

PARTNER AND DOMESTIC VIOLENCE DURING THE COVID-19 CRISIS



Introduction

The global spread of COVID-19 has dramatically impacted our lives. In an effort to contain the virus, governments across the globe have resorted to social distancing, home lockdowns, and isolation policies. However, such measures can have a negative impact on people's mental well-being, put pressure on their relationships and cause stress, thus potentially contributing to an increase in violence and aggression within households. A recent review of the psychological impact of quarantine measures confirms that isolation can produce several negative emotional effects, such as post-traumatic stress syndrome, emotion regulation problems, depression, and increased feelings of stress.^[1]

Experiencing stress and powerlessness is associated with an increased risk of violent victimization.^[2]

Perpetrator and victims often know each other.^[3]

The combination of stress-inducing factors due to the lockdown and potentially living together with a perpetrator of violence may trigger an increase and worsening of various forms of violence within the household.^[4]

Experiencing stress and powerlessness is associated with an increased risk of violent victimization

Increases in domestic violence were observed in multiple countries in which lockdown measures were taken.^[5] In addition, healthcare services report that since the beginning of the lockdown fewer victims use their services and victims report additional

barriers to seeking help.[6] The movement-limiting measures during the lockdown make it more difficult for victims to escape from a problematic home situation and to receive timely assistance. This can exacerbate the underlying problems and increase the risk of serious, long-term and sometimes life-threatening situations. In Belgium, far-reaching isolation and movement-limiting measures to slow down the infection rate of COVID-19 were effective from March 13, 2020. In this contribution, we present the results of two independent but complementary interdisciplinary studies on partner and domestic violence during the COVID-19 lockdown in Belgium.

In the first study,[7] which was conducted under the supervision of professor Christophe Vandeviver and professor Ines Keygnaert, an online self-report victimization survey was administered to a convenience sample of Belgian residents aged 16 and over. Participants were recruited via various channels and methods.

The questionnaire was available in Dutch, French, German, and English. Ghent University Hospital Medical Ethics Committee gave ethic clearance (project BC-07600, approval date 9 April 2020) and the study was conducted in accordance with the World Health Organization (WHO) ethical guidelines on violence research.[8] From April 13th to 27th 2020, 6,664 individuals participated in the survey. Of these, 61% or 4,047 participants completed the questionnaire. Participants reported on victimization events occurring between 13th March and 27th April 2020, which coincides with the first four to six weeks of the Belgian COVID-19 lockdown.

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In the second study,[9] which was conducted under supervision of professor Wim Hardyns and professor Koen Ponnet, an online survey was distributed via various online channels. Anyone aged 18 years or older, residing in Belgium, and with sufficient knowledge of the Dutch language was invited to participate. The Faculty of Social Sciences of Ghent University gave ethic clearance (approval date 2 April 2020) and the study was conducted in accordance with WHO ethical guidelines on violence research. From April 3rd to 17th 2020, a total of 3,807 people participated in the survey. After data cleaning, a total sample of 2,889 respondents was retained.

Results study 1: "Relationships, stress and aggression in times of COVID-19" (Keygnaert and Vandeviver)

Participants in our study were mainly female (75%), their average age was 42 years old (SD = 14.58), and they have completed higher education (81.5%). Most participants were Belgian (92.6%) and identified as heterosexual (90.6%). The survey was primarily completed in Dutch and to a lesser extent in French (89.3% and 5.6% respectively). In our study, we define violence as forms of psychological, physical or sexual suffering that is inflicted by one person on another. The victimization questions of psychological, physical and sexual violence were based on previous research^[10] and for sexual violence in particular on a number of internationally validated questionnaires including the Sexual Experiences Survey,^[11] the National Intimate Partner and Sexual Violence Survey,^[12] and the Sexual Aggression and Victimization Scale.^[13]

Overall, 25.1% of the participants had been directly and/or indirectly exposed to violence during the first four to six weeks of the COVID-19 lockdown (Figure 1). One in five of the participants was a direct victim of violence. With the exception of psychological violence, victimization rates were similar for men and women. One in six of the participants were indirectly exposed to violence and reported that a member of their household was victimized in the past four to six weeks. Women and men seem to be equally aware of violence befalling household members, except for physical violence (3.2% of women and 1.8% of men).

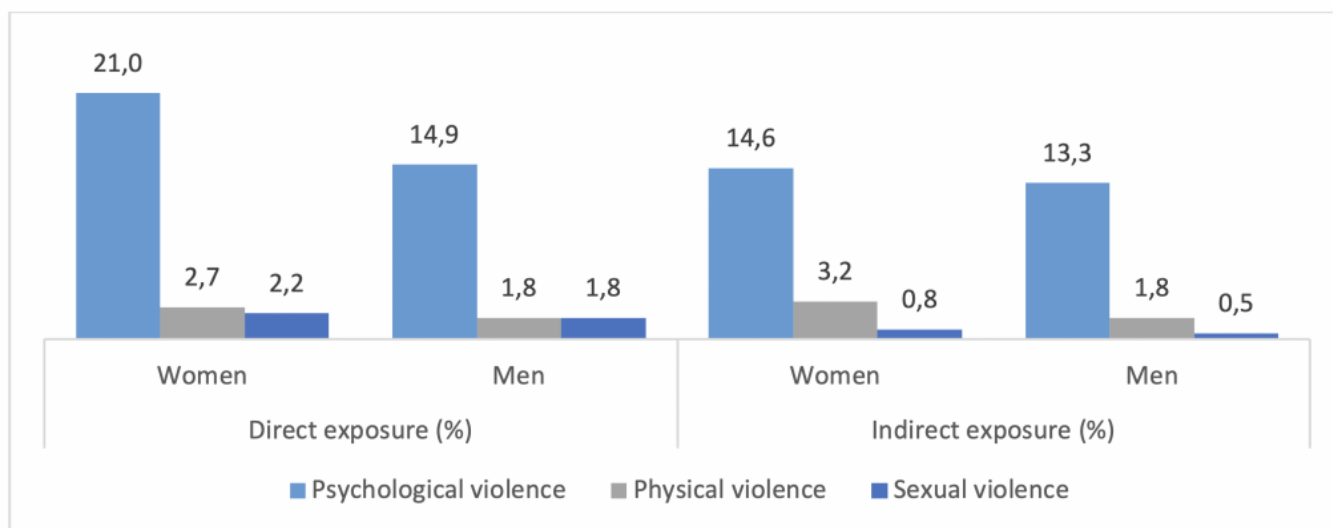


Figure 1: Prevalence rates violence during the first four to six weeks of the Belgian COVID-19

lockdown.

Overall, 25.1% of the participants had been directly and/or indirectly exposed to violence during the first four to six weeks of the COVID-19 lockdown

For direct victimization, the (ex)partner was most often referred to as the perpetrator of all forms of violence (Figure 2). In second order, physical violence (29.8%) was frequently committed by (step)children, and perpetrators of psychological (17.2%) and sexual violence (22.4%) were someone from outside the victim's household. For indirect victimization, the (ex)partner was the perpetrator in 18% of the cases, regardless of the form of violence. Instead, sexual violence was more likely to be perpetrated by someone from outside the witness' household (53.9%). Strikingly, participants frequently disclosed perpetration of psychological (33.9%), physical (31%) and sexual violence (11.5%) targeted against a member of their household.

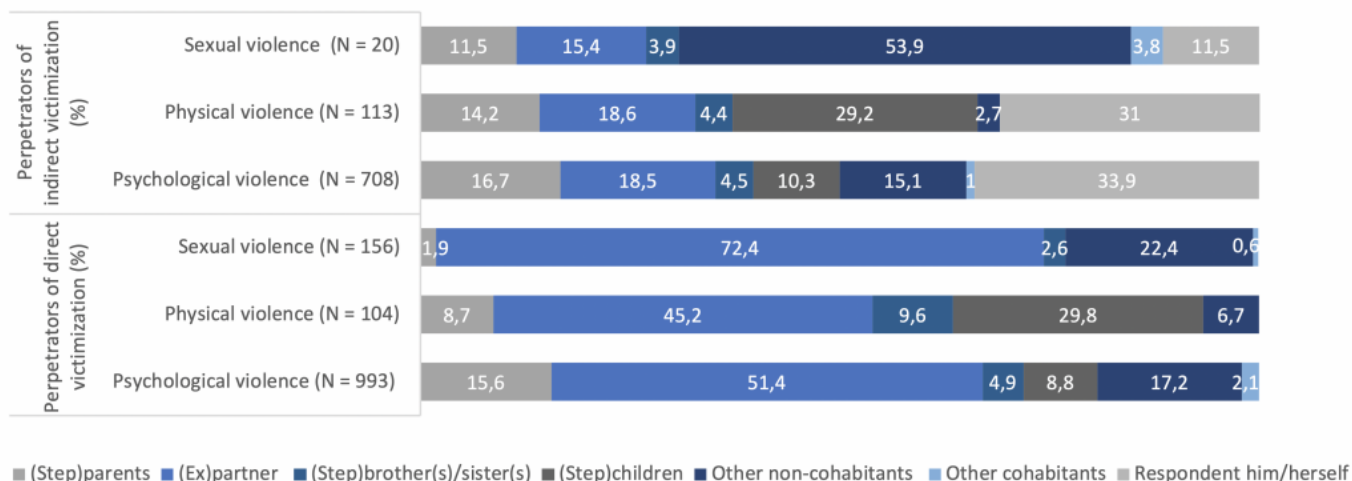


Figure 2: Perpetrators of violence during the first four to six weeks of the COVID-19 lockdown.

Most victims informed someone from their personal circle (table 1), although one in three victims did not tell anyone and this was most likely for victims of sexual violence. A majority (77.2%) of victims did not seek professional care. Figures

vary according to the type of violence. Physical violence is most often reported (38.3%), followed by psychological violence (22.2%). Sexual violence is least reported (14%). See Table 1

Reasons for not seeking professional care are diverse but personal reasons were most often cited by victims who did not seek help (62.6%). For example, victims were ashamed of what happened or felt that they would have not been believed. Approximately 4% of those who did not seek help cited COVID-19 and associated containment measures. For example, some victims did not want to leave their home because of the pandemic or did not want to put additional stress on healthcare workers. Police were rarely notified of victimization (4.4%). In particular, psychological and sexual violence was rare to be reported to the police. More than 80% of victims who did not report to the police argued that the incident was not serious enough or did not contact the police to protect themselves. COVID-19 related containment measures were infrequently cited (2.5%). Those who reported victimization to the police, were mostly (very) satisfied with the help they received (42.8%).

Results study 2: "Well-being and relations during COVID-19 crisis" (Hardyns and Ponnet)

Of the 2,889 respondents in our study, 2,005 people indicated to be in a relationship. Of these 2,005 people, 1,491 (74.4%) fulltime lived together with their partner during the lockdown. On average, their relationship duration was 15.6 years. A prior analysis showed that people who lived together with their partner during the lockdown experienced significantly more verbal aggression with their partner than respondents who did not live together with their partner. To examine how the COVID-19 crisis has affected people's relationships, we measured their relationship stress and reciprocal verbal and physical partner violence.

Relationship stress was measured by asking the respondents to indicate how stressful they experienced several aspects of their relationship to be during the corona lockdown.^[14] The 5 items were measured on a 5-point frequency scale from 1 = 'not stressful' to 5 = 'very stressful'. An example of a relationship aspect is 'neglect by the partner'.

Reciprocal verbal partner violence was measured by asking the respondents to indicate the frequency of occurrence of various verbal interactions with their partner during the coronavirus lockdown.^[15] The four items were answered on a 5-point frequency scale ranging from 1 = '(almost) never' to 5 = 'very often'. An example of a measured interaction is 'yelled or screamed to each other'.

Reciprocal physical partner violence was measured with a single item, namely 'hitting, pushing, or physically hurting each other on purpose'. Again, respondents indicated on a 5-point frequency scale from 1 = '(almost) never' to 5 = 'very often' how frequently this occurred during the lockdown. See Figure 3 and 4

For relationship stress, we found significant differences between younger and older age groups, in which younger respondents experienced more relationship stress than older respondents. Additionally, it appears that women experience more relationship stress than men, but this difference was not statistically significant.

In regard to reciprocal verbal aggression a total of 73.5% of the respondents indicated that they experienced this rarely to very often with their partner during the lockdown. We found there were significant differences between younger and older age groups, with younger respondents reporting higher frequencies of verbal aggression with their partner than older respondents. We also found that women experienced significantly more verbal aggression with their partner than men.

Lastly, 36 respondents (1.7%) indicated to have experienced reciprocal physical aggression with their partner during the corona lockdown, of which 5 were men (1.1% of men in a relationship) and 31 women (2.0% of women in a relationship). We found no differences in the reported frequency of reciprocal physical partner aggression between men and women, nor between age groups.



Recommendations

The current findings give a clear indication that the COVID-19 pandemic and the governmental home confinement measures to control it have a strong impact on people's relationships and may trigger household aggression, but our results only reveal the tip of the iceberg. As is often the case in research, many groups of people are underrepresented in the study samples. For example, as the surveys were distributed via online means, people who do not have access to information and communication technology equipment (e.g., people with lower financial resources) were less able or unable to participate. As research indicates that people with a lower socio-economic status are more prone to experience partner violence,^[16] it can be assumed that the results presented here do not paint the full picture. Additionally, the conducted studies have specifically focused on the Belgian context, thus leaving questions about the impact of the coronavirus pandemic on people's relationships in other countries unanswered.

Many experts argue that as long as there is no vaccine against the virus, it is highly probable that a global second wave of infections will hit. Additionally, it is very unlikely that this is the last pandemic we will face. Therefore, it remains important to investigate how pandemics and the measures to control them affect people's lives and relationships, so that prevention and intervention efforts can be employed

accordingly. Thus, more research is needed towards the impact of the COVID-19 crisis on domestic violence for different groups of people and in different countries.

The study findings and methodologies presented here form a valuable addition to the body of knowledge on aggression and violence in home environments and can serve as a foundation for future research. The employed methodology can be replicated in other countries that may differ in terms of governmental measures and policy. A reproduction of the presented studies in other countries and contexts will provide a more thorough understanding of the problem. In fact, the Keygnaert & Vandeviver study is part of a larger European effort to map the nature, magnitude and impact of violence during the COVID-19 lockdown.

Although the need for further research is clear, the presented research itself also provides important insights for policy makers and health professionals. Going forward, policy makers could put in place measures aimed to prevent partner and domestic violence and could implement measures that support and protect people who already experience these forms of violence today. An example of such measures is the 'mask-19' codeword initiative in Belgium and several other countries such as the Netherlands, France and the Canary Islands. In this example, victims of domestic violence write the codeword on their order form at pharmacies as a request for help. Another example is the availability of online healthcare initiatives such as the Belgian Chatline after sexual violence that is discreetly accessible by victims from their home. Low-threshold and discreet initiatives such as this one should be drawn up and thoroughly implemented by policy makers. Additionally, health professionals should be sufficiently prepared and equipped to detect domestic violence during the pandemic and to support those in need.

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[1] Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920.

[2] Straus, M. A., & Douglas, E. M. (2019). Concordance between parents in perpetration of child mistreatment: how often is it by father-only, mother-only, or by both and what difference does it make? *Trauma, Violence, & Abuse*, 20(3), 416-427.

[3] Jouriles, E. N., McDonald, R., Slep, A. M. S., Heyman, R. E., & Garrido, E. (2008). Child abuse in the context of domestic violence: Prevalence, explanations, and practice implications. *Violence and victims*, 23(2), 221-235.

[4] Hussein, J. (2020). COVID-19: What implications for sexual and reproductive health and rights globally? *Sexual and reproductive health matters*, 28(1), 1-3.

[5] Graham-Harrison, E., Giuffrida, A., & Smith, H. (28 March 2020). Lockdowns around the world bring rise in domestic violence. *The Guardian*. <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

[6] Dzhanova, Y. (31 March 2020). NY domestic violence programs see client numbers decline as coronavirus traps survivors at home. *CNBC*. <https://www.cnbc.com/2020/03/31/new-york-coronavirus-domestic-violence-programs-see-decline-as-disease-spreads.html>

[7] Keygnaert, I., Nobels, A., Schapansky, E., Robert, E., Depraetere, J., De Schrijver, L., De Moor, S., & Vandeviver, C. (2020). *Relaties, Stress en Agressie in tijden van corona in België: Voornaamste bevindingen over de eerste vier weken van de coronamaatregelen – Rapport 1: 13 mei 2020*. International Centre for Reproductive Health - Institute for International Research on Criminal Policy, Universiteit Gent. <https://ircp.ugent.be/wp-content/uploads/2020/05/Toelichtend-rapport-RSA-studie-Eerste-bevindingen-Mei-2020-1.pdf>

[8] World Health Organisation. (2016). Ethical and safety recommendations for intervention research on violence against women: building on lessons from the WHO publication putting women first. World Health Organisation.

[9] Ponnet, K., Hardyns, W., Anrijs, S., & Schokkenbroek, J. M. (2020). Welzijn en relaties in tijden van corona: Bevindingen van een survey-onderzoek in België van 3-17 april 2020. https://ircp.ugent.be/wp-content/uploads/2020/05/2020_Resultaten-Onderzoek-Corona-Welzijn-en-Partnergeweld-3-17-April-2020-2.pdf

[10] Keygnaert, I., Vandeviver, C., Nisen, L., De Schrijver, L., Depraetere, J., Nobels, A., Cismaru, A., Lemonne, A., Renard, B., & Vander Beken, T. (2018). Seksueel geweld in België: Eerste representatieve prevalentiestudie naar de aard, omvang en impact van seksueel geweld in België. *Science Connection*, 59, 28-31. Pieters, J., Italiano, P., Offermans, A.-M., & Hellemans, S. (2010). Ervaringen van vrouwen en mannen met psychologisch, fysiek en seksueel geweld. Instituut voor de Gelijkheid van Vrouwen en Mannen.

[11] Koss, M., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). The sexual experiences short form victimization (SES-SFV). University of Arizona.

[12] Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[13] Krahé, B., Berger, A., Vanwesenbeeck, I., Bianchi, G., Chliaoutakis, J., Fernández-Fuertes, A. A., Fuertes, A. De Matos, G. M., Hadjigeorgiou, E., Haller, B., Hellemans, S., Izdebski, Z., Kouta, C., Meijnckens, D., Murauskiene, L., Papadakaki, M., Ramiro, L., Reis, M., Symons, K., ... Zygodlo, A. (2015). Prevalence and correlates of young people's sexual aggression perpetration and victimisation in 10 European countries: a multi-level analysis. *Culture, health & sexuality*, 17(6), 682-699.

[14] Bodenmann, G., Schär, M., & Gmelch, S. (2008). Multidimensional stress questionnaire for couples (MDS-Q). Unpublished questionnaire, 49-57.

[15] Kerig, P. K. (1996). Assessing the links between interparental conflict and child adjustment: The conflicts and problem-solving scales. *Journal of family psychology*, 10, 454. <https://doi.org/10.1037/0893-3200.10.4.454>.

Ponnet, K. (2014). Financial stress, parent functioning and adolescent problem behavior: An actor-partner interdependence approach to family stress processes in low-, middle-, and high-income families. *Journal of Youth and Adolescence*, 43, 1752-1769. <https://doi.org/10.1007/s10964-014-0159-y>

[16] Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, 359(9315), 1423-1429. [https://doi.org/10.1016/S0140-6736\(02\)08357-5](https://doi.org/10.1016/S0140-6736(02)08357-5)