

Survivors of domestic violence at an increased risk of contracting COVID-19

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Women with general practitioner (GP) recorded exposure to domestic abuse or violence were at an increased risk of contracting COVID-19 during the first two waves of the pandemic in the UK, finds a new study

led by the University of Birmingham.

Public health policies put in place to prevent the spread and transmission of Sars-CoV-2 appear to have led to a widely recognized "shadow pandemic" of [domestic violence](#) and [abuse](#), previously highlighted by the team of researchers at the University of Birmingham. In response, the UK government among many others rightly allowed freedoms in movement for survivors of domestic [violence](#). The increased freedom of travel and coercive behavior seen by abusive partners during the pandemic, in addition to the greater prevalence of COVID-19 risk factors among survivors, are thought to be responsible for increasing survivors' risk of contracting COVID-19, say the researchers.

The researchers are now calling for changes to public health policy to improve domestic violence and abuse surveillance and to ensure promotion and prioritization COVID-19 vaccination to the survivors.

The study, published today (24 September 2021) in *BMC Medicine*, using pseudo-anonymised data from GP records, examined the risk of contracting COVID-19 during the first wave of the pandemic in 10,462 female domestic violence and abuse survivors aged over 16 compared to a matched 'control' group of 41,467 women not exposed to domestic violence or abuse.

The findings showed that women with a recorded history of domestic violence and/or abuse were at an increased risk of suspected or confirmed COVID-19 compared to unexposed women, a finding that was more pronounced when examining only those women who had recorded [domestic abuse](#) in the one year proceeding the start of the pandemic

First author Dr. Joht Singh Chandan, NIHR Clinical Lecturer in Public Health at the University of Birmingham, explained that "public health

measures, such as restrictions on movement, put in place to prevent the spread of infection, has previously seen increased rates of violence against women in other recent epidemics such as the Ebola outbreak in West Africa, Cholera outbreaks in Haiti and Yemen, and the Zika outbreak.

"Consequently, during the COVID-19 pandemic, many countries have implemented policies to allow the free movement of domestic violence and abuse survivors in an attempt to minimize their exposure to abusive environments and to facilitate access to support."

Senior author Krish Nirantharakumar, Professor in Health Data Science and Public Health at the University of Birmingham's Institute of Applied Health Research, added that "although these policies are well received, the risk of transmission and exposure to the virus is compounded in this vulnerable group owing to the early evidence suggesting an upsurge in coercive behavior of the perpetrators to control survivors. These include behaviors such as preventing access to healthcare services or treatment, and threatening or enacting purposeful exposure to COVID-19 within the household"

The researchers said the situation was further compounded by the fact that domestic violence and abuse survivors also have an increased prevalence of 'comorbidities', such as type 2 diabetes or cardiovascular disease, which can make them more at risk of COVID-19.

Author Anuradhaa Subramanian, also of the University of Birmingham, added: "Our findings demonstrate that despite accounting for known risk factors, individuals exposed to domestic violence or abuse were at an [increased risk](#) of suspected or confirmed Covid-19.

"We believe this is the first study describing the risk of COVID-19 in domestic violence and abuse survivors, and highlights the important

global [public health](#) needs of one of the most vulnerable groups in society."

The researchers recommend that countries globally adopt the evidence-based recommendations to increase vaccination rates in vulnerable groups—focused on reducing physical barriers to vaccine access. These include setting up pop-up clinics in the community to minimize the need to travel, or where survivors have already been displaced, and creating clinics within domestic violence shelters. Lastly, the researchers recommend that countries reconsider their views on COVID-19 vaccine prioritization to take into consider the additional risk seen in this vulnerable group.

More information: Joht Singh Chandan et al, The risk of COVID-19 in survivors of domestic violence and abuse, *BMC Medicine* (2021).

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