

# COVID-19 and Intimate Partner Violence: A Call to Action

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## ABSTRACT

The COVID-19 pandemic has escalated the risks and dangers for victims of Intimate Partner Violence (IPV). This article aims to describe the current state of IPV in Rhode Island as well as best practices for IPV screening and intervention using telehealth. We highlight the particular plight of undocumented immigrant victims of IPV and how healthcare providers can be responsive to their unique vulnerabilities and needs.

**KEYWORDS:** Intimate Partner Violence, undocumented immigrants, COVID-19, domestic violence, telehealth

## INTRODUCTION

Government lockdowns and stay-at-home orders have led to a “horrifying global surge” in Intimate Partner Violence (IPV) according to the Secretary-General of the United Nations.<sup>1</sup> Physical and social isolation, economic and social instability, and long-term confinement have placed many people in greater danger of violence at home.<sup>2,3</sup> Thus, IPV has become an “opportunistic” infection of COVID-19.<sup>4</sup> Worldwide, one in three women experience physical, sexual, or psychological harm from an intimate partner or ex-partner.<sup>5,6</sup> In the past, many victims could stay with friends or family or go to the police, a shelter, or the hospital to escape abuse. Now, victims cannot escape abusers and thus may be at higher risk of IPV-related health issues such as an increase in chronic diseases, obstetrical and gynecological morbidity and mortality, mental health conditions, trauma-related injuries, and stress-related symptoms and sequelae.<sup>7</sup> Non-COVID-related healthcare and social service utilization is plummeting due to mobility constraints and fears of contracting the virus, leading to fewer victims seeking both medical care and safety from abuse.<sup>8</sup> The healthcare system must respond with innovative telehealth interventions to address these problems. This article aims to describe the current state of IPV in Rhode Island as well as best practices for IPV screening and intervention using telehealth. We highlight the particular plight of undocumented immigrant victims of IPV and how healthcare providers can be responsive to their unique vulnerabilities and needs.

## IPV IN THE TIME OF COVID-19

The RI Coalition Against Domestic Violence has seen both an increase and a decrease in utilization of various IPV resources. Advocates surmise that the decrease may be because victims are unable to seek help while quarantined with their abuser.<sup>9</sup> Yet, Sojourner House, an advocacy agency for survivors of IPV in Providence, RI, received a surge in phone calls to their hotline. Sojourner’s executive director, Vanessa Volz, describes the situation as a “frightening paradox,” where shelter beds and apartments are available, yet victims are unable or afraid to access them.<sup>10</sup> Victims remain in unsafe relationships and homes for a variety of reasons. Abusers control victims’ finances, food, and daily activities, physically and socially isolate them from support and resources, and threaten violence if not obeyed. Victims and their children are often in the greatest danger of physical violence when leaving their abusers. Quarantine may increase the power and control abusers hold over victims and ignite and exacerbate violence in relationships. During the COVID-19 pandemic, victims are quarantined by the state and confined by their abusers.<sup>11</sup>

The risks and vulnerabilities of victims of IPV during COVID-19 are multiplied for undocumented immigrants. According to estimates from the Institution on Taxation and Economy Policy, 30,000 undocumented immigrants lived in RI in 2014, making up 2.9% of the state population.<sup>12</sup> Undocumented immigrant women are profoundly vulnerable to IPV due to physical and social isolation, fear of law enforcement, lack of information on available resources, language barriers, and legal status. Many undocumented immigrants do not discuss IPV with healthcare providers because they cannot be sure what the providers’ responses will be, and they fear deportation and separation from their children.<sup>13</sup> Anti-immigrant rhetoric from political leaders and the media has deepened this fear in recent years, leaving many victims feeling profoundly isolated from resources and support.

## HEALTH CARE SCREENING AND RESPONSE

Clinics and hospitals are important sites for IPV prevention and intervention.<sup>7</sup> The US Preventive Services Task Force recommends routine IPV screening for all women of

reproductive age (Grade B recommendation).<sup>14</sup> Healthcare providers, however, do not consistently screen for IPV due to limited time and resources, reluctance to possibly offend the patient, insufficient training and reimbursement, and perceived lack of institutional support.<sup>15,16</sup> This leads to missed opportunities for victims to access information, resources, and support.<sup>16</sup> The COVID-19 pandemic has escalated the risks and vulnerabilities of victims of IPV, thus it is increasingly essential that healthcare professionals address safety and violence at home.<sup>5,6</sup>

The healthcare system is adapting to the spread of COVID-19. With telehealth as the new normal, healthcare providers should consider the benefits as well as concerns related to confidentiality and privacy. For example, what medical conditions are amenable to intervention at this moment? While physical exams and routine procedures cannot be performed, telehealth provides a novel opportunity for longer conversations related to IPV screening and resource provision, contraceptive counseling, and mental health. Rather than reminding reproductive-aged girls and women that they will be due for a pap smear “later this year,” perhaps providers can instead initiate a conversation about stress, social isolation, and the risk for verbal, physical and emotional abuse at home. Providers should discuss coping strategies and local resources with all patients, encouraging them to share this information with friends and family.

As an example of this kind of adaptation, the Kaiser Permanente’s Family Violence Prevention Program has increased their telehealth services for victims of IPV during COVID-19. According to the regional medical director, “Every virtual visit is a valuable opportunity to connect with patients, learn about their mental health, and ask directly about abuse to get them the help they need.”<sup>17</sup> However, it must be acknowledged that patients may not be able to speak for fear of being heard by their abuser. Providers should incorporate “yes/no” questions and be hypervigilant to patient evasiveness or discomfort.<sup>11</sup> Furthermore, telehealth can offer a space to build meaningful relationships with patients, investing in a form of “social capital” that can strengthen primary care provider-patient relationships throughout the pandemic and beyond. The scope of clinical care can effectively shift to include questions like: “How have you been coping with COVID-19? How is your mood? How is your home life? What activities have you been doing to stay busy and active?” Stronger relationships can lead to improved IPV screening efficacy as well as increased healthcare utilization and better outcomes.

## SUPPORTING UNDOCUMENTED IMMIGRANT VICTIMS OF IPV

For undocumented victims, relationship-building is essential to proper IPV screening. Ethnographic research has shown that Latina patients appreciate when healthcare encounters begin with questions like, “How are you?” (Cómo está?) and “How are your kids?” (Cómo están sus hijos?).<sup>18</sup> Jumping into a conversation about their purpose for scheduling the medical appointment can seem impersonal to Latina patients. A small investment in relationship-building prior to the medical appointment can result in increased trust and rapport with patients, particularly those who live marginalized identities related to gender, socioeconomic status, skin color, and legal status. Despite the inconvenience of adding a language-line to telehealth calls, the importance of certified non-family member interpreters cannot be understated.

Clínica Esperanza, a free clinic serving immigrant and undocumented patients in RI, began COVID-19 screening in May 2020. Medical students, including the author O.Z., screen patients on the morning of their test date for symptoms, food insecurity, and IPV. Based on experiences working with undocumented victims of IPV in RI, the author advocated to change the IPV screening question from “Do you feel safe at home?” to “We know this is a difficult time for many people. How are you feeling with everything that is going on? We know this situation can cause a lot of stress at home. Because of this, we are asking all patients if they feel safe with the people they live with.” Some researchers believe that current IPV screening tools are not effective for undocumented Latina women, and a more individualized and culturally responsive approach is necessary.<sup>17</sup> Prior to screening for IPV, healthcare providers should state that they will not inform US Immigration and Customs Enforcement about the legal status of their patients. Furthermore, providers who serve immigrant communities should be aware of the legal rights of their undocumented patients and inform patients of these rights. For example, undocumented immigrant victims of IPV can qualify for legal status under the Violence Against Women Act. Health professionals should refer interested patients to legal support from organizations such as Sojourner House.

The COVID-19 pandemic affects all of us in both universal and uniquely personal ways. We are united in crisis – never more connected and yet never more alone. Paradoxically, people “sheltering” at home are in greater danger of IPV and face significant barriers to safety and healthcare. This article is a call to action for healthcare providers to strengthen and sustain IPV prevention and intervention services, generally, and for undocumented victims specifically. IPV has increased with COVID-19, and it will not end after quarantine orders have been lifted. Actions taken during this pandemic will have long-term reverberations on society as a whole, and especially for those most vulnerable to IPV.

## LOCAL RESOURCES

<b>RI Helpline</b> 1-800-494-8100
<b>National Domestic Violence Helpline</b> 1-800-799-7233
<b>RIDOH factsheet</b> "Resources for Survivors of Violence During COVID-19" <a href="https://health.ri.gov/publications/factsheets/COVID-19-Violence-Prevention-Resources.pdf">https://health.ri.gov/publications/factsheets/COVID-19-Violence-Prevention-Resources.pdf</a>
<b>RI Coalition Against Domestic Violence COVID Response Center</b> <a href="http://www.ricadv.org/en/covid-19-response">http://www.ricadv.org/en/covid-19-response</a>
<b>Economic Progress Institute, the Immigrant Coalition of Rhode Island, and The Latino Policy Institute Webinar factsheet</b> "COVID-19: Resources for Undocumented Immigrants" <a href="http://www.economicprogressri.org/index.php/2020/04/29/webinar-supporting-immigrants-during-the-covid-19-crisis/">http://www.economicprogressri.org/index.php/2020/04/29/webinar-supporting-immigrants-during-the-covid-19-crisis/</a>
<b>Sojourner House Immigration Advocacy</b> <a href="http://www.sojournerri.org/immigration">http://www.sojournerri.org/immigration</a>

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## Disclaimer

The views expressed herein are those of the authors.

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