

Letter to the Editor

Surviving in place: The coronavirus domestic violence syndemic

Approximately three billion people around the world are sheltering in place. Although this is an essential component of the COVID-19 public health emergency response, it will increase risk for a COVID-19-domestic violence syndemic. Increases in domestic violence following lockdowns have already been observed in dozens of countries. During the first eight days of lockdown in South Africa, 87,000 domestic violence calls were reported to the police (Digital, 2020). A non-governmental organization in Hubei Province, the COVID-19 epicenter in China, noted that domestic violence calls tripled in February 2020 compared to the same month in 2019 (Feng, 2020), which will further challenge health systems (Fang et al., 2019; Gan et al., 2020).

Several key syndemic risk pathways link the global COVID-19 pandemic and domestic violence (Fig. 1). First, the stay home movement and related public health emergency response measures decrease opportunities for survivors to report violence and leave abusers. Survivors are caught with their abusers and may have additional competing demands from home schooling and other family obligations (Cluver et al., 2020). Second, as health systems and governments focus attention on COVID-19 responses, the often patchwork system of existing hotlines, shelter, and other resources to address domestic violence will be further compromised. Third, COVID-19 increases the burden of anxiety and depression, delaying people from seeking services in a timely fashion. Fourth, related loss of jobs and wages coupled with a lack of control are likely to increase violence (Waters et al., 2004). Finally, the lockdown environment decreases available social support and increases social isolation.

At the same time, there are several practical steps that governments, survivors, and the public can take to mitigate the syndemic (Tandon, 2020). For governments, ensuring that shelters, hotlines, text-based digital services, and other public services for survivors are not only open, but prioritized and integrated into COVID-19 programs is essential. Creative new strategies are also needed for settings where lockdowns are in place. For example, in France, women can speak a code word to a pharmacist who will then initiate immediate police intervention (Berton, 2020). In addition, open access guides and tools for agencies and can inform strategies to identify and reduce domestic violence and empower survivors to seek local services and support (Box

1). Finally, there is an important role for the public in preventing and responding to domestic violence. Local in-person and digital networks could be leveraged for domestic violence awareness and responses. Shelter in place will be necessary for weeks and normal social interactions are likely limited for months, increasing the urgency of a coronavirus domestic violence syndemic response.

1. Box with resources**1.1. Agencies**

Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings: Interim Briefing Note: Addressing mental health and psychosocial aspects of COVID-19 Outbreak, Version 1.5: https://app.mhpss.net/?get=354/iasc-interim-briefing-note-on-covid-19-outbreak-readiness-and-response-operations-mhpss_0.pdf

Inter-Agency Standing Committee Reference Group for Gender in Humanitarian Action

Interim Guidance: Gender Alert for COVID-19 Outbreak: <https://app.mhpss.net/?get=354/interim-guidance-gender-alert-for-covid-19-outbreak-.pdf>

International Committee of the Red Cross: COVID-19:

Inclusive Programming – Ensuring Assistance and Protection Addresses the needs of marginalized and at-risk people: <https://app.mhpss.net/?get=354/icrc-paper-covid-19-inclusive-programming-ensuring-assistance-and-protection-addresses-the-needs-of-marginalized-and-at-risk-people.pdf>

2. Survivors and community

WHO - Violence against Women Resources: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

UN Women - Ending Violence Against Women Resources: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women>

Trauma Survivors Network – Resources for Survivors - <https://www.traumasurvivorsnetwork.org/pages/resources-for-survivors>

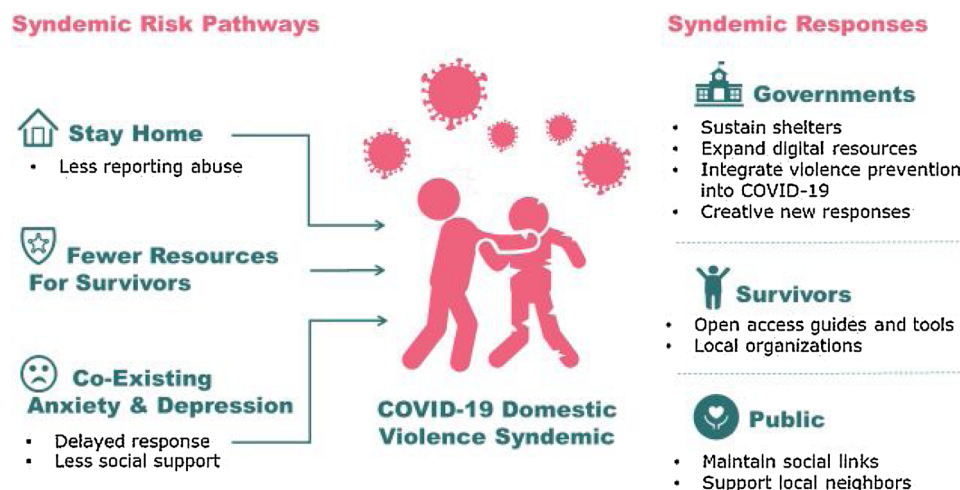


Fig. 1. COVID-19 domestic violence syndemic and responses.

Chayn – Digital resources for survivors - <https://chayn.co/tools/>

Disclosures

The authors have no financial disclosures.

Declaration of Competing Interest

The authors declare no conflict of interest.

Acknowledgements

We would like to thank Shufang Wei and Huanyu Bao for creating the infographic.

References

- Berton, 2020. France to Put Domestic Abuse Victims in Hotels After Jump in Numbers. Reuters, 2020. .
- Cluver, L., et al., 2020. Parenting in a time of COVID-19. *Lancet* 395 (2020), E64.
- Digital, P., 2020. Covid-10 Lockdown: Police Receive 87 000 Gender-Based Violence Calls. Retrieved from. <https://www.power987.co.za/news/covid-19-lockdown-police-receive-87-000-gender-based-violence-calls/>.

- Fang, M., et al., 2019. Structural changes to enhance mental health services in China: experience and challenges. *Asian J. Psychiatr.* 43 (2019), 177–178.
- Feng, J., 2020. Covid-19 Fuels Domestic Violence in China. Retrieved from. <https://supchina.com/2020/03/24/covid-19-fuels-domestic-violence-in-china/>.
- Gan, Y., et al., 2020. The fight against COVID-19 and the restoration of trust in Chinese medical professionals. *Asian J. Psychiatr.* In Press.
- Tandon, R., 2020. The COVID-19 pandemic, personal reflections on editorial responsibility. *Asia Journal of Psychiatry.* 50 (2020), 102100.
- Waters, H., et al., 2004. *The Economic Dimensions of Interpersonal Violence*. WHO, 2004, Geneva.

Brian J. Hall^{a,b}

^a Global and Community Mental Health Research Group, Department of Psychology, University of Macau, Macau, China

^b Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, USA

Joseph D. Tucker^{a,b,c,*}

^a Institute of Global Health and Infectious Diseases, University of North Carolina at Chapel Hill, Chapel Hill, USA

^b Social Entrepreneurship to Spur Health (SESH), Guangzhou, China

^c Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, UK

E-mail address: jdtucker@med.unc.edu.

* Corresponding author at: Institute of Global Health and Infectious Diseases, University of North Carolina at Chapel Hill, Chapel Hill, USA.