

IPV during COVID : crisis as game changer for policymaking

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Intimate Partner Violence during and after COVID

Research teams

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Final report

https://www.belspo.be/belspo/brain2-be/project_p3_fr.stm#2021

IPV - DACOVID

Has the COVID crisis really been a game changer for the IPV phenomenon ?

YES

BUT not in the way the media and public discourses have mostly suggested

Not the form of an increase or even an explosion in the number of IPV.

The answer is much more complex



Two types of quantitative data are available in Belgium

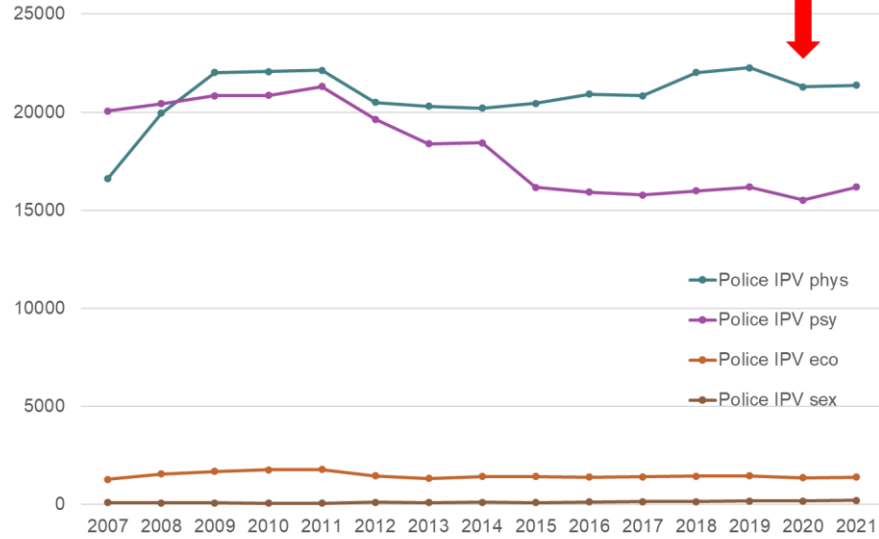
(1) Police and judicial statistics = the most important source : what do they tell us?

- ✓ Figures give detailed information BUT reflect a whole series of factors that influence the filing of a complaint or the denunciation of IPV to the police
- ✓ = a selection of incidents "the tip of the iceberg"

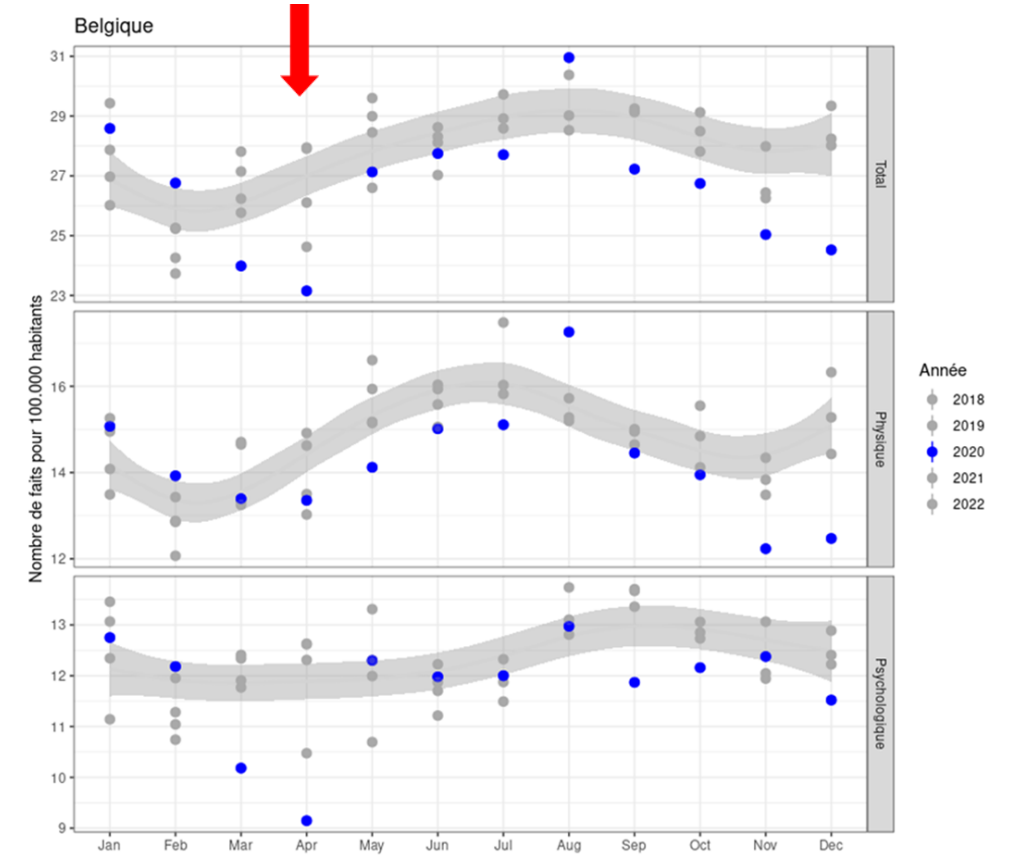
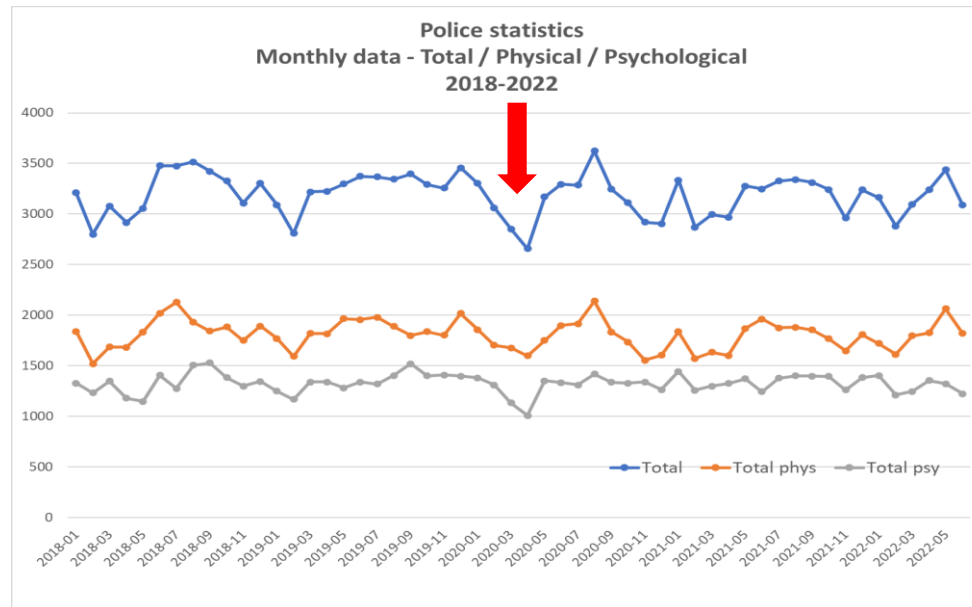
Analysis of (monthly) statistics of 184 police areas and 14 judicial districts taking into account

- a long-term (2007-2021) and short-term analysis (2018- June 2022)
- the classification between physical and psychological violence
- a (well-known) seasonal effect on the number of incidents of IPV generally higher during the summer vacations and at the end of the year, and lower in February-March

Police statistics
Reports of physical / psychological / economic / sexual IPV
2007-2021



Figures show a drop rather than an (expected) rise during lockdown



How can this drop (in police statistics) be explained?

This drop could be due either to a drop in phenomenon (1) or a drop in the tendency to report it (2):

(1) = A priori counter-intuitive but keep in mind: IPV also includes violence against an ex-partner attempts to separate and separation are very often moments that trigger violence. The lockdown could have had the effect, on the one hand, of postponing separation attempts and, on the other, of making violence by ex-partners materially difficult or impossible.

UK research (Holl 2023) verified (at least in certain police areas) that the fall in violence by ex-partners compensated for the rise in violence by current partners, resulting in a zero effect.

(2) A fall in the propensity to report is likely

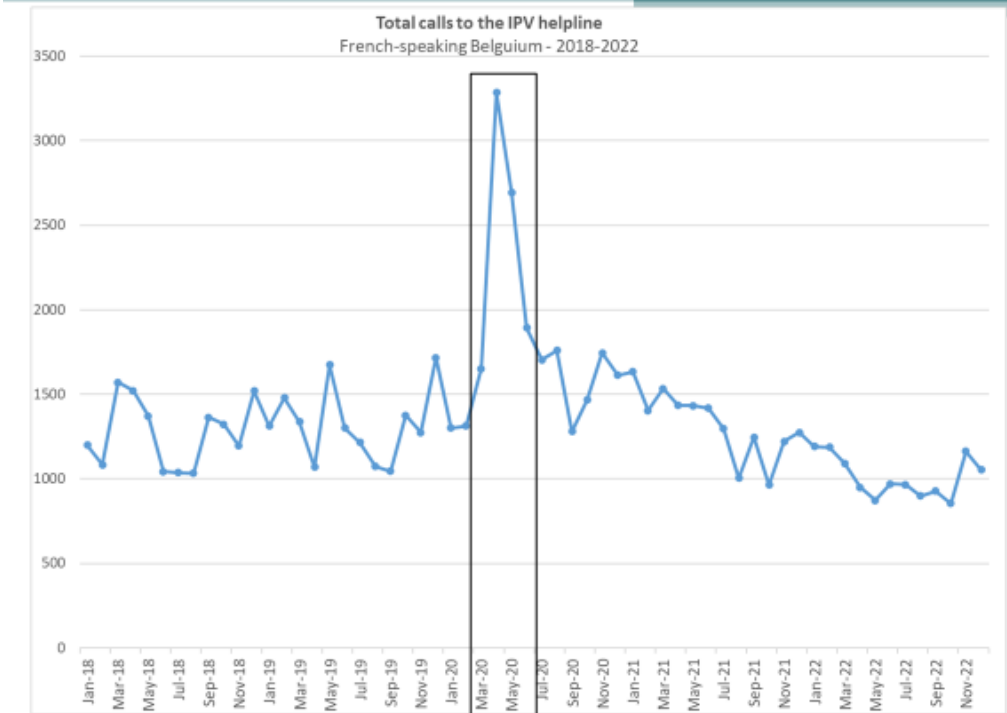
- Because of the difficulties of access (to the police or other services) during confinement
- In addition, the fact that the drop significantly concerns psychological violence (and not physical violence) could reflect a lesser perception of the need to report, or the urgency of doing so, in a social context where survival priorities are exacerbated.

(2) Telephone helpline figures

Telephone helplines have been set up to enable victims, primarily, but also perpetrators, relatives, witnesses and professionals to call for specialist help.

The figures for the 0800 300 30 French-language line provide information on the evolution in calls relating to IPV. They show an important peak during the first lockdown **BUT**

The short spike in calls was partly due to an increase in calls from victims' relatives, from professionals at a stop during the confinement, and citizens wanting to offer their support and help. These calls are due to a form of social solidarity, fuelled by the awareness-raising efforts made during this crisis.



(3) Victimization survey figures : not yet available in Belgium

Eurostat survey underway

(4) Intimate partner homicide figures :

No change in 2020

Conclusion on quantitative data

- In line with the international literature, the Belgian data do not allow us to conclude that the COVID crisis has created a crisis in the number of an IPV (as reported in the media).
- Nevertheless, the qualitative data show an impact on the severity and on the forms of violence
See research report.
- Lastly, the crisis has also had a major impact on policies in the field of IPV and on experiences of professionals

The Covid crisis as a Game Changer for IPV's related policies ?

❑ **External events** : severe lockdown, difficult for lonely persons and families with children
a window of opportunity ?

❑ **The main policy entrepreneurs** : French-speaking feminist women politicians
gender based framing of the issue of IPV's

❑ **The policy developments:**

- Visible need : Emergency line
- Ready Made Solutions : Groups with High Risk of exclusion (with NGO support)
- The 'National Action Plan to combat gender-based violence 2021–2025'

❑ **The policy problem**

- ? Mediatisation of IPV's as a "silent pandemic"
- ? higher prevalence of IPV
- ? other forms of more severe IPV or family violence




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Article

How Did the COVID-19 Pandemic Increase Salience of Intimate Partner Violence on the Policy Agenda?

Luce Lebrun *, Aline Thiry and Catherine Fallon 

Experience of professionals : adapting to emergency ... or not ?

Patterns of actions / reactions :

- ❑ From “non-vital profession” to “vital” : Urgency of care >< values of the stakeholders
- ❑ From professional long-term approach to short-term responses as “humanitarian aid”
- ❑ Changing patterns of needs :
 - Blurred intervention networks
 - More vulnerable groups need more support
 - Lockdown rules unadapted to local contexts

Consequences

Emergency

Over-solicitation of professionals

Network unavailability & loneliness of the stakeholders

Dehumanization of relationships

Absence of Reflection time

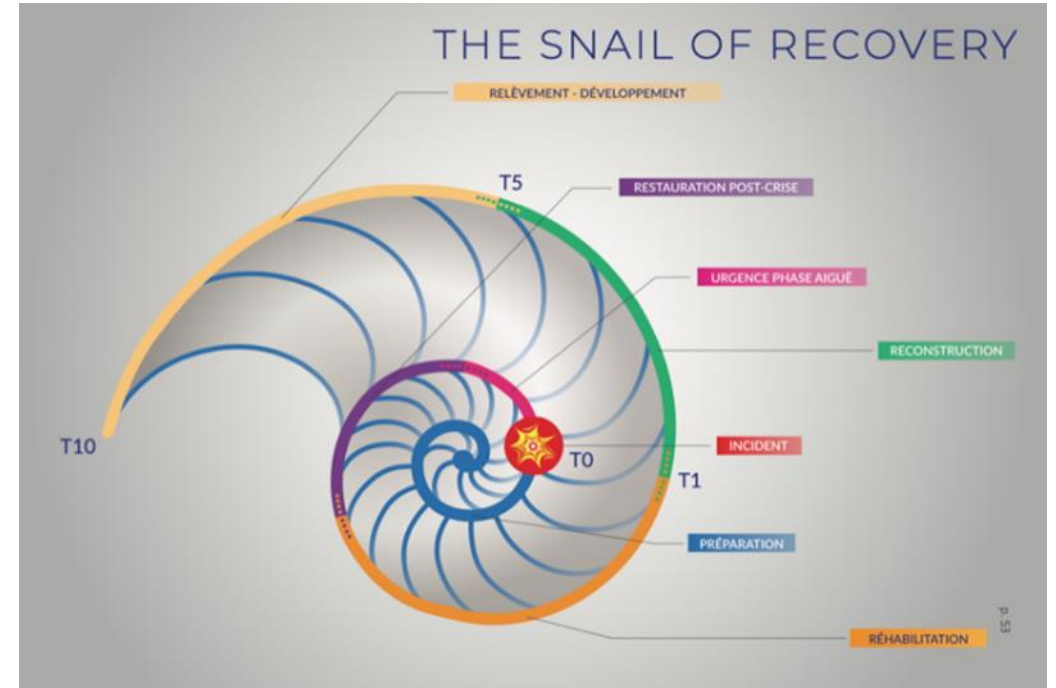
Recovering from the crisis

➤ What evaluation of crisis management ?

feelings of irritation, anger and even real trauma for some.

➤ Who is taking care of the carers ?

“Coming out of a crisis is a crisis for workers.” There is no return to former state, but to suffering. Frontline workers need to be "looked after". Debriefings need to be organised, and ways of improving the situation need to be thought : how do you rebuild after the crisis



Recommendations

Supporting professional practitioners in the field

1. Recognize front-line workers as essential services.
2. Rebuild and/or consolidate the network and work environment of front-line workers.
3. Analyze the possibility of providing structural funding for associations and association collectives.
4. Provide structural reinforcement to associations (and association collectives) to manage critical, severe LPI situations.

Work with the most vulnerable groups

5. Ensure adequate and appropriate care for the most vulnerable groups (homeless, victims of violence, etc.)
6. Recommendation 6: Include the issue of LPIs, as well as children at risk, in the management of the health emergency plan

Analyze the effects of the crisis over the long term, without preconceived ideas

7. Analyze the effects of the crisis over a longer period than that of the lockdowns.
8. Undertake an analysis of health crisis management using a public health rationale, taking into account the most vulnerable groups and the diversity of local contexts.

Integrate the specific dimensions of mental health into the logic of emergency management.

9. Epidemiological approaches to health crisis management cannot obviate the need to take into account the specific dimensions of mental health.
10. Develop an integrated approach between authorities and available resources at federal, regional and community level.
11. Provide post-crisis management debriefing activities for professionals, with the support of existing networks.

Thank you for your attention!

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