

## EDITORIAL

# Domestic violence in the COVID-19 pandemic: a forensic psychiatric perspective

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The measures taken over the last two months to mitigate the impact of the COVID-19 pandemic have suddenly changed daily human functioning. Social distancing, self-isolation, loss of freedom, uncertainty, school and business closings, economic vulnerability and job loss have been some results of the lockdown.<sup>1-3</sup> It is recognized that large-scale disasters, whether traumatic (mass shootings), natural (hurricanes), or environmental (ocean oil spills), are often associated with higher levels of mental disorders (such as depression, substance abuse, post-traumatic stress disorder), domestic violence, and child abuse.<sup>2</sup>

People worldwide have been told by authorities to stay home to reduce the transmission of coronavirus, and social isolation and domestic quarantine can deepen relationships between family members, intensifying intimacy, affective exchanges, personal ties and previous behaviors, thus becoming a period of emotional growth for all involved. On the other hand, it is well-known that most violence against women is perpetrated by family members, and in times of crisis and during epidemics, the number of cases tends to increase. In domestic spaces where this “invisible monster” lives, a range of violations can occur, including intimate partner violence and domestic homicide. Thus, the quarantine forces vulnerable people to share space with their aggressors, which is cause for social alert. The distorted dynamics of power in the homes of abusive or controlling individuals can easily intensify during this crisis, since the abuser has more freedom to act, while the victim’s movement is restricted, and continued exposure limits the victim’s capacity to cope or seek help.

There are also fewer police interventions and less access to the justice system during quarantine, which makes reporting more difficult and contributes to impunity. The situational stress, threat of unemployment, reduced income, perpetrator-imposed restrictions (such as continuous

control of social media, Internet access, and mobile phones), as well as substance abuse (especially alcohol), limited resources and less social support for victims could all contribute to an increased risk of domestic violence and femicide.<sup>1,4-6</sup>

Scientific studies and the news media have reported that domestic violence is a real risk in this new context, especially for wives, mothers, children, pets and older adults.<sup>1,4,5</sup> On March 28, 2020 an article in *The Guardian* claimed that domestic violence cases had increased 40% to 50% in Brazil. Police reports and helpline calls due to domestic violence have increased in Argentina, Canada, China, Cyprus, France, Germany, Italy, Spain, the UK and the USA.<sup>1,4-6</sup>

The mass release of prisoners to reduce the risk of transmission is another worry. If such were to happen, the risk for victims and households would increase, given that violent offenders, including domestic violence perpetrators, would be among the released.<sup>6</sup>

Domestic violence is a serious social and medico-legal issue that could worsen with alcohol and/or drug use. A recent study of 938 women in the city of Vitória, Espírito Santo, Brazil found that when their partners used alcohol and drugs, they were more vulnerable to domestic violence.<sup>7</sup> Stress from the COVID-19 pandemic and the boredom associated with confinement can be risk factors for alcohol and drug use/abuse. These substances may be consumed to relieve negative feelings such as lack of control, financial worries and fear of death.<sup>8</sup> Anxious and depressive symptoms (including withdrawal syndrome) can be aggravated in alcohol and drug users due to reduced supply from liquor store and local business closings. These symptoms may lead to more aggressive behavior in individuals with dysfunctional personality traits or personality disorders.<sup>9</sup> Impulsivity could contribute to increased substance consumption or relapse and, thus, intensify tendencies toward domestic violence.<sup>10</sup>

Mechanisms for prevention, surveillance, reporting, and intervention in domestic violence cases are necessary and can include:

- a) Mental health professionals (psychiatrists, psychologists, nurses, social workers) asking people directly and repeatedly whether they feel safe at home. Such assessments could be made in person during health center visits, by telephone (toll-free numbers), or online;
- b) Mental health professionals offering continuous treatment for alcohol and drug abusers, either through face-to-face contact or telemedicine, to avoid or reduce states of emotional instability and the worsening of comorbid mental disorders;
- c) Community initiatives ensuring that citizens know about the increased risk of domestic violence during the pandemic and encouraging them to check on their neighbors, friends and family (while adhering to social distancing regulations) and report warning signs to local authorities.<sup>1-3,6</sup>

In conclusion, the repercussions of the COVID-19 pandemic go far beyond measures to prevent disease transmission and reduce its impact on the global population. Although social distancing protects against contamination, it exposes dysfunctional families to the physical, emotional and economic consequences domestic violence, which could culminate in permanent disability or death for victims and their descendants (extended femicide). Studies indicate that the increased rates of domestic violence after a natural disaster often extend for several months.<sup>6</sup>

Since domestic violence must be considered a public health consequence of the COVID-19 pandemic, police and psychiatric interventions are necessary, and professionals should be aware of the high likelihood of increased victimization rates, both during and long after the crisis,

particularly among quarantined families that have a previous history or risk factors for domestic violence.

## Disclosure

The authors report no conflicts of interest.

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