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# **The impact of COVID-19 on intimate partner violence in Europe**

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## **SUMMARY**

The family and intimate relationships should be a place of safety, but for many, violence and trauma occur even within this context. Intimate partner violence (IPV) can take many forms and can include physical, sexual, and emotional abuse and a range of controlling behaviours. It affects younger and older, cis and transgender women and men. What we do know is that across the European region, more than a quarter of ever-partnered women, aged 15 and older, have experienced IPV. This has contributed to interpersonal violence being the fourth leading cause of death among people aged 15-29 years in the WHO European Region.

Over the past year and a half, in a world in a constant state of emergency during the COVID-19 pandemic, increases in sexual assault and violence, particularly against women, have been reported. The WHO Europe member states have reported a 60% increase on average in emergency calls from women subjected to IPV, alongside a 23-32% increase in IPV and domestic violence (DV) cases since the lockdown began. This may not reflect the true scale of the problem as less than 40% of women seek help of any kind and men and boys may be less likely to report it. In most countries with available data on the issue, most women rely on family and friends, and rarely ask formal institutions for assistance. Even as pandemic lockdown measures are lifted, there are long-term health, wellbeing, and socioeconomic consequences that will prevail.

The European Union (EU) has incorporated new measures in response to intimate partner violence. Examples are the Gender Equality Strategy 2020-2025 and the Victims' Right Directive and EU Strategy on victims' rights. These strategies outline a set of key actions including preventing gender-based violence, supporting and protecting victims (i.e., empowering victims to report a crime, claim compensation, and recover from consequences of crime), and holding perpetrators accountable during crises such as the COVID-19 pandemic. Both strategies are specifically focused on vulnerable victims (e.g., children, victims of gender-based violence, and/or domestic violence) as one of their key priorities.

## INTRODUCTION

### *Safety promotion as a core concept*

Safety is more than a fundamental right. It is a basic human need. However, the concept of safety can be difficult to understand. It is multidimensional (e.g. physical, social, psychological, financial) and relies on the interaction of many domains, not only the absence of violent events or injuries. It can also be considered subjective, a dimension influenced by the individual, their perceptions and experiences. The subjective and objective dimensions of safety can differ dramatically within and between groups in society. Nevertheless, safety concerns everyone and it is crucial to develop an approach to facilitate it. The process of developing and sustaining safety is called Safety Promotion and is a responsibility shared by individuals, communities, institutions, and governments (1).

### *Family as a safe place*

Ideally, the family should provide a place of safety and shelter for its members and protect them from harm. However, violence and trauma can still occur in a family setting. In fact, the most common perpetrators of violence against women are male intimate partners or ex-partners. Intimate partner violence can take many forms: physical, sexual, emotional, and economic abuse and controlling behaviours. It affects adolescent girls as well as older adult women, within formal unions and informal partnerships (2).

### *Safety and COVID*

In the context of COVID-19, the safety of populations has taken centre stage in policy. However, even after a year and a half since the virus began spreading throughout Europe, the infections remain problematic and the current levels of vaccine coverage do not allow for population 'herd' immunity

(3). COVID-19 has put the world into a constant state of emergency causing more than 4 million direct deaths globally and disrupting essential health services for millions (4, 5). In fact, it has been reported that the number of people seeking care for sexual assault and domestic violence has drastically decreased despite an increase in IPV during the pandemic (6, 7).

### ***Pandemics provide an enabling environment for violence***

The uncertainty and fear associated with a pandemic work as an enabling environment that can encourage violence against women. There are many examples around the world. In West Africa, for example, during the Ebola outbreak (2013-2016), sexual assault and violence against women increased to such level that they were referred to as "The Ebola Rape Epidemic" (8). The increase in IPV during the COVID-19 pandemic is also confirmed by reports from the USA (9), Italy (10), China (11), and Peru (12) to name just a few examples.

The Center for Global Development has outlined nine ways in which pandemics can contribute to an increase in IPV:

- 1) Economic insecurity and poverty-related stress,
- 2) Quarantines and social isolation,
- 3) Disaster and conflict-related unrest and instability,
- 4) Exposure to exploitative relationships due to changing demographics,
- 5) Reduced health service availability and access to first responders,
- 6) Inability of women to temporarily escape abusive partners,
- 7) Virus-specific sources of violence,
- 8) Exposure to violence and coercion in response efforts, and
- 9) Violence perpetrated against health care workers (13).

## **THE SITUATION IN EUROPE**

Even before the COVID-19 pandemic, IPV was a worldwide public health phenomenon of alarming magnitude with more than 640 million women aged 15 and older reporting having experienced it (14). This includes 24% of girls aged 15-19 years who have been in a relationship (14). In general, 13-61%, 6-59%, and 20-75% of women reported ever having experienced physical or sexual violence, or an emotionally abusive act, respectively, from a partner in their lifetime (15). Across the European region, more than a quarter of women that stated they have/had a partner and were aged 15 and older, have experienced IPV (16). These numbers do not come as a surprise considering that IPV has been

reported to be the fourth leading cause of death among people aged 15-29 years in the WHO European Region (16).

During the COVID-19 pandemic, both disturbing and contrasting numbers of IPV cases emerged across Europe. The WHO European Region member states have reported a 60% increase on average in emergency calls from women subjected to IPV (6). In the United Kingdom, for example, London's Metropolitan Police Service had an 11.4% increase in calls in less than three months following the beginning of lockdown. This is translated to an overall 8.5% increase in abuse by current partners since the lockdown began (6).

An online survey conducted in Spain reported that 19% of women, on average, had experienced IPV before lockdown. Soon after the lockdown started, the reported cases increased by 23.38% (17) with a 20% rise in emergency calls (18, 19). Meanwhile, in France, the number of reports of domestic violence rose by 32% during the first week of lockdown (18-21). A similar situation was seen in Ireland and Cyprus with a five-fold and 30% increase, respectively (18-20). Lithuania recorded 20% more reports throughout the first three weeks compared to the same period in 2019 (21) and Germany's capital, Berlin, reported an increase of 10% in IPV cases (20).

Comparing April 2020 to the same month of the year prior, online inquiries to violence prevention support hotlines have had a five-fold increase in Europe (22, 23). A similar pattern has been seen in Spain with a staggering 269.6% increase in email consultations (24).

### ***Socioeconomic factors associated with a higher risk of IPV and domestic violence***

In Portugal, an online survey showed that lower age, educational level, and being economically disadvantaged were associated with more reports of domestic violence during the COVID-19 pandemic (25). Women from a poorer background with secondary school education were 61% and 80%, respectively, more likely to experience DV compared to the pre-pandemic period (17, 25). In both sexes, reports were higher among those from younger age groups (25).

Some studies suggested an increased prevalence for those women with previous experiences of intimate partner violence. For couples with children where both partners were in lockdown, some studies reported a 14-16% increase in violence (17, 19).

### ***Seeking help for IPV***

Less than 40% of women seek help of any kind. In most countries with available data on the issue, most people look to family and friends for support, and very few request help from formal institutions. In the UK, fewer than 10% of those seeking help appealed to the police (23). The increase in calls has been almost exclusively made from third parties such as neighbours or family members (6). In Italy, ‘Telefona Rosa’ reported a 55% decrease in calls to the domestic violence helpline during the first two weeks of March 2020 (18, 20). Likewise, a decrease was reported and fewer requests for shelter, secondary to DV, were made in Norway (18). In France, an online survey showed that the main reasons for this were the fear of being exposed to COVID-19 and of disturbing busy medical doctors during the pandemic (18).

## **WHAT HAVE EUROPEAN GOVERNMENTS AND AGENCIES DONE TO ADDRESS THIS ISSUE?**

All European Union (EU) member states have committed to eliminating gender-based and domestic violence through so-called ‘soft’ laws (agreements, declarations, and guidelines), ‘hard’ laws, and a range of different programmes. With the arrival of COVID-19, the EU incorporated the following measures as a response to the upsurge in domestic/intimate partner violence cases.

***Gender Equality Strategy 2020-2025:*** In March 2020, the European Commission (EC) presented the Gender Equality Strategy 2020-2025 which outlines a set of key actions including preventing gender-based violence, supporting and protecting victims, and holding perpetrators accountable (26). Based on this strategy, the EC intends to extend the areas of crime for specific forms of violence against women. Furthermore, the EC also intends to address online violence against women by the Digital Services Act which clarifies measures that need to be taken by online platforms to prevent and address violence (27).

***Victims’ Rights Directive and EU Strategy on victims’ rights:*** The 2012 Victims’ Rights Directive has been the core instrument for tackling violence against women. Based on this directive, victims of different forms of violence have minimum standards of rights, support, and protection (28). In 2020, the EC conducted a report on the implementation of the Victims’ Rights Directive by Member States. Based on this report, the full potential of the directive has not been put into practice as the result of incomplete transposition and/or incorrect implementation into national legal legislations (29).

Therefore, the EC presented the EU Strategy on victims' rights in 2020. This strategy sets out key actions for empowering victims to report crime, claim compensation, and recover from the consequences of crime, especially during a time of crisis such as the COVID-19 pandemic. It specifically focuses on improving protection for the victims of IPV as one of its priorities (30). Moreover, it is also important to note that the EU placed the mutual recognition of protection measures, which mandates their recognition (e.g. restraining or barring orders). It was issued in one Member State by other Members with minimum bureaucracy (31).

**Spotlight Initiative:** The EU and the United Nations (UN) launched the Spotlight Initiative, a pioneering fund with a €500 million budget in 2017. This initiative has the EU as its main contributor and intends to fight different forms of violence against women and girls (32). In 2020, it redirected €18 million of its funds to respond to the rise in domestic violence during the pandemic (33). In its 'six pillars' guidance, Spotlight initiative focuses on:

- Advocacy for the integration of prevention of violence against women and girls into COVID-19 response plans,
- Influence of social media and TV/Radio campaigns,
- Community reporting,
- Reliable data collection, and
- Grassroots organisations providing support for survivors (34).

**The Istanbul Convention:** The Istanbul Convention is a canon for international actions addressing domestic violence. It was the first legally binding instrument focused on the prevention of violence, protection of victims, and ending the impunity of perpetrators (35, 36). The COVID-19 pandemic has shined a light on the importance of the ratification of the convention and the EU's accession to it. During the pandemic, the Committee of the States Parties provided practical guidance for governmental actions focused on 14 articles to address the surge in IPV cases.

## **ACTIONS TAKEN BY EU COUNTRIES TO COMBAT DOMESTIC AND INTIMATE PARTNER VIOLENCE**

Each Member State has introduced approaches to combat the rise in IPV. Some countries such as Ireland and Switzerland established a specific Action Plan or task force to tackle the issue of increasing domestic violence. Other countries, such as Italy and Austria, allocated special funding to address the problem (37). On 20 November 2020, EU Member States and EFTA states presented their

best practices for tackling gender-based violence during an informal virtual meeting. The following are a few examples of best practices.

### ***Helplines, counselling services, and shelters:***

In many EU countries, special focus has been put on strengthening services provided by helplines and shelters.

- In Austria, the government increased resources for 24/7-hour helplines, online counselling services, and centres.
- In Denmark, perpetrators can benefit from referral services provided by helpline to outpatient treatment.
- In Lithuania, victims can contact authorities via SMS in addition to calling services.
- In Slovakia, the National Helpline expanded the possibility of communication with counsellors via emails (37).

### ***Information campaigns:***

In countries such as Austria, Czech Republic, Finland, France, Greece, and Slovakia, among others, social media campaigns, TV/Radio programmes, distribution of flyers through supermarkets and shopping malls, and opening temporary information points were common strategies to raise public awareness and inform victims about accessible services (37).

Innovative approaches:

- In France, an innovative reporting system was established, which enables women and their children to report domestic violence using the code “’mask 19” in pharmacies.
- In the Czech Republic, letter carriers were trained by “ROSA” (an NGO) to recognize signs of domestic violence, how to communicate with victims and inform them about available help (37)

### ***Use of modern technologies:***

Bright Sky App, which allows victims to assess their situation and risks, obtain advice, preserve evidence of violence, and connect with relevant authorities, has been active in Netherland, the UK, Czech Republic, Portugal, and other Member States. (37, 38).

### ***Access to protection and justice:***

In countries such as Austria and Ireland, there was a special emphasis on the availability of legal aid during the COVID-19 pandemic. Applications for preliminary injunctions were made easier by dropping off and picking up forms by police officers in Austria (37). In Sweden, a new legislation was introduced based on the definition of consent which shifts the focus from the victim to the offender, who must explain how he assured himself of the victim's consent (37).

## **WHAT LESSONS CAN BE LEARNED?**

1. **Safety is a fundamental human right, which must be ensured for everyone.** IPV affects everyone. The COVID-19 pandemic has worsened the situation of violence against women, specifically IPV, and children.
2. Research regarding IPV during the COVID-19 pandemic is still in its early stages but is growing. Therefore, **caution must be taken when interpreting official statistics during or following pandemics.** The observed impact of IPV might not reflect the current situation or severity of the problem. In addition to reports from governments and non-profit organisations, there is limited reliable data on domestic violence and IPV during the COVID-19 outbreak. Results have been inconclusive and have shown mixed results: some studies suggest an increase, whilst others suggest no change or even a decrease of DV and IPV. However, the latter could be a result of reduced reporting.
3. Underreported IPV cases may be exacerbated if women perceive a lack of action or access to support services in the health, police, and justice departments; a situation which is increasingly reported nowadays.
4. It is essential to find new and innovative ways to provide support to victims through multiple platforms and **bolster violence-related first responder systems during the COVID-19 pandemic and beyond.** Strategies created and modified alongside good practice shared by the European member states to tackle the current situation, such as those previously mentioned, will help achieve a safer environment for those affected by IPV.
5. The COVID-19 pandemic has highlighted the **existing gaps in legal processes and policies targeting IPV.** The need for strengthening the infrastructures and establishing stronger multi-sectoral cooperation which can be resilient in times of crisis has been one of the important lessons of this pandemic.

6. **A unique opportunity for the unification of nations in the fight against domestic violence and IPV** has taken place. It is necessary to call for ratification of the Istanbul Convention by all the EU Member States and move towards a union of equity and basic human rights.
7. We need to approach legislation, policy, and programme designs with renewed focus and in consultation with those affected by IPV. Understanding the root causes and the long-term consequences of IPV, what works to reduce it, and rehabilitation strategies for perpetrators remain (still) a distant dream for the EU Member states.

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