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## Association of COVID-19 With Intimate Partner Violence

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**T**he acute pathogenesis of coronavirus disease 2019 (COVID-19) has caused destruction globally. Government strategies have enforced “draconian” lockdown measures to provide containment and prevent overwhelming already stretched health care services. The fear and anxiety generated by this outbreak coupled with various socially restrictive policies are predicted to cause an upsurge in newly diagnosed mental disorders and relapse of those with existing illness.

At times of economic austerity and emotional crisis, there may be an elevation in harmful alcohol consumption, with those in remission relapsing and some potentially developing a new alcohol use disorder.<sup>1</sup> Individuals with predisposing vulnerabilities such as trait impulsivity or mental health difficulties and those with established neuroadaptive dysfunction from chronic alcohol abuse are at particular risk.<sup>1</sup>

There is an association between excessive alcohol use in both the victims and perpetrators of intimate partner violence (IPV).<sup>2</sup> IPV more commonly affects those from minority groups who are socially isolated and financially deprived.<sup>3</sup> The relationship with psychiatry is bidirectional, as mental illness can increase vulnerability to IPV exposure while the abuse can also trigger illness onset.<sup>4</sup>

IPV is a silent but major public health concern with associated psychiatric and physical health comorbidity.<sup>4</sup> Women are more likely to disclose to a health care professional than to contact law enforcement agencies.<sup>4</sup> The clinician would need to establish a therapeutic alliance while being adept at direct inquiry to aid this disclosure. However, IPV remains underdetected globally with limited screening in primary care,<sup>4</sup> which is where individuals may initially present with emotional difficulties or signs of physical injury.

IPV is conceptualized as physical, sexual, or psychological harm between 2 people who are or were involved in a romantic relationship, which differentiates it from other

variants of domestic violence.<sup>2,3</sup> In the United Kingdom, records indicate that there were 173 domestic violence-related homicides in 2018.<sup>5</sup> The UK Office for National Statistics estimated in the year ending March 2019 that approximately 1.6 million women and 786,000 men had experienced domestic abuse in England and Wales.<sup>5</sup>

COVID-19-related anxieties and associated government policy have expectedly created a rise in the number of domestic violence incidents globally. From March 24, 2020, to March 27, 2020, the UK charity SafeLives sent a survey to frontline domestic violence services. Their data revealed that 22% of the 119 domestic violence agencies that responded had an increase in their respective caseloads.<sup>6</sup> One-third of these 119 agencies reported a decrease in staff numbers, with 22% also stating that they are unable to effectively support adult victims during this critical time.<sup>6</sup> The UK government has recently directed more funding toward organizations to tackle this growing national crisis.<sup>5</sup>

In the United States, there was recently a potential COVID-19-linked murder-suicide, which was allegedly precipitated by a male perpetrator believing both parties had contracted the virus.<sup>7</sup> It remains uncertain whether there was a previous history of IPV or if the assailant had an underlying mental disorder. We suspect that current attentions may have been diverted to treat the physical ramifications of the pandemic with less oversight of this escalating problem.

### Box 1. Online Resources for Clinicians and Patients

#### Organizations in the United States

- Futures Without Violence <https://www.futureswithoutviolence.org/resources-events/get-help/>  
Provides programs to end violence against women and children around the world
- National Domestic Violence Hotline <http://thehotline.org/>  
Provides lifesaving tools and immediate support to enable victims to find safety and live lives free of abuse
- Love Is Respect <https://www.loveisrespect.org/>  
Provides advocates trained in advising and supporting on issues related to dating abuse and establishing healthy relationships

#### Organizations in the United Kingdom

- Domestic Violence Assist <https://www.dvassist.org.uk/>  
Offers assistance in obtaining emergency injunctions
- Women's Aid Domestic Violence <https://www.womensaid.org.uk/>  
Provides a free 24-hour national helpline run by Women's Aid and Refuge
- Men's Advice Line [mensadvice.org.uk](https://www.mensadvice.org.uk/)  
Provides a confidential helpline for male victims of domestic abuse
- National LGBT Domestic Abuse <https://www.galop.org.uk/domesticabuse/>  
Offers emotional and practical support
- National Centre for Domestic Violence <https://www.ncdv.org.uk/>  
Provides a free, fast emergency injunction service

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### Clinical Points

- The enforced government social isolation and added fear generated by COVID-19 may explain the rise in global intimate partner violence (IPV) cases.
- Alcohol intoxication is implicated in the etiology of IPV, and the numbers of those misusing harmful substances has possibly increased during the COVID-19 crisis.
- It is important that primary care physicians are attuned to and proactively identify cases of IPV.

There is a strong relationship between IPV and poor mental health outcomes in victims. In their retrospective cohort study, Chandan et al<sup>8</sup> reported a 2-fold-increased risk of developing anxiety disorders in those exposed to IPV. They also found a 3-fold increase in the risk of developing depression or a serious mental illness.<sup>8</sup> The burden and adverse impact of IPV can extend to children and adolescents who may be direct witnesses. This exposure can cause significant psychological distress and trigger the emergence of a psychiatric disorder in this vulnerable group.<sup>9</sup>

The early identification and timely management of cases may halt progression and curb the pattern of abuse. The use of the online platform may be an effective and discrete method<sup>10</sup> to reach victims at a time when face-to-face contact is limited. It remains vital that primary care physicians routinely inquire for IPV<sup>11</sup> and act on their clinical intuition. If detected, we advise the employment of simple strategies such as signposting to relevant organizations including advocacy (Box 1), using motivational interviewing

techniques to empower the victim, and collaboratively formulating a safety plan.<sup>4</sup> The ultimate goal may be to separate the victim and assailant.

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