Domestic Violence

How COVID affected families and children living in abusive environment

How can professionals help these families, children?

Szilvi Gyurkó - 31 March 2022 (webinar)

What is violence?

Where is the border?

- Physical

- Emotional, psychological

- Sexual

- Neglect

- Online

- Economic
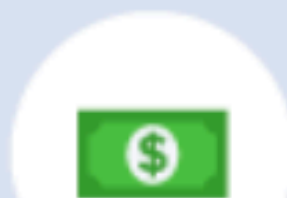
- Social

- By a family member against a family member

243 million

women and girls, aged 15-49, experienced **sexual and/or physical violence** by an intimate partner in the past year.

SINCE THE PANDEMIC

Violence against women, especially **domestic violence**, has intensified.

Exacerbating factors include:

Security, health & money worries

Cramped living conditions

Isolation with abusers

Movement restrictions

Deserted public spaces

In addition:
Covid-related increase + new phenomena

- Online bullying

- Substance abuse (alcohol, drug, pills)

- Health and Mental-health issues of children (weight, oral-health, healthy eating, active life, sleeping problems)

- Loss of elderly people

- Divorce

- Vulnerability of frontline workers (health, social, educational sector) increased

Tendencies

Helpers recognised that

- EU: 1 of 10 women experienced **online bullying** before Covid (including having received unwanted, offensive and sexually explicit emails or SMS messages, or offensive, inappropriate advances on social networking sites) During Covid: it increased

- **Requests** for help decreased in the first weeks then increased

- '**Complex abusive situations**' / the risk of '**complex trauma'** increased (children, elderly people, women of the family suffered from violence at once)

What are your experiences?
Group discussion

Our experiences
Challenges

- Limited access to the services (lockdown / stay-at-home orders) - pressure on essential services (physical, emotional, social overwhelm) - Canada kept the violence shelters open during lockdown; France: alternative accommodations for the victims

- Lack of protocol on how to manage multiple risk (health, wellbeing, safety) / how to organise distant services successfully - Italy: not the victim but the perpetrator have to leave the home

- The problem of latency increase (40% of abused victims seek help; 10% seek help from police) - Spain: mobile apps, instant message codes to call for help / helping access to digital devices or wifi, UK: 'Bright Sky' app

- Community safeguarding needed - UK (Cumbria): postman / delivery guys are trained to recognise signs of domestic violence

'Shadow pandemic'

The helpers

are:

- Challenged

- Tired

- Overwhelmed

- Attacked

- Feeling of being helpless, powerless

- Vulnerable

- Inspired

- Motivated

- Insecure

- **What else?**

What can we do?
Now

- The wellbeing of the helpers is important!

- Capacity building, allocate additional sources to address domestic violence

- Multi-sectorial cooperation (to support holistic approach)

- Continue to raise the visibility of this issue

- Adapt the culture of ongoing risk assessment

Info sheet COVID 19
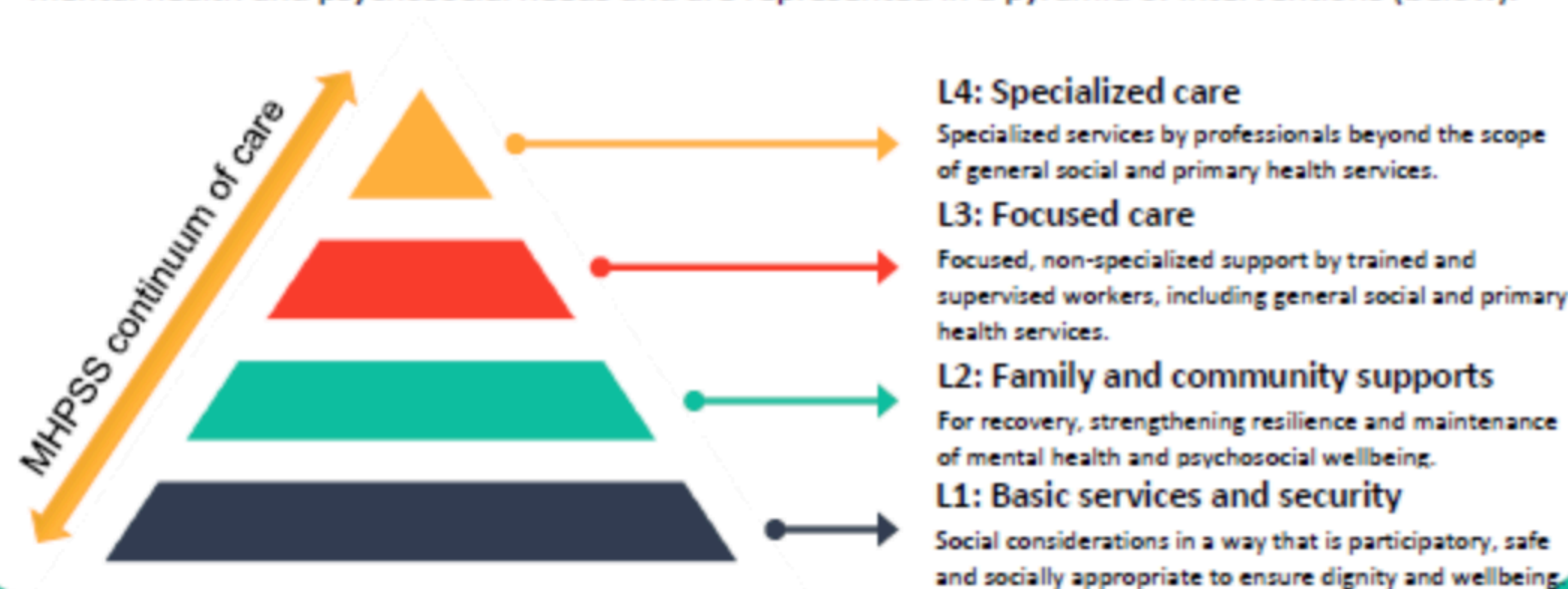## MHPSS interventions

Area of intervention
MHPSS

Key objectives
To propose practical and priority MHPSS interventions adapted to the COVID 19 context, based on the IASC pyramid.

Audience
Frontline workers

Key considerations – Continuum of care

In any epidemic, it is common for individuals to feel stressed and worried. MHPSS interventions should be carried out **to prevent the risk of long-term repercussion on the population's wellbeing and capacity to cope with adversity.**

The IASC Guidelines for MHPSS in Emergency Settings recommends that **multiple levels of interventions** be integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions (below).

MHPSS continuum of care

L4: Specialized care
Specialized services by professionals beyond the scope of general social and primary health services.

L3: Focused care
Focused, non-specialized support by trained and supervised workers, including general social and primary health services.

L2: Family and community supports
For recovery, strengthening resilience and maintenance of mental health and psychosocial wellbeing.

L1: Basic services and security
Social considerations in a way that is participatory, safe and socially appropriate to ensure dignity and wellbeing.

Risk assessment
Ongoing process

Info sheet COVID 19
Remote Psychological First Aid

Area of intervention
MHPSS

Key objectives
To present Psychosocial First Aid (PFA) and how it can be adapted to COVID 19 context.

Audience
Frontline workers

Key considerations

Psychological first aid (PFA) is a method of helping people in distress so they feel calm and supported to cope better with their challenges. This approach can be used by all frontlines in a proactive or reactive modality.

PFA is ...

- Providing **non-intrusive, practical care and support**
- assessing **needs and concerns**
- helping people to address **basic needs**
- **listening to people**, but not pressuring them to talk
- comforting people and helping them to feel calm
- helping people **connect** to information, services and social supports
- protecting people from further harm.

PFA is NOT ...

- Something that only professionals can do
- **Counselling or therapy**
- A detailed discussion of the event
- Asking someone **to analyze what happened** to them or to put time and events in order
- **Pressuring people to tell you their feelings and reactions** to an event
- **Having all the answers** to questions or being able to provide all the things someone needs.

0

Sources:
Recommendations

- childhub.org

- UNWOMEN.org

- ECPAT Risk Assessment Toolkit (expat.de)

Your promising or good practices: