American Psychological Association
Division 56 Trauma Psychology American Psychological Association

Psychological Trauma:
Theory, Research, Practice, and Policy

ISSN: 1942-9681

2020, Vol. 12, No. S1, S199–S201
http://dx.doi.org/10.1037/tra0000866

Home Is Not Always a Haven: The Domestic Violence Crisis Amid the COVID-19 Pandemic

Yasmin B. Kofman and Dana Rose Garfin
University of California, Irvine

The novel coronavirus (SARS-CoV-2) and the associated disease it causes, COVID-19, have caused unprecedented social disruption. Due to sweeping stay-at-home orders across the United States and internationally, many victims and survivors of domestic violence (DV), now forced to be isolated with their abusers, run the risk of new or escalating violence. Numerous advocates, organizations, and service centers anticipated this: Upticks in domestic violence were reported in many regions soon after stay-at-home directives were announced. In this commentary, we delineate some of the recent events leading up to the reported spike in DV; review literature on previously documented disaster-related DV surges; and discuss some of the unique challenges, dilemmas, and risks victims and survivors face during this pandemic. We conclude with recommendations to allocate resources to DV front-liners and utilize existing DV guidelines for disaster preparedness, response, and recovery.

Keywords: COVID-19, domestic violence, intimate partner violence, disaster, collective trauma

The novel COVID-19 pandemic has created exceptional circumstances that have altered nearly all facets of society. Public safety measures including physical distancing, self-quarantine, and "safer-at-home" mandates have been widely implemented across the United States. Unfortunately, in the pursuit of large-scale mitigation efforts to protect public health, the vulnerabilities of some at-risk populations have been magnified. Ironically, "safer-at-home" has proved perilous for a significant portion of the population as the danger of domestic violence (DV) has intensified. *DV,* often used interchangeably with *intimate partner violence,* includes emotional, physical, or sexual abuse by a current or former intimate partner (Centers for Disease Control [CDC], 2008). Decades of work have documented DV's far-reaching health (Campbell, 2002; CDC, 2008) and societal and economic consequences (CDC, 2003; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004; Peterson et al., 2018). Although DV has been a pervasive public health issue for women—overwhelmingly on the receiving end of partner violence—the current crisis has compounded this chronic and highly traumatic experience.

As governors announced stay-at-home directives, numerous advocates, organizations, and service centers warned of a possible surge in DV, given that many victims and survivors would have to be isolated at home with their abusers. As foreshadowed, reports of an uptick from various county police, crisis text and hotlines, and DV shelters began saturating media outlets as shelter-in-place orders became widespread. After the first month of stay-at-home orders, nine major metropolitan cities reported approximately between 20% and 30% increases in DV service calls (Tolan, 2020), with some regions as high as 62% (Northern Regional Police Department; Hartmann, 2020). Yet data from DV hotlines are mixed. Some, like the National Domestic Violence Hotline (NDVH), reported call volume increases, particularly for COVID-19-specific concerns (Lee, 2020), and others reported substantial drops in regular call volume (Southall, 2020)—both tell an unsettling story. Although it is the case that many DV victims might utilize text and hotlines to get help under normal circumstances, being in close and constant proximity to violent partners might make it nearly impossible for many to do so during stay-at-home orders. Thus, many might not call for help until violence has escalated to the point that they necessitate 911 service calls.

Surges in DV have occurred during prior catastrophes (e.g., natural disasters, anthropogenic events). For example, in the aftermath of Hurricane Katrina, one study reported a fourfold increase in rates of gender-based violence, primarily driven by partner violence, among displaced women in Mississippi (Anastario, Shehab, & Lawry, 2009). Another study documented a staggering 98% increase in prevalence of physical victimization of women from pre- to post-Katrina in southern Mississippi, one of the hardest hit regions. Similar spikes in DV have been reported in the United States during and after other hurricanes (e.g., Laudisio, 1993), earthquakes (e.g., Wilson, Phillips, & Neal, 1998), floods (e.g.,

Editor's Note. This commentary received rapid review due to the time-sensitive nature of the content. It was reviewed by the Journal Editor.—KKT

This article was published Online First June 1, 2020.

Yasmin B. Kofman, Department of Psychological Science, University of California, Irvine; Dana Rose Garfin, Sue & Bill Gross School of Nursing, University of California, Irvine.

This work was supported by U.S. National Science Foundation (SES 2026337) and National Institute of Minority Health and Health Disparities (K01MD013910).

Correspondence concerning this article should be addressed to Yasmin B. Kofman, Department of Psychological Science, University of California, Irvine, 4201 Social & Behavioral Sciences Gateway, Irvine, CA 92697-7085. E-mail: ykofman@uci.edu

Enarson, 2012), and oil spills (Lauve-Moon & Ferreira, 2017; Palinkas, Downs, Petterson, & Russell, 1993; Rodin, Downs, Petterson, & Russell, 1992). More globally, spikes were seen after the 2004 Indian Ocean earthquake and tsunami (Fisher, 2010) and the Black Saturday bushfires in Australia (Parkinson, 2019). It is important to note that although the initial rise is generally observed during the acute phase of disaster, these surges in DV are often sustained for years during the recovery period.

Observed upturns in DV may stem in part from existing social and systemic issues that can be exacerbated by disaster-related stress and strain, economic downturn, displacement, and uncertainty (Enarson, 1999; Wilson et al., 1998). The current pandemic shares some key similarities with previous disasters. However, it also presents a unique and distressing paradox for victims. If they decide or are forced by their partner to stay home, they risk the danger of enduring or escalating violence. If they are able to leave, they risk exposure to a highly infectious, dangerous virus. Coercive control is a hallmark of abusive relationships (Stark, 2009), and already, representatives of the NDVH have reported disturbing accounts of abusers harnessing COVID-19 to instill fear and compliance in their partners (Godin, 2020; Sandler, 2020). Some medical professionals fear that this type of coercion might also result in fewer victims seeking medical care for DV-related injuries or otherwise (Godin, 2020; Meritus Health, 2020; Warnica, 2020), one of the most vital avenues for screening and detecting abuse.

DV is a largely "hidden" epidemic—and never more so than in our current state of necessary and mandated seclusion. Although many uncertainties lie ahead, it is clear that the impact of the COVID-19 pandemic will bear heavily on those navigating these unprecedented circumstances while being isolated—indefinitely—in unsafe homes. For those disproportionately affected by DV (e.g., low-income and ethnic minority women; Black et al., 2011; Rennison & Welchans, 2000), it may be devastating. It is important to note that often the most dangerous and potentially lethal time for a victim or survivor of an abusive relationship is immediately after leaving the relationship (Campbell, Glass, Sharps, Laughon, & Bloom, 2007). During this time they are at the highest risk for serious bodily harm, injury, and homicide (Shipway, 2004), adding an additional level of complexity to an already difficult decision to leave one's abuser. Coincidentally, some shelters, ordinarily impacted and underresourced, are either nearing or at capacity as they implement social distancing guidelines to ensure a safe, socially distant communal environment (Tolan, 2020). Moreover, many shelters only have the capacity to house women (and often, their children) short-term, increasing their risk of returning to an abusive partner when alternatives like hotel vouchers are not available.

Across the country, clinicians, researchers, advocates, policymakers, and government agencies are working tirelessly to mitigate the current fallout. With the threat of a second wave of COVID-19, it is imperative that there be a collective effort to ensure as many DV safeguards as possible are continually integrated into COVID-19 disaster response and recovery. As mentioned, surges in DV are often sustained long after disasters strike (Sety, James, & Breckenridge, 2014). It follows that appropriate funds and resources should be allocated to victims and survivors, as well as front-liners in the DV crisis like service centers, shelters, and agencies. Equally important will be mitigating the psychological sequalae of experiencing DV during an evolving collective trauma. Posttraumatic stress disorder is the most common mental health disorder associated with traumatic events and disasters (Galea, Nandi, & Vlahov, 2005) and DV (Dutton et al., 2006). In combination, these events could serve as an additional trigger, because traumatic stress is often tied to mental health comorbidities (e.g., depression, anxiety; Brady, Killeen, Brewerton, & Lucerini, 2000) and other negative health outcomes such as pain and gastrointestinal and respiratory issues (Garfin, Thompson, & Holman, 2018; Pacella, Hruska, & Delahanty, 2013). In the wake of other disasters, organizations like the National Resource Center for Domestic Violence have compiled comprehensive DV guidelines and recommendations for response and recovery (Branco, 2020), which we recommend to be implemented at the local, state, and national level. Long-term, the pandemic may serve as a critical inflection point for implementing planning and preparedness guidelines to protect DV victims and survivors in the face of the ongoing threat of COVID-19 and the inevitability of future disasters.

References

Anastario, M., Shehab, N., & Lawry, L. (2009). Increased gender-based violence among women internally displaced in Mississippi 2 years post-Hurricane Katrina. *Disaster Medicine and Public Health Preparedness, 3,* 18–26. http://dx.doi.org/10.1097/DMP.0b013e3181979c32

Black, M., Basile, K., Breiding, M., Smith, S., Walters, M., Merrick, M., . . . Stevens, M. (2011). *National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Brady, K. T., Killeen, T. K., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of Clinical Psychiatry, 61*(Suppl. 7), 22–32.

Branco, P. (2020, March 23). *Disaster and emergency preparedness and response*. Retrieved from https://vawnet.org/sc/disaster-and-emergency-preparedness-and-response

Campbell, J. C. (2002, April 13). Health consequences of intimate partner violence. *Lancet, 359,* 1331–1336. http://dx.doi.org/10.1016/S0140-6736(02)08336-8

Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence & Abuse, 8,* 246–269. http://dx.doi.org/10.1177/1524838007303505

Centers for Disease Control and Prevention. (2003). *Costs of intimate partner violence against women in the United States*. Atlanta, GA: National Center for Injury Control and Prevention, Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence—United States, 2005. *Morbidity and Mortality Weekly Report, 57,* 113–117.

Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence, 21,* 955–968. http://dx.doi.org/10.1177/0886260506289178

Enarson, E. (1999). Violence against women in disasters: A study of domestic violence programs in the United States and Canada. *Violence Against Women, 5,* 742–768. http://dx.doi.org/10.1177/10778019922181464

Enarson, E. P. (2012). *Women confronting natural disaster: From vulnerability to resilience*. Boulder, CO: Rienner.

Fisher, S. (2010). Violence against women and natural disasters: Findings from post-tsunami Sri Lanka. *Violence Against women, 16,* 902–918.

Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of post-traumatic stress disorder after disasters. *Epidemiologic Reviews, 27,* 78–91. http://dx.doi.org/10.1093/epirev/mxi003

Garfin, D. R., Thompson, R., & Holman, E. A. (2018). Acute stress and subsequent health outcomes: A systematic review. *Journal of Psychosomatic Research, 112,* 107–113. http://dx.doi.org/10.1016/j.jpsychores.2018.05.017

Godin, M. (2020, March 18). How coronavirus is affecting victims of domestic violence. *Time*. Retrieved from https://time.com/5803887/coronavirus-domestic-violence-victims/

Hartmann, J. (2020, April 21). Several police departments say they've seen an uptick in domestic violence calls since start of COVID-19 pandemic. *WPXI*. Retrieved from https://www.wpxi.com/news/top-stories/several-police-departments-say-theyve-seen-an-uptick-domestic-violence-calls-since-start-covid-19-pandemic/JJLDGXYPJVH3DALTQ3LOFVIODY/

Laudisio, G. (1993). *Disaster aftermath: Redefining response—Hurricane Andrew's impact on I & R*. Emmitsburg, MD: National Emergency Training Center.

Lauve-Moon, K., & Ferreira, R. J. (2017). An exploratory investigation: Post-disaster predictors of intimate partner violence. *Clinical Social Work Journal, 45,* 124–135. http://dx.doi.org/10.1007/s10615-015-0572-z

Lee, M. J. (2020, April 7). Visits to New York City's domestic violence website surged amid coronavirus pandemic. *CNN*. Retrieved from https://www.cnn.com/2020/04/07/us/nyc-domestic-violence-website-surging/index.html

Max, W., Rice, D. P., Finkelstein, E., Bardwell, R. A., & Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the United States. *Violence and Victims, 19,* 259–272. http://dx.doi.org/10.1891/vivi.19.3.259.65767

Meritus Health. (2020, April 26). Domestic violence and abuse in the era of COVID-19. *Herald Mail Media*. Retrieved from https://www.heraldmailmedia.com/news/special/coronavirus/domestic-violence-and-abuse-in-the-era-of-covid-19/article_8d961601-941f-585e-a644-5c2da4abcbaa.html

Pacella, M. L., Hruska, B., & Delahanty, D. L. (2013). The physical health consequences of PTSD and PTSD symptoms: A meta-analytic review. *Journal of Anxiety Disorders, 27,* 33–46. http://dx.doi.org/10.1016/j.janxdis.2012.08.004

Palinkas, L. A., Downs, M. A., Petterson, J. S., & Russell, J. (1993). Social, cultural, and psychological impacts of the "Exxon Valdez" oil spill. *Human Organization, 52,* 1–13. http://dx.doi.org/10.17730/humo.52.1.162688w475154m34

Parkinson, D. (2019). Investigating the increase in domestic violence post disaster: An Australian case study. *Journal of Interpersonal Violence, 34,* 2333–2362. http://dx.doi.org/10.1177/0886260517696876

Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., . . . Florence, C. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *American Journal of Preventive Medicine, 55,* 433–444. http://dx.doi.org/10.1016/j.amepre.2018.04.049

Rennison, C. M., & Welchans, S. (2000). *Intimate partner violence* (Special Report No. NCJ 178247). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.

Rodin, M., Downs, M., Petterson, J., & Russell, J. (1992). Community impacts resulting from the Exxon Valdez oil spill. *Industrial Crisis Quarterly, 6,* 219–234. http://dx.doi.org/10.1177/108602669200600304

Sandler, R. (2020, April 7). Domestic violence hotline reports surge in coronavirus-related calls as shelter-in-place leads to isolation, abuse. *Forbes*. Retrieved from https://www.forbes.com/sites/rachelsandler/2020/04/06/domestic-violence-hotline-reports-surge-in-coronavirus-related-calls-as-shelter-in-place-leads-to-isolation-abuse/#ea2d607793ab

Sety, M., James, K., & Breckenridge, J. (2014). Understanding the risk of domestic violence during and post natural disasters: Literature review. In L. W. Roeder (Ed.), *Issues of gender and sexual orientation in humanitarian emergencies* (pp. 99–111). http://dx.doi.org/10.1007/978-3-319-05882-5_5

Shipway, L. (2004). *Domestic violence: A handbook for healthcare professionals*. http://dx.doi.org/10.4324/9780203487099

Southall, A. (2020, April 17). Why a drop in domestic violence reports might not be a good sign. *New York Times*. Retrieved from https://www.nytimes.com/2020/04/17/nyregion/new-york-city-domestic-violence-coronavirus.html

Stark, E. (2009). *Coercive control*. New York, NY: Oxford University Press.

Tolan, C. (2020, April 4). Some cities see jumps in domestic violence during the pandemic. *CNN*. Retrieved from https://www.cnn.com/2020/04/04/us/domestic-violence-coronavirus-calls-cases-increase-invs/index.html

Warnica, R. (2020, April 17). Fear of COVID-19 believed to be behind plummeting number of non-coronavirus ER visits across Canada. *National Post*. Retrieved from https://nationalpost.com/news/fear-of-covid-19-believed-to-be-behind-plummeting-number-of-non-coronavirus-er-visits-across-canada

Wilson, J., Phillips, B., & Neal, D. M. (1998). Domestic violence after disaster. In E. P. Enarson, D. A. Johnson, & B. H. Morrow (Eds.), *The gendered terrain of disaster* (pp. 115–123). Westport, CT: Praeger.

Received April 30, 2020
Revision received May 7, 2020
Accepted May 8, 2020 ■