The COVID-19 pandemic caused by the acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has caused significant destruction worldwide. In the United States (US) as of April 18, 2020 there were 690,714 reported cases and 35,443 deaths [1]. In order to curb the spread of SARS-CoV-2 quarantines, social isolation, travel restrictions and stay-at-home orders have been adopted [2,3]. While many states in the US implement stay-at-home orders differently, in most cases individuals are expected to stay indoors except for essential activities (e.g., obtaining food, medication, medical treatment) or for work in essential businesses (e.g., health care, essential infrastructure operations).

Although these measures can be effective to control the spread of disease, they have a profound impact on society leading to social, financial and psychological repercussions. Isolation may expose or worsen vulnerabilities due to a lack of established social support systems. The temporary shutdown of non-essential businesses has led to unemployed and economic strain [4]. Quarantine conditions are associated with alcohol abuse, depression, and post-traumatic stress symptoms [5]. Stay-at-home orders may cause a catastrophic milieu for individuals whose lives are plagued by domestic violence (DV).

DV usually occurs in a domestic space when one individual holds power over another. DV is a broad term and typically includes intimate partner violence (IPV) (e.g., usually occurs between current or former intimate partners and includes stalking, psychological, sexual and physical violence) elder abuse (e.g., involves negligent or intentional acts which cause harm) and child abuse (e.g., includes neglect, physical harm, sexual violence, and emotional harm) [6]. However, for the purpose of report we will primarily refer to DV as it pertains to IPV. Forms of DV such as IPV are unfortunately quite common. According to the CDC, approximately 1 in 4 women and 1 in 10 men report experiencing IPV each year [7].

In the wake of the COVID-19 pandemic trends regarding DV are already starting to emerge on a global scale. Reports from local police near the epicenter of the COVID-19 outbreak in China’s Hubei province, indicate that DV tripled during February 2020 compared to February 2019 [8]. Also, according to the United Nations entity UN Women, DV reports in France have increased 30% since they initiated a March 17 lockdown. DV calls in Argentina have increased 25% since their March 20 lockdown [9]. The organization also reports a 30% increase in helpline calls in Cyprus and 33% increase in Singapore [9]. However, in the US, the effect of the COVID-19 pandemic on DV is just beginning to be realized via anecdotal reports since there is limited data available to assess how DV has changed following implementation of stay-at-home orders.

Data from US police departments provide some early insight into the effect COVID-19 has had on DV in some regions. For instance, in Portland, Oregon public schools closed March 16, 2020 and on March 23 came stay-at-home orders [10]. Following these events, the Portland Police Bureau recorded a 22% increase in arrests related to DV compared to prior weeks [11]. In San Antonio, Texas schools closed March 20, 2020 and stay-at-home orders came March 24 [12]. The San Antonio Police Department subsequently noted they received an 18% increase in calls pertaining to family violence in March 2020 compared to March 2019 [13]. In Jefferson County Alabama, the Sheriff’s Office reported a 27% increase in DV calls during March 2020 compared to March 2019 [14]. In New York City schools closed March 16, 2020 and stay-at-home orders started on March 22, 2020 [15]. During the month of March, the New York City Police Department responded to a 10% increase in DV reports compared to March 2019 [16] [Fig. 1A & B].

Reports of shootings in Philadelphia have increased since the state enacted its stay-at-home orders on April 01, 2020 [17]. According to data published by the City of Philadelphia, the number of shooting victims has increased approximately 7% during the period of April 01, 2020 to April 15, 2020 compared to the same time last year [18]. This cursory analysis illustrates that stay-at-home orders may create a worst-case scenario for individuals suffering from DV and demonstrates a need for further research. With the apparent rise in DV reports, there is a need for more current and standardized modalities of reporting actionable DV data. First responders, physicians and other healthcare personal need to be made aware of the potential for increased DV during the COVID-19 pandemic so they can respond appropriately. Steps could also be taken on an administrative level to make IPV screening tools more readily available in clinical settings and media outlets should be utilized to raise awareness. Social media should also be leveraged while stay-at-home orders are in place to reach a wider audience and provide support. Overall, it is vital that health care providers do not lose sight of the increased potential for violence while fighting this global pandemic since they may be the first point of contact for survivors.

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**Declaration of competing interest**

Authors declare no competing interests.
Fig. 1. (A) Percent increase in US domestic violence in the locations studied in 2020. (B) Percent increase in US domestic violence in the locations studied 2020.

References


Alarming trends in US domestic violence during the COVID-19 pandemic

Brad Boserup
Department of Surgery, Division of Trauma and Surgical Critical Care, Kendall Regional Medical Center, Miami, FL, USA

Mark McKenney
Department of Surgery, Division of Trauma and Surgical Critical Care, Kendall Regional Medical Center, Miami, FL, USA

Adel Elkbuli
Department of Surgery, Division of Trauma and Surgical Critical Care, Kendall Regional Medical Center, Miami, FL, USA

*Corresponding author at: 11750 Bird Road, Miami, FL 33175, USA.
E-mail address: Adel.Elkbuli@hcahealthcare.com

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