence; exacerbation of existing violence; intimate/bidirectional violence; intimate terrorism, reporting violence; seeking help; and exit from violence) based on the experience of those directly confronted with it and the experience of professionals from the paramedical, psychosocial, police and judicial sectors. It has examined how the context of the health crisis and the subsequent containment measures has affected perpetrators, victims and children exposed to violence and to what extent intersectional vulnerabilities have surfaced.

Studies that have been conducted since 2020 on the subject have shown that social distancing, containment and lockdown policies, although essential in limiting the spread of the disease, have all contributed to an increase in violence against intimate partners for men and women (Ravi et al., 2021; Nesset et al., 2021; Ribeiro et al., 2022). Globally, psychological IPV appears to have been more prevalent than physical IPV (McNeil et al., 2022; Rahman et al., 2022; Glowacz et al., 2022). Concerning physical violence, even if its frequency would have decreased, its severity would have worsened in relationships where it continued (Jetelina et al., 2020). A recent Belgian study (Schokkenbroek et al., 2021) identified and assessed five aspects of respondents’ intimate relationships during the

pandemic and these were: increased conflict, diverging attitudes regarding the relationship and life, restrictions, diminished feelings of connectedness, and partner neglect. Confinement at home can increase the incidence of violence as well as create a new set of victims who experience violence, and lead to tension and violence in couples where there was no violence previously (Kaukinen, 2020; McNeil et al., 2022). Abusive partners may stoke their partner's fear of the virus, bar them from treatment if their partner experiences symptoms or use restrictive measures to further break down survivor resource access and justify their tactics of isolation (Campbell, 2020; Schrag et al., 2021).

While an increase in domestic violence reports, distressed victim calls, and demand for services has been noted in many countries (Bradbury-Jones & Isham, 2020), other countries have recorded a decrease in calls to IPV hotlines. However, it is crucial to make a distinction between information provided by the police and judicial statistics and information gleaned from population surveys and telephone helplines. The former are based on complaints to the police, which may have been hindered by confinement measures. A meta-analysis carried out by the *Institut National de santé publique du Québec* shows that international studies based on police sources give contradictory results, sometimes noting an increase, sometimes a decrease in the extent of IPV during the pandemic. Nor do those studies based on surveys provide consistent results (Laforest & Poitras, 2021). Furthermore, according to Demir & Park (2021) the significant increase in domestic violence calls did not appear to have any discernible impact on domestic violence arrest figures. This may be partially explained by the fact that calls for assistance included domestic disturbances that did not involve violence. However, the authors of the study concluded that, in order to better understand the effect of COVID-19 on domestic violence arrests, research should examine whether COVID-19 influenced police responses to calls for assistance or police decisions to make arrests. In Belgium, only very partial data analyses (notably concerning the Brussels Region) have been published to date (Distexhe & Leprince, 2021). That the findings of the various studies on IPV during the COVID-19 crisis conflict may be related to difficulties victims encountered when seeking help and to social isolation, which may have amplified individual vulnerabilities and abusive behavior (Sharma & Borah, 2020; Barbara et al., 2020; Gosangi et al., 2021). At the other end of the spectrum, coping strategies implemented to avoid increasing risk; greater time spent with family and friends, and decreased consumption of alcohol and/or drugs may have acted as crucial protective factors against the perpetration IPV and may have also served to prevent increased conflict among couples and IPV victimization (Langhirichsen et al., 2021; Long et al., 2022). It is also important to explore the nature of the increase in calls to hotlines that were, in some cases, the result of a greater frequency of calls generated by the same sample of victims (Lundin et al., 2020).

Support providers described a decrease in contact with help seekers which they attributed to safety concerns, competing survival priorities, and miscommunication about what resources were available. This decrease was often followed by an increase in calls after the lifting of shelter-in-place orders, often surpassing typical contact counts from the pre-pandemic period (Leigh et al., 2022). Indeed, an increase in IPV post-lockdown may have been associated with a significantly stressful environment when life returned to 'normality' (Long et al., 2022). Moreover, although lockdowns and the like are no longer the norm, it is clear that emergency containment measures have drastically modified the practices and cooperation processes between different actors working in the field of IPV. The Belgian government granted additional funding to the national helpline to create an online chat function, to expand its capacity and lengthen its opening hours, as well as to launch a poster campaign. Additional funding was also directed towards education on trauma counselling for psychologists. Social work adjustments principally focused on maintaining contact through the development of new strategies, including the use of digital counseling, in order to reduce risk and prioritize safety, which had both positive and negative consequences for clients and professionals (Pettersson & Hansson, 2022). Support providers were able to respond more quickly and have more frequent interactions with clients (Schrag et al., 2021), but some reported difficulties in remotely assessing clients' risk and safety in their homes during a time when privacy and confidentiality could not be guaranteed (Pfitzner et al., 2022). These findings highlight the importance of making screening tools and assessments for domestic violence readily available, particularly via telehealth platforms. Moreover, stakeholders reported an increase in requests for peer support during the COVID-19 pandemic which is a strong indicator that finding some way to formalize access to community support was critical (Usher et al., 2022; Toccalino et al., 2022). As a consequence, stakeholders came to be associated with other

“essential organizations”, such as pharmacies (the code word ‘Masker-19’ was used in Belgian pharmacies) (Brink et al. 2021), grocery stores, and family physicians to safely provide more public information (Leigh et al., 2022; McNeil et al., 2022).

COVID-19 has also been considered a game changer in public governance (Ansell & al, 2020): the pandemic was presented as an unpredictable and uncertain problem for which there was no ready-made solution. In order to respond to the problems and challenges posed by the pandemic, the public sector had to adapt by building networks and partnerships with the private sector and civil society to ensure flexible adaptation, the creation of innovative solutions and the pragmatic redirection of resources. Most analysts emphasized the importance of working more closely with citizens by inviting them to participate in the co-creation of public governance as often as possible so that they could better understand the complex challenges and adapt to new circumstances. Globally, this was quite important during the lockdown periods as many NGO’s strategically redeveloped their activities towards supporting local solidarity initiatives and neighborhoods (Pleyers, 2020).

Taking into account all these observations from Belgium and around the world which point to opportunities to increase awareness, adopt policy changes, and provide great support for interventions. Mintrom and True (2022) have sketched out three lessons on "policy windows". First, the pandemic did not provide a shortcut for policy advocacy; UN Women and others who made the most of COVID-19 as a policy window tended to have been working for years to get governments to address the issue of violence/IPV. Second, it is important to seek major and permanent shifts in order to secure policy change that is trajectory altering. Third, strategic problem framing is vital for changing policy discussions. Agenda-setting efforts can be greatly assisted by attempts to garner a macro understanding of the problem. According to the authors, COVID-19 has opened up some space for new policy discussions and appears to have created conditions favorable to policy changes driving improvements in crisis preparedness, the enhancement of E-Government platforms, and remote access to mental health and crisis counseling services (Mintrom & True, 2022).

There has been a significant increase in IPV episodes since 2019, especially violence against women (Barbara et al., 2020). NGOs, particularly feminist groups, have highlighted the risk of domestic violence and convinced Belgian policymakers to develop a series of new interventions that have been developed rapidly by a taskforce that combining policymakers, members of the administration and NGO’s. Facing urgency, activists have focused their activities on concrete actions to meet immediate needs rather than developing political advocacy (Pleyers 2021). When viewed from an intersectional perspective, the risk of IPV is also likely to affect vulnerable populations differently, including minority populations (ethnic minorities, people with disabilities, LGBTQ, etc.), who are disproportionately represented among those facing eviction, job loss, and overall economic hardship amid the COVID-19 pandemic (Rieger et al., 2021; Sardinha et al., 2022). Preventing and responding to public health crises should incorporate efforts to mitigate secondary impacts of the crisis. Risser and colleagues’ study (2022) and others highlight the need to expand support for marginalized communities and children, who have experienced compounding challenges during the pandemic (Piquero et al., 2021; Risser et al., 2022). The economic and social consequences of the lockdowns and other containment policies have had a significant impact on violent living situations, which implies that adequate responses also need to take different difficulties and barriers into account. Consequently, it is important to ask if the safety and specific needs of IPV victims were considered during the Covid-19 pandemic? And how should other difficulties be taken into account to understand and respond to these specific needs? What services and measures for the protection of victims have been included in their emergency plans? How have government institutions and support organizations set up to encouraged the reporting of violence? These are all questions that this research project aims to answer. In this way, the objective of IPV-DACOVID is to make recommendations in the event of a recurrence of crises similar to that of COVID-19, but also, with a view to improving IPV intervention mechanisms more broadly.

The data that are currently available are incomplete and contradictory. This indicates that there is a need for further research on the dynamics of violence during the COVID-19 crisis and on judicial, medical and psychosocial practices during pandemics in general. This research project aims to fill this gap by carrying out studies that combine different disciplines and methodological approaches to evaluate the evolution of practices and innovations in the judicial, medical and psychosocial sectors, as well as developments in public policy. Thanks to the data acquired from and with

the help of various professionals from a range of sectors, as well as those who have been directly affected by IPV, this project will lead to the formulation of recommendations on a range of topics, most notably: health crisis and other forms of crisis management; the dynamics of violence, the struggle to end violence between partners during or outside of any health crisis and public policymaking in Belgium.

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