

Domestic violence and COVID-19

Our hidden epidemic

Jennifer Neil

DOMESTIC VIOLENCE is a common issue in Australia, with one study quoting 23.9% of women having been victims in their lifetimes.¹ In times of disaster, domestic violence rates tend to increase.² This is a concern in the context of COVID-19, which is a more prolonged crisis than most of those studied. It is thus expected that domestic violence reports during and after COVID-19 may be even greater than those seen during previous catastrophic events. This article will focus on intimate partner violence.

During the COVID-19 pandemic, there have been increased calls to helplines and reports of domestic violence in Brazil, Spain, Cyprus and UK.³ Australia is no different, with reports of increased calls to domestic violence helplines including an 11% increase in calls to 1800RESPECT and a 26% increase in calls to Mensline.⁴ In addition, Google reported a 75% increase in internet searches relating to support for domestic violence.⁵ It is likely that these increased calls and searches are the tip of the iceberg, as survivors socially isolating at home with their abusers are often unable to seek help.

The 'stay home, save lives' mantra, which protects the public from COVID-19 infection, becomes a paradox in the context of domestic violence.³ As a result of the lockdown, survivors may be forced to spend more time with their abusers, creating an opportunity for increased abuse through surveillance, controlling behaviours and coercion. Social distancing measures also prevent survivors from help-seeking and reduce their ability to leave.

The COVID-19 pandemic has meant that domestic violence has expanded into new spheres. Across the world, there have been reports of perpetrators withholding necessary items such as hand sanitiser,⁶ providing misinformation about the pandemic to prevent survivors from seeking medical care, and telling their partners they have COVID-19 to ensure the survivors must remain quarantined at home.⁷ This occurs in the context of increased household stress through unemployment, financial difficulty and home schooling.

As general practitioners (GPs), we have a unique opportunity to support survivors. Telehealth, which has become a necessity to reduce infection rates, is likely to improve survivors' contact with

their GPs in many cases and may help reduce isolation. However, there is also the possibility that some survivors will not be able to disclose during telephone or video calls, as they may be monitored by their abusers. For a GP, it is difficult to tell exactly who is on the other end of a call.

It is still important to ask about domestic violence, but telehealth may require this to be done in a new way. During telehealth appointments, it is beneficial to use closed questions in order to determine the safety of the discussion. Questions such as, 'Are you alone?' and, 'Is it safe for me to ask about how you are going?' allow survivors to answer yes or no in case their conversation is being monitored. In some circumstances, if there is still concern for the survivor's

Table 1. 'ALIVES' framework for inquiring about and responding to a disclosure of domestic violence^a

Ask	Ensure the survivor is alone to ask Start with closed yes/no questions on telehealth to ensure the survivor is safe to talk (eg, 'Are you alone?' and, 'Is it safe to ask you how things are at home?') If they say yes, ask questions such as, 'How are things at home?', 'Do you feel safe at home?' and, 'How are things going with your partner?'
Listen	Respect the survivor's rights; reflect and do not rush
Inquire	Inquire about needs and concerns
Validate	Believe the survivor; remind them that it is not their fault
Enhance safety	Complete a safety assessment Safety planning – if a plan is already in place, ensure you go through it to make sure it is still able to be enacted Use safe words/safe colour clothing
Support	Refer the survivor to appropriate services Discuss social supports Organise a safe time for follow-up

safety, it may be advisable to make an excuse for the survivor to make a face-to-face appointment to give them the ability to leave their household. It is still possible, however, to give general advice via telehealth about supports even if the survivor is unable to talk at present. Table 1 gives an outline of how to inquire about and respond to a disclosure of domestic violence.

Safety planning may also change in the context of COVID-19. Survivors may find that their current plans are not able to be enacted because of changes in social supports. GPs should enquire as to the safest time to organise follow-up and may use safe words with survivors or, for example, the wearing of a certain colour of clothing as a signal that a survivor is concerned about their risk. Safety planning should occur for all survivors; wherever possible, GPs should assist survivors by referring them directly to services. GPs can access their local HealthPathways for information on local services.

GPs provide an essential service and are generally accessible to survivors of domestic violence. GPs are in a unique position to be able to ask about violence, validate survivors, assess survivors' safety and support survivors during this difficult time.

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