UNIVERSITY OF BIRMINGHAM
University of Birmingham Research at Birmingham

COVID-19 and family violence

Usher, Kim; Bradbury Jones, Caroline; Bhullar, Navjot; Durkin, Dr Joanne; Gyamfi, Naomi; Fatema, Syadani Riyad; Jackson, Debra

DOI:
10.1111/inm.12876

License:
Other (please specify with Rights Statement)

Document Version
Peer reviewed version

Citation for published version (Harvard):
Usher, K, Bradbury Jones, C, Bhullar, N, Durkin, DJ, Gyamfi, N, Fatema, SR & Jackson, D 2021, 'COVID-19 and family violence: is this a perfect storm?', *International Journal of Mental Health Nursing*, vol. 30, no. 4, pp. 1022-1032. https://doi.org/10.1111/inm.12876

Link to publication on Research at Birmingham portal

Publisher Rights Statement:
This is the peer reviewed version of the following article: Usher, K., Bradbury Jones, C., Bhullar, N., Durkin, D.J., Gyamfi, N., Fatema, S.R. and Jackson, D. (2021), COVID-19 and family violence: Is this a perfect storm?. Int J Mental Health Nurs, 30: 1022-1032, which has been published in final form at https://doi.org/10.1111/inm.12876. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions. This article may not be enhanced, enriched or otherwise transformed into a derivative work, without express permission from Wiley or by statutory rights under applicable legislation. Copyright notices must not be removed, obscured or modified. The article must be linked to Wiley's version of record on Wiley Online Library and any embedding, framing or otherwise making available the article or pages thereof by third parties from platforms, services and websites other than Wiley Online Library must be prohibited.

General rights
Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

•Users may freely distribute the URL that is used to identify this publication.
•Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
•User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
•Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy
While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

Download date: 17. Apr. 2024

Discursive paper

Title: COVID-19 and family violence: Is this a perfect storm?

Authors

Authors	Affiliation	Qual	ORCHID	Email
Prof Kim Usher	University of New England	AM RN PhD FACMHN	0000-0002-9686-5003	kusher@une.edu.au
Prof Caroline Bradbury Jones	University of Birmingham	RN, MW, HV, PhD	0000-0002-5237-6777	c.bradbury-jones@bham.ac.uk
A/Prof Navjot Bhullar	University of New England	PhD, MPhil, MA, BA (Hons)	0000-0002-1616-6094	navjot.bhullar@une.edu.au
Ms Joanne Durkin	University of New England	MA, PhD Candidate	0000-0001-9948-4794	Jdurkin3@une.edu.au
Naomi Gyamfi	University of New England			
Riya Fatema	University of New England			
Prof Debra Jackson	University of Technology Sydney	AO RN PhD	0000-0001-5252-5325	Debra.jackson@uts.edu.au

Abstract

Disasters including public health crises like the COVID-19 pandemic, are known to increase instances of family violence against women, children, and other vulnerable groups. This paper discusses and provides evidence of disaster-related vulnerability of and violence towards, specific groups of people. We argue that the COVID-19 pandemic presents the 'perfect storm' for family violence, where a set of rare circumstances combine, resulting in a significant aggravation of the resulting event. Given the mental health implications of family violence, mental health professionals need to be aware of this issue and ready to assist with the development of strategies to overcome the situation where possible. To provide protection and prevent violence, there is a need to include vulnerable groups in disaster response and community planning. Such a plan could involve gender and disaster working groups at local community, state, and national levels.

Keywords: COVID-19, pandemic, violence, domestic violence, trauma, disaster, Vulnerable groups; Mental health; Family violence

Introduction

Disasters can have both direct and indirect effects on gender-based violence during and in their aftermath. Women and girls are particularly vulnerable (True, 2013). In this discursive paper, we will discuss and provide evidence that disasters, such as public health crises and times of unrest are linked to increased interpersonal violence, including violence against women and children (Palermo & Peterman, 2011). The current pandemic is no exception. For the purpose of this paper, we use the broader term 'family violence' which encompasses intimate partner violence (IPV), domestic abuse, domestic violence, and child abuse. Family violence is an international problem. The authors of this paper bring with them an international perspective on family violence from living and working in Australia, New Zealand, The United Kingdom, India, Ghana and Bangladesh.

Background

The Covid-19 infectious outbreak was declared a pandemic in 2020 (World Health Organization (WHO), 2020). Pandemics are defined as large-scale outbreaks of infectious disease that can seriously increase illness and death over an extensive geographic area and cause major economic, social, and political disruption (Madhav et al., 2017). One of the main ways to reduce the spread of infection, is the imposition of public health strategies such as social isolation and quarantine. COVID-19 related community 'lockdown' strategies have ranged from imposed and enforced family only in-home 'lockdown' measures to directives to remain at home to prevent the spread of infection. These restrictions were imposed rapidly after the announcement of the pandemic leading to significant changes in the way we experience our daily lives (Griffith, 2020). As a result of the restrictions, many workers previously leaving home to work are now required to do their work from home while those required to remain working outside the home were at greater risk of being infected with COVID-19. For others, however, the lockdown meant a reduction in hours of paid work, or for some, loss of employment altogether. In addition to the changes to employment, children and university students were also impacted with most schools and universities closed for extended periods as a public health prevention strategy (Usher, Bhullar, & Jackson, 2020).

Since the adoption of these and other measures to manage the rapid spread of COVID-19, interest has grown in the escalation of untoward and unanticipated behaviours related to the crisis and the outcomes for the more vulnerable groups in society. The outbreak of a pandemic, the ramifications of lockdown, and the potential economic impacts have caused negative responses across the community including emotions such as anger, anxiety, fear of infection, and depression (Brooks et al., 2020; Campbell, 2020). Isolation, rising numbers of sick people, and a scarcity of community resources have extended this crisis. Research indicates financial crisis increases family violence, such as during the Great Recession of 2007-2009 family violence, specifically IPV, reported men's abusive behaviour toward partners (Schneider, Harknett, & McLanahan, 2016). In addition, we have witnessed the emergence of perverse behaviours such as panic buying and hoarding (Prentice, Chen, & Stantic, 2020; Usher, Jackson, Durkin, Gyamfi, & Bhullar, 2020) and the imposition of work requirements in opposition to health recommendations (Kabir, Maple, & Usher, 2020).

We have also witnessed a dramatic rise in family violence across the globe coinciding with the implementation of social isolation strategies (United Nations Women, 2020). In many cases, it is a 'worst case' scenario where family members find themselves trapped at home for extended periods with a violent perpetrator (Campbell, 2020). Social distancing, isolation, quarantine, and financial concerns are some major contributing factors for emotional and psychological distress and vulnerability during this pandemic (Ahorsu et al., 2020; Sakib et al., 2020). Psychological distress caused by the fear the pandemic is at the forefront of public health concerns internationally (Khan, Mamun, Griffiths, & Ullah, 2020).

Increased rates of family violence during COVID-19

Worldwide, one in three women experience some form of family violence; either sexual or physical violence during their lifetime (WHO, 2012). Stay-at-home orders related to COVID-19 have however increased family violence call-outs internationally (Allen-Ebrahimian, 2020; Campbell, 2020; Kagi, 2020; Peterman et al., 2020; Van Gelder et al., 2020; Wagers, 2020). According to the WHO (2020a), since the emergence of COVID-19 domestic violence has become highly prevalent internationally and has been termed an epidemic in China (Allen-Ebrahimian, 2020) where reports of domestic violence cases tripled during lockdown (Lee, 2020). There has also been an increase in internet social media searches related to support for domestic abuse (Poate, 2020) and heightened emotion responses related to family violence

(Jolly et al., 2020), as well as an increase in social media discourse related to the topic (Park, Park, & Chong, 2020; Su et al., 2020; Xue, Chen, Chen, Hu, & Zhu, 2020). This rise in domestic violence is similar to previous times of social isolation linked to epidemics and pandemics (Boddy, Young, & O'Leary, 2020). As a result, there has been an increase in the need for shelters for people escaping family violence (Davies & Batha, 2020). There have also been increased reports of family violence homicides during the COVID-19 lockdown periods (Bradbury-Jones & Isham, 2020; Knowels, 2020).

Disasters and family violence

Previous studies of the aftermath of natural disasters indicate these events lead to an increase in family and intimate partner violence (Rubenstein, Lu, MacFarlane, & Stark, 2020; Seddighi, Salmani, Javadi, & Seddighi, 2019). For example, violence against women has been shown to escalate after natural disasters including hurricanes (Anastario, Shehab, & Lawry, 2009), tsunamis (Felten-Biermann, 2006; Fisher, 2010), earthquakes (True, 2013), floods (Gearhart et al., 2018), pandemics (Delica, 1998; Denis-Ramirez, Sørensen, & Skovdal, 2017), and bushfires (Molyneaux et al., 2020).

Previous research indicates that violence against women manifests in different ways during the phases of a disaster. The immediate period following disasters is associated with instability and breakdown of social structures; during this phase, there is an increase in violence against women. Post-disaster, violence at home substantially increases (Enarson, 2001) through physical, sexual, emotional abuse, and controlling behaviour by family members (WHO, 2012). Disasters also lead to displacement where large numbers of people are often forced into small and crowded refuge-type accommodation. Women are particularly vulnerable to violence in such situations (Amaratunga, Haigh, & Ginige, 2009; Felten-Biermann, 2006) which can escalate physical and sexual violence towards them (Felten-Biermann, 2006; Fisher, 2010).

There have been predictions of baby booms linked to COVID-19 lockdowns that will see increases in births over December 2020/January 2021 (Rudolph & Zacher, 2020). These pregnancies are not always wanted and can be the result of sexual violence (United Nations High Commissioner for Refugees (UNHCR), 2001). Reproductive factors influence gender disparities relating to how people are affected after disasters (Nour, 2011). Specifically, studies

have shown that vulnerable women, particularly refugees, see an increase in pregnancies, miscarriages, premature birth following disasters (UNHCR, 2001)

Violence against children also escalates during disasters. Though the rate of violence increases in emergency situations, due to lack of essential infrastructure and reporting mechanisms, the *reported* rate of child abuse is argued to be less than the *actual* rate (Seddighi et al., 2019). Natural disasters enhance the risk factors for child abuse including caregiver stress, food insecurity, poverty, economic hardship, mental health disorders, displacement, separation from family members, and alcohol and other substance abuse (Cerna-Turoff, Fischer, Mayhew, & Devries, 2019). Evidence indicates that the abuse against children is most likely to be perpetrated by family members with violence more likely to be directed towards male children but with female children more likely to be seriously injured (abuse from women towards children was more likely to be psychological while men were more likely to inflict physical violence) (Seddighi et al., 2019). During this pandemic, domestic violence was one cause of increased psychological problems for Indian children and adolescents (Ghosh, Dubey, Chatterjee, & Dubey, 2020). The physical and psychological toll of family violence, compounded by the suffering caused by the disaster, can do immeasurable damage and have lasting effects on the family.

Pandemics and family violence

High levels of fear and uncertainty related to pandemics make them enabling environments for family violence to emerge or worsen. Even though evidence related to increased family violence during and post-pandemic is scarce, anecdotal evidence indicates that it has been rife in previous pandemics. For example, Peterman et al. (2020) outline the increases in sexual assault and violence against women and girls resulting from the Ebola outbreak in Africa. As touched on earlier, pandemics have some characteristics that make them especially difficult for women. Social isolation strategies mean women may be confined to the home unable to access their usual support from family and friends (Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020). Access to the legal, health systems and other supports may be more difficult and cause delays in getting assistance, or mean women are less likely, or even unable, to report instances of violence (Peterman et al., 2020).

Grief for those directly affected by the pandemic, or anticipatory grief caused by fear, loss and uncertainly are fundamentally connected to the range of psychological distress suffered by people in times of COVID-19 (Wallace, Wladkowski, Gibson, & White, 2020). In India, and around the world, women are responsible for the majority of caring responsibilities (Nour, 2011) and a study in India found that greater levels of stress, anxiety and depression were present in women, as opposed to men, which was attributed to the greater demands placed on them with family members ever present in the home (Suseela, 2020). A study in Iran focussed on levels of fear of the pandemic found women were suffering high levels of psychological distress (Ahorsu et al., 2020). This culmination of greater responsibilities, increased level of fear and grief and further psychological distress can contribute to a volatile home situation that perpetuates domestic abuse.

Why family violence increases during and after disasters

In general, vulnerability is linked to social relationships determined by factors including gender, class, age, ethnicity and disability (Blaikie, Cannon, Davis, & Wisner, 1994). Gender is particularly significant for women as it is the basis of unequal power relationships between men and women in addition to the social, political and economic subordination of women across society (Wiest, Mocellin, & Motsisi, 1994). Research has found women's vulnerability is linked to demographic, socio-economic, and behavioural factors like age, religion, income, education, and alcohol use (Rao, 2020). Women's disaster vulnerabilities include increased mortality, loss of economic and social ties, and gender-based violence including family violence (Neumayer & Plümper, 2007; Nguyen, 2019). The vulnerability of women is linked to traditional gender roles such as women's responsibility for child care, care of the elderly and sick (Fisher, 2010). In addition, women have restricted access to reproductive, mental, and sexual health facilities that also make them more vulnerable (Enarson, 2001; Neumayer & Plümper, 2007).

After disasters, the triggers for violence are identified as loss of personal possessions, increased stress and trauma, economic hardship, frustration and struggles to replace housing, jobs and possessions, leading to increased tension in relationships (Morrow & Peacock, 1997). In addition, there are higher rates of mental distress after disasters for a variety of reasons and these may also be linked to family violence (Brooks et al., 2020; Usher, Bhullar, Durkin, et al., 2020). For women, True (2013) argues there is a political economy of gender inequality to

explain pervasive violence against women after disasters. True (2013) further notes that the pre-disaster social and economic status of women is what makes them vulnerable post-disaster because they are generally poorer than men, do not own land, and are less likely to be educated and have access to health care. The need to relocate to refuge accommodation and the loss of social support also increases women's vulnerability post-disaster (Delaney & Shrader, 2000).

In the case of pandemics such as COVID-19, imposed isolation is an unfamiliar and unpleasant experience that for many women, involves separation from friends and family, and a departure from usual, everyday routines and activities. Actions such as social-distancing, sheltering in-place, restricted travel, and closures of key community organisations are likely to dramatically increase the risk for family violence (Campbell, 2020). In addition, the economic hardships resulting from loss of jobs, reduced working hours and failing businesses have left many members of society very stressed (Anastario et al., 2009; Fagen, Sorensen, & Anderson, 2011; Schumacher et al., 2010; Sety, 2012).

Children are also restricted to their homes due to COVID-19 and in many countries, have been forced to undertake their education on-line. This has imposed a burden on parents, mostly mothers, who are required to home-school and supervise the education of their children (Campbell, 2020). High levels of parenting stress have been linked to less nurturing behaviours by parents (Pereira et al., 2012), increased conflict between the child and parent (Anthony et al., 2005), punitive parenting styles (Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000), and an increased risk of violence towards children (Pereira et al., 2012).

Faith based organisations are at times the only support service a woman may have access to, with spirituality and faith credited as providing critical support (de la Rosa, Barnett-Queen, Messick, & Gurrola, 2016; Zust, Flicek, Moses, Schubert, & Timmerman, 2018). Churches and other faith based institutions provide informal counselling and support as well as community assistance necessary to keep them safe (Fuchsel, 2012). Lack of access to these services, such as church closures or the destruction of communities and churches from a natural disaster, leads to the breakdown in these support networks. This in turn can lead to an increase in violence after disasters.

Vulnerable 'groups' and family violence

Labelling of any groups as vulnerable is a simplistic approach and can cause problems. We acknowledge that there are a number of challenges when conceptualising the concept of vulnerability for women (Luna, 2009). Labelling of a group or individual as vulnerable can unfairly and incorrectly places the *cause* of the vulnerability on the individual. For the purpose of this paper, we clarify that when discussing "vulnerable people", we are referring to these groups in the context of the increased risk of harm faced; not to the groups or individuals within these groups as vulnerable. Women, disabled people, children, LGBTQ people, BAME people may not be vulnerable, but may be rendered vulnerable due to circumstances beyond their control, by societal constraints placed on them, or by the actions of other individuals who oppress and harm them.

Specific considerations should be given to the impact of family violence during this pandemic on LGBTQ people, disabled people, and elderly populations who may be vulnerable due to a range of reasons, including, but not limited to, their physical and/or social situation. There are reports that disabled people (UN Human Rights, 2020; World Health Organization, 2020b) and those from LGBTQ communities (Galea, Merchant, & Lurie, 2020; Green, Dorison, & Price-Feeny, 2020) have been impacted more than the general population. For example, media reports have focused on the impacts of the pandemic on Black, Asian and Minority Ethnic (BAME) women (Fawcett Society, 2020). Disabled women, BAME women and elderly women experience higher levels of mortality if they contract COVID-19 (Fox & Monahan, 2020) which further compounds the fear of contracting the virus and possible implications of doing so. Before the pandemic, transgender women were particularly vulnerable for increased risk of injury and death as a result of domestic abuse (D'Inverno, Smith, Zhang, & Chen, 2019) and recent research indicates they are experiencing higher levels of mental distress as a result of the pandemic (Gonzales, de Mola, Gavulic, McKay, & Purcell, 2020).

As evidence has emerged regarding the impacts of the COVID-19 pandemic, it has become clear that there are several associated factors that might exacerbate the chances of family violence occurring for increasingly vulnerable women. Further consideration needs to be given to the burden vulnerable people, specifically minorities, faced before the pandemic when framing the added vulnerability they now face. When considering this burden, we consider the impact of minority stress, which derives from being a member of a minority group that is

marginalised and stigmatised (DiPlacido, 1998; Meyer, 2015). As a result of the stigma and prejudice faced by people within these groups, stressors arise which can cause adverse health outcomes (both physical and mental health related) (Meyer, 2015) and have also been found to perpetuate violence (Edwards & Sylaska, 2013).

This added burden compounds an already stressful situation which can lead to an increase in family violence. It is important to acknowledge, however, that information regarding how some communities have been affected is based largely on media reports and commentaries, rather than empirical evidence. It will take rigorous epidemiological studies to capture the true extent of how and why different communities have been impacted.

Conditions for the Perfect storm

The COVID-19 pandemic presents the 'perfect storm' for family violence. A *perfect storm* is an event where a set of rare circumstances combine, resulting in a significant aggravation of the resulting event. In other words, it is an "*extremely bad situation in which many bad things happen at the same time"* (Cambridge Dictionary, 2020, p. Para 1). So how does that relate to the current situation? To begin, the confinement measures imposed because of the COVID-19 pandemic have put women at a much greater risk of family violence (Ertan, El-Hage, Thierrée, Javelot, & Hingray, 2020). COVID-19 restrictions, which overlap with the strategies employed by abusers in abusive relationships (Van Gelder et al., 2020) have meant women and children are locked away at home, isolated from their usual supports systems such as family and friends, unable to escape the family situation, and with little access to services designed to assist in times of crisis (Usher, Bhullar, Durkin, et al., 2020). Abusers may use the restriction requirements to exercise power and control over their partners to further reduce access to services and psychosocial support from both formal and informal networks, and in some cases, worsening violence against women, children, and other vulnerable populations (Marques, Moraes, Hasselmann, Deslandes, & Reichenheim, 2020; Moreira & da Costa, 2020; World Health Organization, 2020a).

Also, women and children are near a partner or parent/family member who may be stressed due to loss of employment or finances due to the pandemic, or who may be experiencing mental health effects linked to the social isolation (Brooks et al., 2020), and who may be using negative coping responses such as drug and alcohol to help cope with the current situation (Asunramu,

2020; Keyes, Hatzenbuehler, & Hasin, 2011). For example, it is revealed that parental burn out as a result of unemployment, financial insecurity, low levels of traditional support from family and friends due to social distancing requirements, and handling of childcare responsibilities as day-care, schools, and community centers remain closed has increased child abuse and neglect (Griffith, 2020; Marques et al., 2020). Furthermore, abusive relationships due to COVID-19 confinement sometimes end up with separation where victims are at the highest risk for serious physical harm, injury, and homicide (Shipway, 2004). The social isolation requirements of the COVID-19 pandemic created a pandemic induced stressful environment that provides a perfect opportunity for family violence to emerge and, in many cases, remain undetected. In reality, victims and survivors of family violence are isolated at home with their abusers which might also cause scarcer victims seeking medical care for violence-related injury or otherwise (Godin, 2020; Kofman & Garfin, 2020).

Quarantine conditions are often associated with alcohol abuse, depression, and post-traumatic stress symptoms (Brooks et al., 2020). The existing stress, uncertainty, disruption of social and protective links, and decreased access to services can intensify the risk of violence for women (Jack et al., 2020; WHO, 2020). COVID-19 creates an inimitable and distressing paradox for victims either they have to stay at home with their partner through the danger/risk of escalating violence or leaving home where a risk of exposure to a highly infectious virus (Kofman & Garfin, 2020). These existing crisis indicate that after disasters strike, domestic violence are frequently sustained for long years through recovery period (Kofman & Garfin, 2020; Sety, James, & Breckenridge, 2014). Moreover, unemployment from the temporary shutdown of non-essential business could have long term impact in individual's life and society.

Where do we go from here?

To provide protection and present violence, there is a need to include the people from vulnerable groups in disaster response and community planning. Similar to gender-sensitive disaster planning (True, 2013), we propose that a gender- and vulnerability-sensitive public health crisis planning is needed to prevent family violence during and post-public health disasters. Such a plan could involve gender and disaster working groups at the local community, state, and national levels. These groups should also include women as well as people who are represent other vulnerable groups, such as BAME/LGBTQ/Aged care communities, as it will make the inequalities visible and efforts can be directed at appropriate response and mitigation

strategies pre- and post-disaster community decision and policy-making. To arrive at effective planning and response, stakeholders are encouraged to provide a reliable source of collecting or documenting baseline information about family violence, particularly the extent to which vulnerable populations are affected. Such baseline information or reporting sources could inform service providers and researchers to provide/develop adequate prevention, preparedness, and mitigation strategies to further reduce the violence perpetrated against these vulnerable populations. Further, researchers are encouraged to embark on evidence-based interventional studies that could help to better understand the effectiveness of various prevention and preparedness mechanisms in reducing family violence against the vulnerable population. In addition, proper funds and resources should be allocated to victims and survivors, as well as front-liners like service centres, shelters, and agencies.

While the world awaits a vaccine for COVID-19 to calm to the storm of infection, we are reminded that there is no vaccine for family violence. In the face of a post-COVID world there may be a calm after the storm caused by the infection but it is only then we might be able to grasp the full scale of the devastation caused by family violence. Lissoni et.al., (2020) quoted an old adage that resonates with this feeling: "*It is only possible to determine the ship's position after the storm has passed.*" (Lissoni et al 2020 p. S107). As we progress through the storm of COVID-19, we see the perfect conditions for another, larger storm growing in the distance, not as well monitored as COVID-19, not as visible as COVID-19, but nonetheless, devastating. All mental health professionals need to be aware of this issue and ready to act as required to assist those families impacted by family violence and its aftermath.

References

Ahorsu, D. K., Lin, C.-Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The fear of COVID-19 scale: development and initial validation. *International journal of mental health and addiction, 0*, 1-11. doi:10.1007%2Fs11469-020-00270-8

Allen-Ebrahimian, B. (2020). China's Domestic Violence Epidemic. Retrieved from https://www.axios.com/china-domestic-violencecoronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html

Amaratunga, D., Haigh, R., & Ginige, K. (2009). Mainstreaming gender in disaster reduction: why and how? *Disaster prevention and management: an international journal, 18*, 23-34. doi:10.1108/09653560910938510

Anastario, M., Shehab, N., & Lawry, L. (2009). Increased gender-based violence among women internally displaced in Mississippi 2 years post–Hurricane Katrina. *Disaster Medicine and Public Health Preparedness, 3*(1), 18-26. doi:10.1097/DMP.0b013e3181979c32

Anthony, L. G., Anthony, B. J., Glanville, D. N., Naiman, D. Q., Waanders, C., & Shaffer, S. (2005). The relationships between parenting stress, parenting behaviour and preschoolers' social competence and behaviour problems in the classroom. *Infant and Child Development: An International Journal of Research and Practice, 14*(2), 133-154. doi:10.1002/icd.385

Asunramu, Z. (2020). The government's botched response to Covid-19 will set women back decades—and shows the need for more female leaders. Retrieved from https://www.prospectmagazine.co.uk/politics/government-coronavirus-covid-impact-on-women-domestic-violence-jobs-childcare

Blaikie, P., Cannon, T., Davis, I., & Wisner, B. (1994). *At Risk: Natural Hazards, People's Vulnerability, and Disasters,* . London/New York: Routledge.

Boddy, J., Young, A., & O'Leary, P. (2020). 'Cabin fever': Australia must prepare for the social and psychological impacts of a coronavirus lockdown. . Retrieved from https://theconversation.com/cabin-fever-australia-must-prepare-for-the-social-andpsychological-impacts-ofa-coronavirus-lockdown-133353

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of clinical nursing, 0*, 1-3. doi:10.1111/jocn.15296

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. doi:10.1016/S0140-6736(20)30460-8

Cambridge Dictionary. (2020). Perfect Storm. Retrieved from https://dictionary.cambridge.org/dictionary/english/perfect-storm

Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 1-3. doi:10.1016/j.fsir.2020.100089

Cerna-Turoff, I., Fischer, H.-T., Mayhew, S., & Devries, K. (2019). Violence against children and natural disasters: A systematic review and meta-analysis of quantitative evidence. *PloS one, 14*(5), e0217719. doi:10/1371/journal.pone.0217719

D'Inverno, A., Smith, S., Zhang, X., & Chen, J. (2019). The impact of intimate partner violence: A 2015 NISVS Research-in-Brief. *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2*, 1-13. Retrieved from https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvs-impactbrief-508.pdf.

Davies, S., & Batha, E. (2020). Europe braces for domestic abuse'perfect storm'amid coronavirus lockdown. Retrieved from https://news.trust.org/item/20200326160316-7l0uf

de la Rosa, I. A., Barnett-Queen, T., Messick, M., & Gurrola, M. (2016). Spirituality and resilience among Mexican American IPV survivors. *Journal of interpersonal violence, 31*(20), 3332-3351. doi:10.1177/0886260515584351

Delaney, P. L., & Shrader, E. (2000). Gender and post-disaster reconstruction: The case of Hurricane Mitch in Honduras and Nicaragua. Retrieved from http://www.gdnonline.org

Delica, Z. G. (1998). Balancing vulnerability and capacity: Women and children in the Philippines. In E. Enarson & B. H. Morrow (Eds.), *The gendered terrain of disaster: Through women's eyes.* (pp. 225-231). Westport, CT: Praeger.

Denis-Ramirez, E., Sørensen, K. H., & Skovdal, M. (2017). In the midst of a 'perfect storm': Unpacking the causes and consequences of Ebola-related stigma for children orphaned by Ebola in Sierra Leone. *Children and Youth Services Review, 73*, 445-453. doi:10.1016/j.childyouth.2016.11.025

DiPlacido, J. (1998). *Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization*. London: Sage.

Edwards, K. M., & Sylaska, K. M. (2013). The perpetration of intimate partner violence among LGBTQ college youth: The role of minority stress. *Journal of youth and adolescence, 42*(11), 1721-1731. doi:10.1007/s10964-012-9880-6

Enarson, E. (2001). Violence against Women in Disasters Fact Sheet. In.

Ertan, D., El-Hage, W., Thierrée, S., Javelot, H., & Hingray, C. (2020). COVID-19: urgency for distancing from domestic violence. *European journal of psychotraumatology, 11*(1), 1800245. doi:10.1080/20008198.2020.1800245

Fagen, J. L., Sorensen, W., & Anderson, P. B. (2011). Why not the University of New Orleans? Social disorganization and sexual violence among internally displaced women of Hurricane Katrina. *Journal of community health, 36*(5), 721-727. doi:10.1007/s10900-011-9365-7

Fawcett Society. (2020). Domestic Abuse in Black, Asian and Minority Ethnic Groups. Retrieved from https://www.fawcettsociety.org.uk/coronavirus-impact-on-bame-women

Felten-Biermann, C. (2006). Gender and natural disaster: sexualized violence and the tsunami. *Development, 49*(3), 82-86. doi:10.1057/palgrave.development.1100276

Fisher, S. (2010). Violence against women and natural disasters: Findings from post-tsunami Sri Lanka. *Violence Against Women, 16*(8), 902-918. doi:10.1177/1077801210377649

Fox, H., & Monahan, E. (2020). Coronavirus (COVID-19) Review: data and analysis, March to October 2020: A thematic overview of the coronavirus (COVID-19) pandemic between March to October 2020 and how our data and analysis has been able to provide insight and understanding of the impacts of the pandemic on health, society and the economy. Retrieved from https://dera.ioe.ac.uk/36691/1/covid-19-review--all-themes.pdf

Fuchsel, C. L. M. (2012). The Catholic Church as a support for immigrant Mexican women living with domestic violence. *Social work and Christianity, 39*(1), 66. Retrieved from http://search.proquest.com.ezproxy.une.edu.au/docview/928067754?accountid=17227.

Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA internal medicine, 180*(6), 817-818. doi:10.1001/jamainternmed.2020.1562

Gearhart, S., Perez-Patron, M., Hammond, T. A., Goldberg, D. W., Klein, A., & Horney, J. A. (2018). The impact of natural disasters on domestic violence: an analysis of reports of

simple assault in Florida (1999–2007). *Violence and gender, 5*(2), 87-92. doi:10.1089/vio.2017.0077

Ghosh, R., Dubey, M. J., Chatterjee, S., & Dubey, S. (2020). Impact of COVID-19 on children: Special focus on psychosocial aspect. *education, 31*, 34. doi:10.23736/S0026-4946.20.05887-9

Godin, M. (2020). How coronavirus is affecting victims of domestic violence. *Time Magazine.* Retrieved from https://time.com/5803887/coronavirus-domestic-violence-victims/

Gonzales, G., de Mola, E. L., Gavulic, K. A., McKay, T., & Purcell, C. (2020). Mental health needs among lesbian, gay, bisexual, and transgender college students during the COVID-19 pandemic. *Journal of Adolescent Health, 67*(5), 645-648. doi:10.1016/j.jadohealth.2020.08.006

Green, A., Dorison, S., & Price-Feeny, M. (2020). *Implications of COVID-19 for LGBTQ youth mental health and suicide prevention*. Retrieved from Online https://www.thetrevorproject.org/2020/04/03/implications-of-covid-19-for-lgbtq-youth-mental-health-and-suicide-prevention

Griffith, A. K. (2020). Parental burnout and child maltreatment during the COVID-19 pandemic. *Journal of Family Violence*, 1-7. doi:10.1007/s10896-020-00172-2

Jack, S. M., Munro-Kramer, M. L., Roberts Williams, J., Schminkey, D., Tomlinson, E., Jennings Mayo-Wilson, L., ... , & Campbell, J. C. (2020). Recognizing and responding to intimate partner violence using telehealth: Practical guidance for nurses and midwives. . *Journal of Clinical Nursing., 0*. doi:10.1111/jocn.15554

Jolly, B. L. K., Aggrawal, P., Gulati, A., Sethi, A. S., Kumaraguru, P., & Sethi, T. (2020). *Psychometric Analysis and Coupling of Emotions Between State Bulletins and Twitter in India during COVID-19 Infodemic*. Paper presented at the Association for Computing Machinery, Washington, DC, USA. https://arxiv.org/pdf/2005.05513.pdf

Kabir, H., Maple, M., & Usher, K. (2020). The impact of COVID-19 on Bangladeshi readymade garment (RMG) workers. *Journal of Public Health*. doi:10.1093/pubmed/fdaa126

Kagi, J. (2020). Crime rate in WA plunges amid coronavirus social distancing lockdown measures. . Retrieved from https://www.abc.net.au/news/2020-04-08/coronavirus-shutdown-sees-crime-rate-drop-in-wa/12132410

Keyes, K. M., Hatzenbuehler, M. L., & Hasin, D. S. (2011). Stressful life experiences, alcohol consumption, and alcohol use disorders: the epidemiologic evidence for four main types of stressors. *Psychopharmacology, 218*(1), 1-17. doi:10.1007/s00213-011-2236-1

Khan, K. S., Mamun, M. A., Griffiths, M. D., & Ullah, I. (2020). The mental health impact of the COVID-19 pandemic across different cohorts. *International journal of mental health and addiction*, 1-7. doi:10.1007/s11469-020-00367-0

Knowels, M. (2020). Coronavirus lockdown risks murder frenzy - PM sent warning on domestic abuse. Retrieved from https://www.express.co.uk/news/uk/1265912/coronavirus-lockdown-murder-warning-domestic-abuse-boris-johnson

Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological trauma: theory, research, practice, and policy, 12*, S199–S201. doi:10.1037/tra0000866

Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health, 4*(6), 421. doi:10.1016/S2352-4642(20)30109-7

Luna, F. (2009). Elucidating the concept of vulnerability: Layers not labels. *IJFAB: International Journal of Feminist Approaches to Bioethics, 2*(1), 121-139.

Madhav, N., Oppenheim, B., Gallivan, M., Mulembakani, P., Rubin, E., & Wolfe, N. (2017). Pandemics: risks, impacts, and mitigation. In D. Jamison, H. Gelband, S. Horton, P.

Jha, R. Laxminarayan, C. Mock, & R. Nugent (Eds.), *Disease Control Priorities: Improving Health and Reducing Poverty, 3rd edition* (pp. 221-238). Washington DC: World Bank Publishing.

Marques, E. S., Moraes, C. L. d., Hasselmann, M. H., Deslandes, S. F., & Reichenheim, M. E. (2020). Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures. *Cadernos de saude publica, 36*, e00074420. doi:10.1590/1413-812320202510.2.27662020

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209.

Molyneaux, R., Gibbs, L., Bryant, R. A., Humphreys, C., Hegarty, K., Kellett, C., . . . Richardson, J. F. (2020). Interpersonal violence and mental health outcomes following disaster. *BJPsych open, 6*(1), 1-7. doi:10.1192/bjo.2019.82

Moreira, D. N., & da Costa, M. P. (2020). The impact of the Covid-19 pandemic in the precipitation of intimate partner violence. *International journal of law and psychiatry, 71*, 101606. doi:10.1016/j.ijlp.2020.101606

Morrow, B. H., & Peacock, W. G. (1997). Disasters and social change: Hurricane Andrew and the reshaping of Miami. *Hurricane Andrew: Ethnicity, gender and the sociology of disasters*, 226-242.

Neumayer, E., & Plümper, T. (2007). The gendered nature of natural disasters: The impact of catastrophic events on the gender gap in life expectancy, 1981–2002. *Annals of the Association of American Geographers, 97*(3), 551-566. doi:10.1111/j.1467-8306.2007.00563.x

Nguyen, H. T. (2019). Gendered vulnerabilities in times of natural disasters: male-to-female violence in the Philippines in the aftermath of Super Typhoon Haiyan. *Violence Against Women, 25*(4), 421-440. doi:10.1177/1077801218790701

Nour, N. N. (2011). Maternal health considerations during disaster relief. *Reviews in Obstetrics and Gynecology, 4*(1), 22.

Park, H., Park, S., & Chong, M. (2020). An Infodemiological Study on Novel Coronavirus (COVID-19) in South Korea: Conversations and Medical News Frames on Twitter. *Journal of medical Internet research, 22*(5), 5-23. doi:10.2196/18897

Pereira, J., Vickers, K., Atkinson, L., Gonzalez, A., Wekerle, C., & Levitan, R. (2012). Parenting stress mediates between maternal maltreatment history and maternal sensitivity in a community sample. *Child abuse & neglect, 36*(5), 433-437. doi:10.1016/j.chiabu.2012.01.006

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020). *Pandemics and violence against women and children*. Retrieved from Washington DC: https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

Pinderhughes, E. E., Dodge, K. A., Bates, J. E., Pettit, G. S., & Zelli, A. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, beliefs about parenting, stress, and cognitive-emotional processes. *Journal of family psychology, 14*(3), 380.

Poate, S. (2020). 75% increase in domestic violence searches since Coronavirus. . Retrieved from https://www.nbnnews.com.au/2020/03/31/dvsearches-coronavirus/

Prentice, C., Chen, J., & Stantic, B. (2020). Timed intervention in COVID-19 and panic buying. *Journal of Retailing and Consumer Services, 57*, 1-11. doi:10.1016/j.jretconser.2020.102203

Rubenstein, B. L., Lu, L. Z. N., MacFarlane, M., & Stark, L. (2020). Predictors of interpersonal violence in the household in humanitarian settings: a systematic review. *Trauma, Violence, & Abuse, 21*(1), 31-44. doi:10.1177/1524838017738724

Rudolph, C. W., & Zacher, H. (2020). “The COVID-19 generation”: A cautionary note. *Work, Aging and Retirement, 6*(3), 139–145. doi:10.1093/workar/waaa009

Sakib, N., Bhuiyan, A. I., Hossain, S., Al Mamun, F., Hosen, I., Abdullah, A. H., . . . Hossain, M. (2020). Psychometric validation of the Bangla Fear of COVID-19 Scale: Confirmatory factor analysis and Rasch analysis. *International journal of mental health and addiction*. doi:10.1007/s11469-020-00289-x

Schneider, D., Harknett, K., & McLanahan, S. (2016). Intimate partner violence in the Great Recession. *Demography, 53*(2), 471-505.

Schumacher, J. A., Coffey, S. F., Norris, F. H., Tracy, M., Clements, K., & Galea, S. (2010). Intimate partner violence and Hurricane Katrina: predictors and associated mental health outcomes. *Violence and victims, 25*(5), 588-603. doi:10.1007/s13524-016-0462-1

Seddighi, H., Salmani, I., Javadi, M. H., & Seddighi, S. (2019). Child abuse in natural disasters and conflicts: a systematic review. *Trauma, Violence, & Abuse*, 1524838019835973. doi:10.1177/1524838019835973

Sety, M. (2012). *Domestic violence and natural disasters*. NSW Australia: Australian Domestic and Family Violence Clearinghouse.

Sety, M., James, K., & Breckenridge, J. (2014). Understanding the risk of domestic violence during and post natural disasters: Literature review. In *Issues of gender and sexual orientation in humanitarian emergencies* (pp. 99-111). New York: Springer.

Shipway, L. (2004). *Domestic violence: A handbook for health professionals*. London: Routledge.

Su, Y., Xue, J., Liu, X., Wu, P., Chen, J., Chen, C., . . . Zhu, T. (2020). Examining the impact of COVID-19 lockdown in Wuhan and Lombardy: a psycholinguistic analysis on Weibo and Twitter. *International Journal of Environmental Research and Public Health, 17*(12), 4552.

Suseela, V. (2020). Psychological Issues Based on Gender and Marital Status During Covid-19 Lockdown Period. *Tathapi with ISSN 2320-0693 is an UGC CARE Journal, 19*(8), 755-764.

True, J. (2013). Gendered violence in natural disasters: Learning from New Orleans, Haiti and Christchurch. *Aotearoa New Zealand Social Work, 25*(2), 78-89.

UN Human Rights. (2020). *COVID-19 and the rights of persons with disabilities: UN Guidance.* Retrieved from Geneva: https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

United Nations High Commissioner for Refugees (UNHCR). (2001). *Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations.* Paper presented at the Inter-Agency Lessons Learned Geneva.

United Nations Women. (2020). *Issue brief: COVID-19 and ending violence against women and girls*. Retrieved from Online: https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International journal of mental health nursing*. doi:10.1111/inm.12735

Usher, K., Bhullar, N., & Jackson, D. (2020). Life in the pandemic: Social isolation and mental health. *Journal of clinical nursing*. doi:10.1111/jocn.15290

Usher, K., Jackson, D., Durkin, J., Gyamfi, N., & Bhullar, N. (2020). A rapid review of pandemic-related behaviours and psychological outcomes. *International journal of mental health nursing*. doi:10.1111/inm.12790

Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine, 21*. doi:10.1016/j.eclinm.2020.100348

Wagers, S. (2020). Domestic violence growing in wake of coronavirus outbreak. Retrieved from https://theconversation.com/domestic-violence-growing-in-wake-of-coronavirus-outbreak-135598

Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the COVID-19 pandemic: considerations for palliative care providers. *Journal of pain and symptom management*. doi:10.1016/j.jpainsymman.2020.04.012

WHO. (2012). *Understanding and addressing violence against women: Intimate partner violence*. Retrieved from Geneva:

WHO. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020*. Retrieved from

Wiest, R. E., Mocellin, J. S., & Motsisi, D. T. (1994). *The needs of women in disasters and emergencies*: Disaster Research Institute, University of Manitoba.

World Health Organization. (2020a). *COVID-19 and violence against women: what the health sector/system can do, 7 April 2020*. Retrieved from Geneva:

World Health Organization. (2020b). *Disability considerations during the COVID-19 outbreak*. Retrieved from Online: https://apps.who.int/iris/bitstream/handle/10665/332015/WHO-2019-nCov-Disability-2020.1-eng.pdf.

World Health Organization (WHO). (2020). *Operational considerations for case management of COVID-19 in health facility and community: interim guidance, 19 March 2020*. Retrieved from

Xue, J., Chen, J., Chen, C., Hu, R., & Zhu, T. (2020). The Hidden Pandemic of Family Violence During COVID-19: Unsupervised Learning of Tweets. *Journal of medical Internet research, 22*(11), e24361. doi:10.2196/24361

Zust, B., Flicek, B., Moses, K., Schubert, C., & Timmerman, J. (2018). 10-year study of Christian church support for domestic violence victims: 2005-2015. *Journal of interpersonal violence*, 1-27. doi:10.1177/0886260518754473