Impact of COVID-19 pandemic: Social distancing and the vulnerability to domestic violence

The COVID-19 pandemic has serious destructive consequential effects worldwide, particularly in deaths and economic burdens. Travel restrictions, social isolation, stay-at-home orders, and quarantines were adopted to curb the spread of the virus and minimize harm. Due to its proximity and the number of flights arriving from China, Taiwan was expected to have the second highest number of cases after the index outbreak location.1 Experience from the previous SARS epidemic in 2003 enabled Taiwan to respond quickly in recognizing the crisis and activating emergency management structures. Managing the crisis through implementation of border control, case identification by new technology, efficient quarantine of suspicious cases, proactive case finding, and equitable resource allocation system,1 have saved Taiwan, a country with a population of 23.58 million, from the risk of the second-highest importation to 451 cases of COVID-19, presenting with a low case fatality rate at approximately 1.55%, as of July 10 2020.2

However, lockdown, social distancing, and stay-at-home policies are leading to increased vulnerabilities regarding mental health. Serious psychological repercussions such as fear, frustration, and boredom are associated with post-traumatic symptoms, anxiety, and depression during these social isolation periods.3 The aforementioned mental health issues are closely associated with domestic violence, and adds to the catastrophic milieu. The rise of alcohol consumption and alcohol sales4 during the COVID-19 pandemic has also been cause for alarming given its relationship to domestic violence. More than half of domestic violence perpetrators are reported to have been affected by alcohol at the time of the incident.5

Domestic violence refers to a range of violations emanating from the household and within relationships defined by familial or emotional (former or present) attachment. A global surge in domestic violence cases since the COVID-19 pandemic outbreak has been noticed, particularly in countries with high numbers of COVID-19 reported cases, such as United States, Argentina, France, Cyprus, and Singapore.6 Although Taiwan has been declared relatively safe from a formidable outbreak of COVID-19, cases of domestic violence have also spiked. A 5% increase of domestic violence cases, from 30,470 to 32,000 cases compared with the same period last year, was observed in Taiwan in the first quarter of 2020, as reported by the Ministry of Health and Welfare’s Department of Protective Services.6 The number of domestic violence incidents reported to police increased 13% in the first quarter of 2020, from 18,408 cases to 20,924 cases, compared with the same period last year.7 Various counties/cities have experienced greater impacts of domestic violence, for instance, an increase of incidences of almost 30% arose in March in New Taipei City. Although stay-at-home orders were not implemented in Taiwan, people were encouraged to self-isolate at home to reduce social contact, and the pandemic made it difficult for people to reach out to their social networks. Heightened stress from families spending more time at home in cramped conditions, the disruption of protective networks, and the inaccessible of public services, may further exacerbate domestic violence.

The economic crisis associated with the COVID-19 pandemic is raising huge challenges worldwide. Amid the pandemic crisis, Taiwan’s adjusted unemployment rate increased to 4.1% in April 2020 and this was the highest jobless rate since 2013.8 To avoid laying off employees directly, employers have been allowed to negotiate with employees to reduce working hours, so-called “volunteer for unpaid leave”. The number of employees who passively volunteered for unpaid leave increased to

Disclosure statement
Nothing to declare.

References
1. Cascella M, Rajnik M, Cuomo A, Dulebohn SC, Di Napoli R. Features, evaluation and treatment of coronavirus (COVID-19). In: StatPearls. StatPearls, Treasure Island, FL, 2020 [Cited 30 April 2020]. Available from URL: http://www.ncbi.nlm.nih.gov/books/NBK54776/.
2. Remuzzi A, Remuzzi G. COVID-19 and Italy: What next? Lancet 2020; 395: 1225–1228.
3. Brooks SK, Smith LE, Webster RK et al. The impact of unplanned school closure on children’s social contact: Rapid evidence review. Euro Surveill. 2020; 25: 2000188.
4. Cavanagh AE. Gilles de la Tourette syndrome as a paradigmatic neuropsychiatric disorder. CNS Spectr. 2018; 23: 213–218.
5. Hirschtritt ME, Lee PC, Pauls DL et al. Lifetime prevalence, age of risk, and genetic relationships of comorbid psychiatric disorders in Tourette syndrome. JAMA Psychiatry 2015; 72: 325–333.
6. Leckman JF, Riddle MA, Hardin MT et al. The Yale Global Tic Severity Scale: Initial testing of a clinician-rated scale of tic severity. J. Am. Acad. Child Adolesc. Psychiatry 1989; 28: 566–573.
7. Bejerot S, Edman G, Ankersäter H et al. The Brief Obsessive–Compulsive Scale (BOCS): A self-report scale for OCD and obsessive–compulsive related disorders. Nord. J. Psychiatry 2014; 68: 549–559.
8. Brazendale K, Beets MW, Weaver RG et al. Understanding differences between summer vs. school obesogenic behaviors of children: The structured days hypothesis. Int. J. Behav. Nutr. Phys. Act. 2017; 14: 100.
9. Brooks SK, Webster RK, Smith LE et al. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. Lancet 2020; 395: 912–920.

Supporting information
Additional Supporting Information may be found in the online version of this article at the publisher’s web-site:

Figure S1. Timeline of the study and the cohort description.

Table S1. Main demographic and clinical features of the total cohort and of the subgroups.

Table S2. Obsessions and compulsions before and after the lockdown.

Table S3. New-onset symptoms during lockdown.

Appendix S1. Supporting information.

Federica Graziola, MD,1,2† Giacomo Garone, MD,1,3† Lorena Di Criscio, MD,1,2 Melissa Grasso, PsyD,1 Paolo Curatolo, MD,2 Federico Vigevano, MD1 and Alessandro Capuano, MD, PhD1
1Department of Neuroscience and Neurorehabilitation, Movement Disorders Clinic, Bambino Gesù Children’s Hospital, 2Department of Neurosciences, University of Rome Tor Vergata, and 3University Hospital Pediatric Department, Bambino Gesù Children’s Hospital, University of Rome Tor Vergata, Rome, Italy
Email: alessandro.capuano@opbg.net
†These authors equally contributed.

Received 9 May 2020; revised 27 July 2020; accepted 11 August 2020.

doi:10.1111/pcn.13130
Impact of the SARS-CoV-2 pandemic on psychiatric emergencies in northern Greece: Preliminary study on a sample of the Greek population

do:10.1111/pcn.13136

We write to communicate the results of our study on the impact of the SARS-CoV-2 pandemic on mental health, and in particular on psychiatric emergencies, in a Greek population sample. This Letter to the Editor was written on 15 May 2020, examining the lockdown period in Greece, which lasted from March to mid-May 2020. All data known so far regarding the conditions in everyday human life had recently been overturned worldwide by measures proposed by experts and implemented by governments in order to fight the outbreak of the novel coronavirus pandemic.1

In Greece, the novel coronavirus pandemic broke out and expanded from 26 February 2020 onwards, while a reduction in the number of cases was not noticed until 30 April 2020. Following the announcement of the first three confirmed cases in Greece on 27 February, all festive religious and political activities that involved gatherings of people were canceled until further notice in order to reduce the contamination risk. In addition, hospital outpatient clinics ceased operations on 28 February. Further measures were taken on 10 March, including the suspension of operation of all educational structures at all levels, followed by the closure of public gathering places on 13 March. From 23 March, significant restrictions were imposed on public and car transportation of citizens throughout the country. On 4 May, the government decided to gradually de-escalate emergency measures and gradually resume operations. By 15 May, the resumption had not yet been completed.2

As people were forced to stay indoors and reduce social interactions to a dramatic degree, an escalation of inner tension in the population would be a reasonable hypothesis. There might have been an intensification of already existing relational issues among people living together, while individuals living alone may have faced aggravating issues of loneliness,3–5 especially high-risk individuals (including those who would have experienced worsening mental disorder symptoms when deprived of care due to the predominating challenging circumstances; people experiencing difficulty in making ends meet or other financial problems created or aggravated by the lockdown; and those already with a history of major psychiatric disorders, previous suicide attempts, or other forms of expressed violence).6,7 It is worth noting, however, that Greece has a relatively low suicide rate of five suicides per 100 000 inhabitants and 526 suicide cases per year (incidence; male : female [M : F] ratio, 4.05:1).8

References
9. Bavel JJV, Baicker K, Boggio PS et al. Using social and behavioural science to support COVID-19 pandemic response. Nat. Hum. Behav. 2020; 4: 460–471.
10. Mahase E. Covid-19: EU states report 60% rise in emergency calls about domestic violence. BMJ 2020; 369: m1872.

Kah Kheng Goh, MD, MA 1, Mong-Liang Lui, MD, MSE 1,2 and Susyan Jou, PhD 3
Departments of 1Psychiatry, Wan Fang Hospital, 2Psychiatry, School of Medicine, College of Medicine, Taipei Medical University, and 3Graduate School of Criminology, National Taipei University, Taipei, Taiwan
Email: havicson@gmail.com
Received 3 June 2020; revised 11 July 2020; accepted 11 August 2020.

Disclosures
The authors declared no conflicts of interest.

Impact of the SARS-CoV-2 pandemic on psychiatric emergencies in northern Greece: Preliminary study on a sample of the Greek population

18 840 in April 2020 and was the highest number since 2009 when the legislation was enacted in Taiwan.

We preliminarily examined the impact of COVID-19 confirmed cases and number of employees with unpaid leave on the number of domestic violence in all 22 counties and cities in Taiwan. Undoubtedly, higher numbers of COVID-19 confirmed cases corresponded with higher numbers of employees passively volunteered for unpaid leave in that county/city (r(14) = 0.915, P < 0.001). Results of the Pearson correlation indicated that there were significant positive associations between domestic violence detected by police and number of COVID-19 confirmed cases (r(14) = 0.649, P = 0.006), as well as the number of employees with unpaid leave (r(20) = 0.497, P = 0.019). The higher number of COVID-19 confirmed cases and employees with unpaid leave in the county/city saw a higher prevalence of reported domestic violence.

The rise in domestic violence during the COVID-19 pandemic was not only seen in the countries with higher numbers of cases, but also in countries experiencing social distancing like Taiwan. Of note, it is not only economic crisis that contributes to domestic violence with forced proximity itself also being a risk factor.9 Stressful life events during the COVID-19 pandemic, accompanied by economic pressure, injury, and illness, may exacerbate preexisting familial conflicts. The reported number of domestic violence is always underestimated and the impact of COVID-19 on domestic violence noticed currently is just the tip of the iceberg. While we are still grappling with the novel coronavirus, it is crucial to address the issue of the rise in domestic violence and take an actionable step forward, for instance, increasing accessibility to public resources through new technology and mental health resource allocation. At least, as the UK Government suggests, guidance on social isolation does not apply if you need to leave your home to escape domestic violence.10 Besides providing reimbursements for economic loss, early screening and identification of those vulnerable to domestic violence, particularly those infected with COVID-19, experiencing unpaid leave or disruption of social networks, are warranted in this pandemic period. Appropriate screening tools should be more readily available and first responders, physicians and other healthcare personal need to be made aware of the potential for increased domestic violence. Social media outlets should be used to raise awareness of the psychological repercussions of social isolation. Telehealth-related service should be expanded during this pandemic, including the accessibility to 24/7 public health service through teleconference, initial screening and psychiatric evaluation by videoconference, and telemedicine services for those in home isolation and quarantine.

Disclosure statement
The authors declared no conflicts of interest.

References
1. Wang CJ, Ng CY, Brook RH. Response to COVID-19 in Taiwan: Big data analytics, new technology, and proactive testing. JAMA 2020; 323: 1341–1342.
2. Latest COVID-19 Statistics in Taiwan. Ministry of Health and Welfare 2020. https://data.cdc.gov.tw/en/dataset.
3. Brooks SK, Webster RK, Smith LE et al. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. Lancet 2020; 395: 912–920.
4. Finlay I, Gilmore I. Covid-19 and alcohol—A dangerous cocktail. BMJ 2020; 369: m1987.
5. Boserup B, McKenney M, Elkbuli A. Alarming trends in US domestic violence during the COVID-19 pandemic. Psychiatry and Clinical Neurosciences 74: 602
6. Statistics of Labor Force. Ministry of Labor. 2020. https://statfy.mol.gov.tw/.
7. Statistics of Reported Domestic Violence Cases to Police Agency. 2020. https://statfy.mol.gov.tw/.
8. Statistics of Reported Domestic Violence Cases to Police Agency. 2020. https://sta/PCN/PCN.aspx?item=78251&ctNode=12873&kd=1.
9. Bavel JJV, Baicker K, Boggio PS et al. Using social and behavioural science to support COVID-19 pandemic response. Nat. Hum. Behav. 2020; 4: 460–471.
10. Mahase E. Covid-19: EU states report 60% rise in emergency calls about domestic violence. BMJ 2020; 369: m1872.