

Domestic Violence in a COVID-19 Context: Exploring Emerging Issues through a Systematic Analysis of the Literature

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Abstract

Extreme events, such as pandemics lead to a rise of domestic violence (DV) and create additional challenges for practice. The social work profession as well as many other professions works with women who have experienced DV and so it is important to be up-to-date with the emerging issues brought about by the Coronavirus (COVID-19) pandemic. The aim of this article is to identify emerging issues related to DV within the context of COVID-19. The article presents the results of a systematic literature search and analysis of DV within the COVID-19 pandemic in 2020. A systematic search of 10 data bases was conducted. All articles in peer reviewed journals discussing DV in the context of COVID-19 were included. For the articles to be included they had to be written in the English language and to be included in peer reviewed journals between 1 January 2020 to 9 May 2020. Of the 413 articles initially recorded, 12 articles were identified which focused on DV. The analysis of the 12 identified articles offers some useful insights. It suggests that lockdown measures imposed by governments intensify perpetrators' power over survivors' lives, hence reinforcing gender inequality. Furthermore, it indicates that online provision of support might not be the most effective response in cases of DV and identifies appropriate emergency warning systems. Additionally, the risk of scapegoating COVID-19 for DV is identified. These insights are briefly discussed in relation to practice and policy responses.

Keywords

COVID-19, Coronavirus, Domestic Violence, Gender Based Violence, Coercive Control, Technology

1. Introduction

Social workers as well as other professionals such as doctors, nurses, and psychologists work with women who have experienced Domestic Violence (DV)/Intimate Partner Violence (IPV) (Allen, 2014; Danis, 2003; Fogel & Woods, 2008; Holt et al., 2017; Nicolson, 2019; Williamson, 2000). Thus, it is important for these professionals to be up-to-date with the emerging issues brought about by the COVID-19 pandemic in 2020. Traditionally, one of the foci of social work has been the interaction between people and the environment. Changes in the environment (Pentaraki, 2013b), such as those related to the pandemic highlight issues about which the social work profession should be informed. Thus, this paper aims to identify and highlight emerging issues in the area of DV linked to COVID-19, which can inform the social work profession as well as other relevant professions. It reports on a systematic search and analysis of literature in peer reviewed journals on DV and the COVID-19 pandemic. Before reporting on this process, the underlying context for this work is introduced.

Women across the world are subjected to physical, psychological, sexual, economic and other forms of violence and abuse by their (ex)partners (Council of Europe, 2011). This form of violence has been referred to as domestic violence (DV) or intimate partner violence (IPV). DV/IPV is a widespread social and public health problem (World Health Organization (WHO), 2013). IPV is a gendered phenomenon as it primarily affects women (World Health Organization (WHO), 2013) and to a lesser degree, men. This paper reflects this by utilizing a gender-based language which recognizes that the majority of survivors in heterosexual relationships are women. However, the authors acknowledge that both women and men in same sex (Pentaraki, 2017) and opposite sex relationships may be survivors. Worldwide, 18% of ever-partnered women aged 15 to 49 years experienced sexual and/or physical violence by an intimate partner in the previous 12 months (United Nations Women (UN Women), 2020b). Once lifetime statistics are taken into consideration, this number rises to approximately one in three women experiencing DV during their lifetime (United Nations (UN), 2015; World Health Organization (WHO), 2013). Moreover, previous research has indicated that within the context of extreme events such as war, conflicts, disaster, and pandemic emergencies, there is an increase in the prevalence of IPV (Ali et al., 2011; Bermudez et al., 2019; Castañeda Camey et al., 2020; Garcia-Moreno et al., 2006; Gearhart et al., 2018; Kumar, 2020; Parkinson & Zaira, 2013; Peterman et al., 2020; Schumacher et al., 2010; United Nations (UN), 2015). One of the latest extreme events being faced globally is the COVID-19 health emergency which has crossed international boundaries and constitutes a pandemic and has infected millions of people across the world. Up to 23 May 2020 a total of 5,103,006 cases of COVID-19 and 333,401 deaths had been reported (World Health Organization (WHO), 2020a). Movement restrictions necessary to flatten the exponential growth curve of the pandemic, have forced people to spend more time at home during government imposed quaran-

tine/lockdown measures. Home, however, is a very dangerous place for women survivors of DV (Diemer et al., 2017) and the enforced measures of distancing force women survivors to spend more time at home with their abusers. Thus, as expected on the basis of research relating to DV during other extreme events, the COVID-19 pandemic context brought increased reported cases of DV (Graham-Harrison et al., 2020; Kumar, 2020). In China, it has been reported that occurrences of DV have nearly doubled in the city of Jingzhou, southern Hubei province (Zhang, 2020). In Singapore, Cyprus, and the UK, helplines have recorded increases in calls by 33%, 30% and 25% respectively (Αντωνοπούλου, 2020; Hingorani, 2020; Refuge, 2020). According to data from the “180 Hotline” provided by the Ministry for Women, Family, and Human Rights in Brazil there was a 17% increase in DV related calls during March 2020, the month that social distancing was recommended (Marques et al., 2020).

In many countries, there have been reports on the increase of domestic homicides/femicides (Bradbury-Jones & Isham, 2020; Ingala Smith, 2020). In Greece, the UK, France, and South Africa for example, increases in DV have been reported by government authorities (Αντωνοπούλου, 2020; Taub, 2020; UK Parliament, 2020; Weiner, 2020). The United Nations Population Fund (United Nations Population Fund (UNFPA), 2020) projected that for every three months that the lockdown continued, an additional 15 million cases of IPV were expected across all 193 United Nations member states.

Only when the increase of DV was highlighted by concerned individuals, groups, and the media did governments attempt to provide relevant measures to support survivors of DV (Taub, 2020). Initially there was an absence of such provision during government imposed lockdown and quarantine measures. This seems to be related to a predominance of virologists, epidemiologists and politicians in COVID-19 government decision making bodies (Rajan et al., 2020). Civil society, community groups, child development specialists, social workers, and human rights lawyers as well as other professionals whose expertise is relevant to address human needs holistically were not being engaged in the primary discussion stages (Rajan et al., 2020). This accounts for the absence of information related to the challenges of isolation measures faced by various groups in society such as the survivors of domestic violence (Rajan et al., 2020). Having provided a background context, the paper now presents the systematic search and analysis of the literature.

2. Method

A systematic search of the literature was conducted to identify articles reporting on COVID-19 and domestic violence published in peer reviewed journals from 1 January 2020 to 9 May 2020. This systematic search was conducted in order to enhance our understanding of emerging issues related to DV in the changing environment of the pandemic. Systematic search guidelines based on the Preferred Reporting Items for Systematic Reviews and Me-

ta-Analyses criteria (Moher et al., 2009) were rigorously followed in order to eliminate search bias (see Figure 1). The paper reports on this systematic literature search and its analysis, even though no original research articles were identified due to the recent nature of the pandemic. However, as the social work profession acknowledges that in addition to research knowledge there are a wide range of sources of knowledge (Nevo & Slonim-Nevo, 2011; Pawson et al., 2003). This systematic literature search and analysis builds on this understanding and as such aimed to locate every relevant article in peer reviewed academic journals.

The literature search focused on articles which discussed DV within the context of COVID-19. An article was included if it met the following three criteria namely that it: 1) reported on COVID-19 and DV; 2) was published in a peer reviewed journal between 1 January 2020 and 9 May 2020; 3) was written in the English Language.

The data bases were searched with the following key words (COVID-19 OR coronavirus OR SARS-CoV-2) AND (domestic violence OR domestic abuse OR intimate partner violence OR domestic violence). The search yielded 413 records in 10 data bases. The data bases were Social Policy and Practice, APA PsycINFO, EMBASE and MEDLINE (accessed via the All Ovid data base platform ($n = 9$); CINAHL Plus ($n = 6$), PUBMED ($n = 8$), Science Direct ($n = 55$). Scopus ($n = 1$) Web of Science ($n = 1$), and Google Scholar ($n = 333$).

Figure 1 presents a flow chart of the literature selection process. It shows that

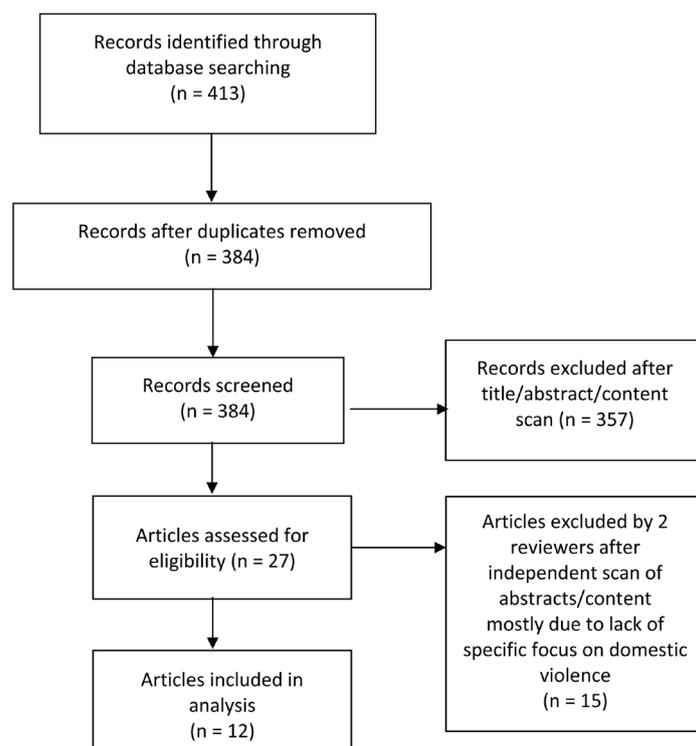


Figure 1. Flow chart of article selection.

together these data bases searches revealed 413 records in total. Of these, 29 were removed due to duplication, leaving a total of 384 records to be screened by two reviewers. First the titles and abstracts of these records were screened by a reviewer to identify which articles addressed domestic violence and COVID-19. During this first stage of title and abstract scanning 357 articles were excluded and 27 articles were retained. The principal reason for the exclusion of the articles at this stage was that they focused on either DV or COVID-19 but not both together. In the second stage of article selection, a more detailed assessment was conducted by two reviewers. The two reviewers independently screened the abstracts and/or content of the retained 27 articles to determine eligibility for further analysis. When the reviewers' assessments were compared both reviewers had identified the same 12 articles to be retained for further examination. The reasons for the exclusion of the other 15 articles were mostly due to lack of specific focus on domestic violence. At the third stage the reviewers engaged in an in-depth review of the full text of the 12 identified articles, the results of which are presented next.

3. Results

Twelve articles were identified for analysis from the systematic literature search as outlined in the previous section (see **Table 1**). This scholarly work comprised articles ($n = 5$), commentaries ($n = 5$), editorial piece ($n = 1$) and notes from the field ($n = 1$). No research studies were identified. This is due to the recent nature of the pandemic which has precluded the publication of research studies to date. The origin and the content of the identified articles reflect the global nature of DV and the COVID-19 pandemic. The work covers examples from both the global north ($n = 9$) and the global south ($n = 3$). The articles were from a variety of disciplines, including mental health, nursing and medicine. DV associated with COVID-19 is a concern in many disciplines which reflects a multidisciplinary recognition of the serious nature of DV. All of the articles but one (Ragavan et al., 2020), refer to general issues of DV in adult intimate relationships. Ragavan et al. (2020) address violence in adolescent relationships. It is important to note that none of the identified articles were in peer reviewed social work journals. This absence in the social work literature highlights the need for this present study and for further research.

Due to the nature of the scholarly work located, it was decided to conduct a narrative review summarizing the salient themes of the various publication types. Four main themes were identified. These were: 1) lockdown measures imposed by governments during quarantine reinforce perpetrators' coercive control tactics; 2) online support measures may not be appropriate to survivors of DV; 3) specific interventions and strategies related to addressing DV within the context of COVID-19; 4) contesting understandings of DV within the COVID 19 context and the risk of scapegoating COVID-19 as the cause of DV.

Table 1. Summary of reviewed articles on COVID-19 and domestic violence.

#	Author ¹ and title (¹ arranged alphabetically)	Location	Article type	Subject area	Key messages
1	Boserup B, McKenney M and Elkbuli A (2020) Alarming trends in US domestic violence during the COVID-19 pandemic	USA study. USA based authors	Short article	Emergency medicine	Lack of established support. Important role of health care staff. Need for screening tools.
2	Bradbury-Jones C. and Isham L. (2020) The pandemic paradox: the consequences of COVID-19 on domestic violence	General study. UK based authors	Editorial	Clinical nursing	Survivors may not have access to online technologies/phone as they may be unaffordable and because of the control tactics of perpetrators. Lockdown measures give more power for perpetrators to act without scrutiny and consequence.
3	Bradley NL, DiPasquale AM, Dillabough K and Schneider PS (2020) Health care practitioners' responsibility to address intimate partner violence related to the COVID-19 pandemic	General study. Canada based authors	Commentary	Health care workers	Necessity for safe emergency warning systems to be used by survivors such as safe words and signal for help.
4	Campbell AM (2020) An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives	USA study. USA Based author	Commentary	Forensic science	Perpetrator imposed restrictions and continued surveillance using technological means limit the ability of survivors to reach out for help electronically. Opportunities for abuse expanded by perpetrators' use of COVID-19 as a weapon against survivors, includes forbidding handwashing in an attempt to increase the survivors' fear of contracting the virus and threatening to prohibit medical treatment if the survivor contracts the virus. Exploring the impact of natural disaster literature may provide important insights. Need for community collaborations.
5	Dyer H, Stelly D and Watson GL (2020) Intimate partner violence: Using standardized patients to Improve trauma-informed care in the era of the Covid-19 pandemic	Barbados/general study. Barbados based authors	Opinion piece	Medicine	Importance for the medical training curriculum to include preparing students to be aware of their own traumatic experiences during the pandemic.
6	John N, Casey S, Carino and McGovern T (2020) Lessons Never Learned: Crisis and gender-based violence	USA study. USA based authors	Article-special issue	General IPV	COVID-19 exposes existing socio-economic inequalities, such as gender based violence. Measures such as quarantines have increased women's exposure to violence as confinement in physical spaces along with economic and health shocks have increased household stress levels. Support services strained. Take into account lessons learned from prior emergencies to avoid ongoing mistakes. Urges the inclusion of women in all COVID-19 decision-making processes. The UN agencies UN Women and UNFPA have developed guidelines on gender-based violence and COVID-19 for governments to use.

Continued

7	Joska JA, Andersen L, Rabie S, Marais A, Ndwandwa ES, Wilson P, King A and Sikkema KJ (2020) COVID-19: Increased Risk to the Mental Health and Safety of Women Living with HIV in South Africa	South Africa study. South Africa and USA based authors	Notes from the field	Aids and Behaviour Mental Health and HIV and COVID-19	Women with HIV have a high prevalence rate of IPV. Movement restrictions imposed within the context of COVID-19 may rekindle trauma related to restrictions applied to specific communities during Apartheid in South Africa. Telepsychiatry is not an option for people in poverty.
8	Marques ES, Moraes CLD, Hasselmann MH, Deslandes, SF and Reichenheim ME (2020) Violence against women, children, and adolescents during the COVID-19 pandemic: Overview, contributing factors, and mitigating measures.	Brazil study. Brazil based authors	Literature review	Public health	Constant around-the-clock contact, especially in low-income families living in housing with few rooms and overcrowding, decreases the possibilities for survivors to ask for help. Longer time in contact with the aggressor leads to reduction of the support network (both informal and formal). Women's vulnerability is increased for the following reasons: individual (perpetrator's stress, increased alcohol consumption, loss of source of income), relational (more time with perpetrator, less access to support network) and community (less access to services and institutions) level factors.
9	Mazza M, Marano G, Lai C, Janiri L and Sani G (2020) Danger in danger: Interpersonal violence during COVID-19 quarantine	Italy study. Italy based authors	Short communication	Psychiatry	Perpetrators' aggression rises due to the feelings of frustration and agitation. Individual risk factors discussed with an emphasis placed on mental health disorders, stress and substance abuse. Relation of domestic violence to psychiatric disorders.
10	Ragavan MI, Culyba AJ, Muhammad FL and Miller E (2020) Supporting adolescents and young adults exposed to or experiencing violence during the COVID-19 pandemic	USA study. USA based authors	Literature based article	Adolescent health	Adolescents' increased reliance on technology creates opportunities for abuse, where abusive partners control, stalk, or discredit their partners through texts, social media, or mobile applications. Not all adolescents have access to stable sources of internet, data access, and phone and computer equipment. Mental health care professionals need to advocate access to free or low-cost technology.
11	Usher K, Bhullar N, Durkin J, Gyamfi N and Jackson D (2020) Family violence and COVID-19: Increased vulnerability and reduced options for support	Australia study. Australia based authors	Literature based article	General IPV	Depletion of existing support networks through lockdown measures. Provision of emergency warning systems in pharmacies and grocery stores in France so that people can indicate that they are in danger and need support. COVID-19 is used as a coercive control mechanism. Perpetrators increase their control through the use of containment, fear, and threat of contagion. Examples from charities in Australia include the use of misinformation by perpetrators related to the extent of quarantine measures.

Continued

12	Van Gelder N, Peterman A, Potts A, O'Donnell M, Thompson K, Shah N and Oertelt-Prigone S (2020) COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence	General study. Europe and USA based authors	Commentary	General IPV	IPV can be triggered by a number of factors, such as economic and psychological stress related to the COVID-19 context as well as potential increases in negative coping mechanisms (e.g. excessive alcohol consumption). There is an overlap of strategies employed in abusive relationships with the measures imposed during quarantine, such as the enforced of isolation from support networks.
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n = 12.

3.1. Theme 1: Lockdown Measures Imposed by Governments during Quarantine Reinforce Perpetrator's Coercive Control Tactics

Six articles discuss that lockdown imposed measures by the government facilitate and reinforce perpetrators' coercive control, which is one of the main features of domestic abuse (Bradbury-Jones & Isham, 2020; Boserup et al., 2020; Campbell, 2020; Marques et al., 2020; Usher et al., 2020; Van Gelder et al., 2020).

Van Gelder et al. (2020) suggest that the conditions of isolation/physical distancing imposed by the governments overlap with the coercive control strategies used by perpetrators to control their partners. Isolation is already a feature in the lives of survivors which is further exacerbated by quarantine and lockdown measures. Characteristic of this double isolation is the isolation from formal or informal support networks, as a result of the continuous surveillance and control of daily activities (Boserup et al., 2020; Marques et al., 2020; Usher et al., 2020; Van Gelder et al., 2020). Furthermore, Bradbury-Jones & Isham (2020) suggest that the power of the perpetrators to act without scrutiny and consequence is a consequence of the lockdown measures.

Additionally, two articles (Campbell, 2020; Usher et al., 2020) mention that COVID-19 is used as a weapon. Specific examples provided are perpetrators threatening to block access to medical treatment in case the survivor contracts the virus and forbidding handwashing to exacerbate the survivor's fear of contracting it. Also, Usher et al. (2020) refer to reports of misinformation related to the extent of quarantine measures given to survivors by perpetrators in order to exert further control.

3.2. Theme 2: Online Support Measures May Not Be Appropriate to Survivors of DV

Five articles discuss that online support measures may not be appropriate to survivors of DV during the lockdown period. A number of relevant issues were covered. The first issue relates to the control tactics of the perpetrator (Bradbury-Jones & Isham, 2020; Campbell, 2020; Ragavan et al., 2020) and the second issue relates to unaffordability (Bradbury-Jones & Isham, 2020; Joska et al., 2020;

Ragavan et al., 2020). The control tactics of the perpetrator are discussed in terms of perpetrator imposed restrictions, perpetrator surveillance of social media, internet, and cell phones, all of which limit out the ability of survivors to obtain help through online and digital means (Campbell, 2020). Another insight made is that confinement in smaller spaces raise additional difficulties for survivors to ask for help safely and confidentially (Marques et al., 2020). Smaller homes make it more difficult to find a space from which to seek help and harder to escape round the clock contact and surveillance by the perpetrator.

Bradbury-Jones & Isham (2020) allude to the fact that survivors' access may be blocked. This insight raises questions in terms of who controls access to available resources within the home. Whereas, Ragavan et al. (2020) remind us that even young people in an intimate relationship who are not confined with them in the same house face issues of surveillance and abuse through online means.

Joska et al. (2020) writing from South Africa discusses the need of a contextual approach due to extreme rates of poverty experienced by some groups of women. This point is reiterated by Ragavan et al. (2020) talking about young adolescents in USA who might not have access to stable sources of internet through which to engage in online support services such as telehealth. Within this context they argue for free or low-cost technology.

3.3. Theme 3: Specific Interventions and Strategies Related to Addressing DV within the Context of COVID-19

Three articles discuss specific interventions (Bradley et al., 2020; John et al., 2020; Usher et al., 2020) which have emerged to address DV within the context of COVID-19. The main theme of the discussed approaches is the ability to ask for help without leaving a digital trace. Bradley et al. (2020) refer to the "The Signal for Help" emergency warning system of the Canadian Women's Foundation which aims to provide the ability to women survivors to safely ask for help without leaving a digital trace during telemedicine. It is a hand signal made by survivors of DV which acts as a silent request for assistance from health care practitioners. When health care practitioners see this signal, they are made aware that assistance is required. In addition to "The Signal for Help" system, Usher et al. (2020) discuss "Safe Word" emergency warning systems adopted in France by pharmacies and grocery stores by which survivors can indicate they need support through the use of safe words.

3.4. Theme 4: Contesting Understandings of DV within the COVID-19 Context and the Risk of Scapegoating COVID-19 as the Cause of DV

The literature analysis reflected a contested understanding of DV. This ranged from scapegoating COVID-19 as a cause of DV to approaching COVID-19 as providing a context which exposed existing gender inequalities such as DV.

Mazza et al. (2020) discuss that DV aggression arises due to the feelings of frustration and agitation arising from the COVID-19 context. This approach risks scapegoating COVID-19 as the cause of DV. However, other identified publications (John et al., 2020; Van Gelder et al., 2020) recognize that these are just the trigger. Moreover, John et al. (2020) state that COVID-19 exposes existing inequalities, such as gender based violence, a dimension of which is DV.

In summary, overall the results suggest that lockdown measures imposed by governments intensify perpetrators' power over survivors' lives, hence reinforcing gender inequality. They indicate that online provision of support might not be the most effective response in cases of DV and identify appropriate emergency warning systems. Furthermore, the risk of scapegoating COVID-19 for DV is also identified. In addition to these insights a number of evidence gaps were revealed. These were the absence of empirical evidence on COVID-19 and DV/IPV, lack of evaluation of best practices to address DV/IPV, lack of articles related to social work, and a scarcity of literature on issues related to LGBT, migrant, asylum seekers, refugees, and other minority survivors. All of these offer foci for future research.

4. Discussion

The aim of this systematic search of the literature was to identify emerging issues related to DV within the context of the COVID-19 pandemic. The review of the available literature in peer reviewed journals provides some useful insights to inform social work practice and other relevant professions practice and research.

One of these insights is that the provision of online services is not an appropriate medium for survivors of DV during the pandemic for two basic reasons. First is that some women may not be able to afford technological means of communication and broadband (Joska et al., 2020; Ragavan et al., 2020). This leads to a necessity for the social work profession to lobby to promote greater digital equality in order to address this digital divide and leave no one behind in an era of rapid advances in online technologies. Secondly and importantly, is that the online provision of support entails risks for DV survivors. Survivors who are being enclosed with a perpetrator due to lockdown measures cannot safely communicate with support services. It has been identified in pre COVID-19 research that perpetrators may monitor the technological means by which survivors may communicate (Pentaraki & Speake, under review; Woodlock et al., 2020)¹. The opportunities to monitor the communication channels have been increased during the COVID-19 context due to the greater time that survivors spend with the perpetrator. Social workers, as well as the other professionals working in the area of DV, need to assume that perpetrators see, hear and monitor every form of the survivors' communications (World Health Or-

¹For a list of safety measures that can be considered to protect the survivors from technologically facilitated abuse see for example (National Network to End Domestic Violence (NNEDV), 2019; Pentaraki, 2019a; Pentaraki & Speake, under review).

ganization (WHO), 2020b) which increases the danger to them. Thus, emphasis needs to be placed in providing very discreet ways of activating the process of help-seeking, such as “The Signal for Help” hand gesture as is carried out in Canada, which enable the survivor to activate the help-seeking process without leaving a digital trace. Relevant toolkits for “The Signal for Help” and strategies on its utilization are provided in the website of the [Canadian Women’s Foundation \(2020\)](#).

Likewise, pharmacies and supermarkets provide important alternative community avenues of activating the process of help-seeking within the wider community. In France survivors can activate the process of help-seeking through the use of safety words ([Usher et al., 2020](#)). This finding highlights the importance of community development work ([Pentaraki, 2009](#)) and the need to mobilize every sector in the community to play a role in addressing DV. In addition to France this approach has also been implemented in Spain, Germany, Italy, Norway and Argentina where, similarly, survivors can use a safe word such as “Mask 19” in pharmacies to indicate they need help ([Higgins, 2020](#); [Vieira et al., 2020](#)). This seems to be an approach which should be maintained and even expanded after the end of lockdowns linked to the COVID-19 pandemic. However, this might be easier in some countries than others depending on each community’s attitudes towards DV and available structures which can respond. Additional proposals which enhance the safety of survivors are provided by the [World Health Organization \(WHO\) \(2020b\)](#) and [United Nations Women \(UN Women\) \(2020a\)](#) including one from Cumbria, UK where postal workers and delivery drivers have been enlisted by the police to look out for signs of abuse ([United Nations Women \(UN Women\), 2020a](#)). Also in the UK, a “silent solution” is provided whereby survivors calling the emergency number (999) instead of talking they can respond by tapping into the handset or coughing and if prompted can press 55 on the phone. This will indicate that there is an emergency. For additional suggested safety measures within the COVID-19 context see [Women’s Aid \(2020\)](#).

Another insight is that survivors of abuse face double risks during pandemics, the risk of the pandemic and the increased risk of the violence. The literature highlighted that the coercive control tactics of perpetrators are intensified by government imposed quarantine and lockdown measures. At the core of DV/IPV has been a pattern of coercive control ([Pence & Paymar, 1993](#); [Stark, 2007](#)). Perpetrators seek to exercise control over the survivors and one of the major tactics used is the isolation of the survivors from support networks ([Pence & Paymar, 1993](#); [Stark, 2007](#)). Lockdown scenarios reinforce this isolation through the enforced continuous coexistence between perpetrator and survivor. Isolation reinforces the power of the perpetrator. The perpetrator spends more time with the survivor and uses the COVID-19 context as an opportunity to further intimidate them in various ways, such as telling them what they can or cannot do (wash or do not wash their hands etc.) and spreading false information regarding the quarantine measures. Opportunities for abuse increase and

the lockdown measures further isolate the survivor from support. Thus, from the start government decision making bodies and emergency response authorities should exclude survivors of IPV from restricted movement during periods of lockdown. Social workers, due to their expertise in working with DV survivors, should highlight the need for their inclusion in government decision making emergency response teams in order to account not only for the need of DV survivors but also for the needs of others such as abused children, who face heightened risk during pandemics. This will help to overcome the “tyranny of the urgent” (Smith, 2019: p. 355) and provide a more inclusive way of addressing people’s needs from the onset of the lockdown measures (John et al., 2020; Rajan et al., 2020).

A further issue identified is the risk of scapegoating COVID-19 for causing DV (Mazza et al., 2020). It is important to remember that COVID-19 and its related stressful conditions do not transform people who have no inclination to control their partner into perpetrators (Dalton, 2020). Control is the primary feature of the majority of cases of DV (Allen, 2014; Johnson, 2006; Johnson et al., 2014; Pence & Paymar, 1993; Stark, 2007; True, 2012). To assume that the predominant cause of DV during the pandemic are the conditions created by COVID-19 can lead to ineffective responses. Stress or substance abuse can be the trigger for violence, however it should only be regarded as the cause of violence when the perpetrators of DV are also violent towards other people with whom they come into contact (Pence & Paymar, 1993). In most cases COVID-19 conditions are the trigger rather than the cause (Van Gelder et al., 2020). Such issues can be explored in follow-up research in post COVID-19 conditions.

The understanding of COVID-19 conditions as a cause rather than a trigger of violence relocates the responsibility away from the perpetrators to factors that are beyond their control, such as stress connected to COVID-19 and the associated measures of quarantine and lockdown etc. This understanding can lead to a reductionist approach to DV as it ignores its social causes (Allen, 2014; Johnson, 2006; Johnson et al., 2014; Pence & Paymar, 1993; Stark, 2007; True, 2012). However, John et al. (2020) drawing from previous scholarly work on extreme events, highlight the social causes of DV in their assertion that COVID-19 exposes existing inequalities, such as gender inequalities and gender based violence, of which a dimension is DV.

Scholarly work on extreme events indicate that these are inherently social processes (Blaikie et al., 1994) which impact individuals differently based on class, gender, ethnicity, age and disability (Ariyabandu & Wickramasinghe, 2003; Blaikie et al., 1994; Fisher, 2010; Pentaraki, 2013b) thereby reinforcing existing inequalities. This is indicated in the way that survivors of DV are impacted by extreme events. Gender inequality, which underlines the majority of DV cases (Jakobsen, 2014; Stark, 2007; True, 2012) is reinforced within the context of the COVID-19 pandemic (John et al., 2020). Women are intimidated, told not to wash their hands, threatened with medical neglect, and given false information

regarding lockdown measures etc. These examples reflect the power and control tactics of the perpetrator, which in turn can reinforce gender inequality. Gender inequality is reinforced if governments impose measures from the outset of pandemic, which do not enable survivors to break lockdown to seek help. Survivors are thus double-isolated as a result of perpetrators and governments' actions. Furthermore, living in remote rural areas can add an additional layer of isolation (triple-isolation). However, women's lives within COVID-19 are not only negatively impacted by DV. Their lives have become more burdened with additional caring responsibilities, job insecurity and reduced earnings as evidenced from real-time surveys (Adams-Prassl et al., 2020). Additional challenges are faced by survivors of DV due to "race", ethnicity, sexual orientation, disability and age inequalities (Pentaraki, 2017). These are issues which will need to be considered through an intersectional approach (Slakoff et al., 2020) in order to respond appropriately to DV and furthermore necessitate well-funded services which in many countries have been undermined by austerity (O'Hara, 2015; Pentaraki, 2013a). There is a concern that COVID-19 government spending will be used as a pretext to impose further austerity cuts and thus further undermine existing social services, such as those related to addressing domestic violence, in the same way that the financial crisis was used as a pretext for social spending cuts (Pentaraki, 2013c, 2019b, 2019c). However, we need to remember that social spending cuts are a result of the concentration of wealth in the hands of few (Gneiting et al., 2020) and as such demand the restructuring of society to meet the needs of all with well-funded services. Survivors of domestic violence need well-funded services, their lives depend on it (Weil, 2020).

5. Conclusion

The present paper has through a systematic literature search identified emerging issues in the area of DV linked to COVID-19 which are of relevance to many countries. These issues should be considered in order to respond to DV not only during the COVID-19 pandemic but also in future pandemics. Extreme events highlight issues surrounding DV about which the social work profession as well as other professions needs to be informed and continue to explore.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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