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ORIGINAL ARTICLE

Novel Coronavirus (COVID-19): Violence, Reproductive Rights and Related Health Risks for Women, Opportunities for Practice Innovation

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Abstract
While the novel coronavirus (COVID-19) has broad health implications across the globe, being overlooked in response and policy debates is the impact on women's reproductive rights and violence risk. This is especially salient for minoritized women. In this commentary, we describe the potential negative impact of mandates such as shelter-in-place for domestic violence victims, and how public reproductive health policy is being shaped to disadvantage women, especially minoritized women. We argue that now is the time for violence prevention leaders to advocate for bold action. This includes prioritizing the needs of women (especially minoritized women) in medical, social and legal settings using innovative intervention and service engagement (e.g., e-filing for protection orders, virtual advocacy services), urging policy makers to pass legislation to support women, and shining an accountability spotlight on leadership.

Keywords Novel coronavirus · COVID-19 · Gender impact · Impact on women's rights · Minoritized women · Violence risk · Domestic violence

The novel coronavirus (COVID-19) is having broad health impacts across the globe including impacts on physical and mental health impacts, hospitalizations and deaths (Centers for Disease Control 2020a, c; Shigemura et al. 2020; Twenge and Joiner 2020). These health impacts are pronounced in minoritized communities.[1] For example, Black and Latinx persons are 3.5 and 2.0 times more likely, respectively, than White people to die of COVID-19 (Hathaway 2020)

Compounding the physical and mental health impacts of COVID-19 is the gendered impact involving the extra burdens it bears for women, including; caring for family members, childcare and home schooling (Carlson et al. 2020). Women constitute 70% of all workers in the health and social sector and serve in the frontlines of the COVID-19 response, placing them at greater threat for increased risks of infection (Wenham et al. 2020). For example, as of April 2020, 9282 U.S. health care workers were infected with COVID-19, 73% of whom identify as female (Centers for Disease Control 2020b).

Yet, despite the gendered burdens of COVID-19 outlined in national and global discourse, COVID-19's impact on women's experiences of domestic violence, reproductive rights and related health risks is being overshadowed. In this commentary, we outline how the COVID-19 pandemic is impacting women's domestic violence, reproductive rights and related health experiences, along with offering considerations for practice innovations.

[1] Minoritized is a term coined by Harper (2012) and refers to the social construction of under-represented identities.

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COVID-19 and the Violence Risk to Women

Initial global data suggest that physical distancing and shelter-in-place mandates, necessary to curb the spread of COVID-19, have led to unintended negative consequences for women's experiences of domestic violence. And, when women are from minoritized populations, their risk of adverse consequences may be exacerbated.

For example, even before the COVID-19 pandemic, women with racial and ethnic minoritized identities were at increased risk of domestic and sexual violence (Breiding et al. 2014), along with domestic homicide (Petrosky et al. 2017). In the United States, African American and Native American women have among the highest rates of homicide, with more than half being DV-related (Petrosky et al. 2017). Minoritized women may be more likely than other women to reside in socioeconomically constrained conditions, further compounding their potential risk of DV (Stockman et al. 2015).

Stressful conditions, such as the COVID-19-related physical distancing protocols can exacerbate domestic and sexual violence risk (Andrew 2020). Tensions are at an all-time high in households, social isolation is prevalent, and women may be increasingly disconnected from domestic violence and social services that otherwise protect them (Bosman 2020; United Nations Population Fund 2020a).

DV-related calls to help lines and police are spiking across the globe. For example, Refuge, the largest domestic violence charity in the United Kingdom, reported a single-day 700% increase in DV-related calls following the COVID-19 physical distancing lockdown (Townsend 2020). In New York, which has been hardest hit in the United States by COVID-19, DV hotlines reported a 30% increase in April 2020 compared to the same time last year (Governor of New York, Press Office 2020). Police-reported DV has also spiked in large metropolitan areas in the United States, including Seattle and Chicago, which have seen 22% and 15% increases associated with shelter-in-place mandates (Gallardo 2020; Green 2020). Similarly, police-reported DV cases in China tripled in one month compared to the previous year following the COVID-19 lockdown (Allen-Ebrahimian 2020).

COVID-19 and the Risk to Reproductive Rights

A second factor wrought by COVID-19 concerns women's reproductive rights and related health risks. In early March 2020, the governors of Alabama, Ohio and Texas enacted legislation to suspend women's access to abortion services. Iowa, Mississippi and Oklahoma followed suit, arguing the need to preserve essential medical supplies and reduce "elective" medical procedures (Ollstein 2020). These actions ignore the obvious: that abortion is time-sensitive, with delays having potential lifetime implications. As well, such actions have significant impact for Black and Latinx women by limiting affordable contraception, which may result in unwanted pregnancies (Von Hagel and Mansbach 2016).

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides COVID-related health resources and economic relief. Within the CARES Act, some of the small business administration conditions have created funding hurdles for Planned Parenthood and other services for the poor and indigent (Szal 2020). More recently, the Small Business Administration, which administers the paycheck protection program, informed several Planned Parenthood sites that they are ineligible under the program rules for relief. Lawmakers are now asking the U.S. Department of Justice to investigate Planned Parenthood knowingly applying to loans for which they were deemed ineligible. Lawmakers have claimed that Planned Parenthood affiliates acted fraudulently, and that the funds were not meant to "give government funds to politicized, partisan abortion providers like Planned Parenthood" (Santucci 2020, paras. 9–10).

Globally, COVID-19 is also impacting the more than 214 million women who want to prevent pregnancy in part due to the indirect consequences of already strained health care systems, disruptions in supply chains, and redirected resources. Supply chains for family planning products and raw materials, such as progesterone, a critical hormone in contraceptive options, have been greatly impacted. The country lockdowns in India and Nepal have forced the closure of the largest family planning services clinics (Riley et al. 2020). Similarly, in Latin America and the Caribbean, it is estimated that more than 18 million women will lose regular access to modern contraceptives (Sandoiu 2020).

As noted, these restrictions on women's reproductive rights and the indirect consequences of COVID-19, potentially bear lifetime consequences. Linking to our first premise related to COVID-19 and DV, it has been well established that domestic abusers often use power and control dynamics to influence pregnancy and fertility protections (Pallitto et al. 2005). Pregnancy complications are also pronounced in women experiencing DV, including factors ranging from preterm delivery, low birth weight infants, neonatal death and breast feeding (Bacchus et al. 2004; Liu et al. 2016; Sarkar 2008).

Regardless of magnitude or duration, reduced or eliminated core services, international organizations postulate that reproductive rights and ensuing health implications will be felt most acutely among minoritized women (United Nations Population Fund 2020b).

Conclusion

Given the potential of COVID-19 to bear unique consequences for women's experiences of domestic violence, reproductive rights and related health risks, now is the time for us to advocate for bold action. This includes prioritizing the

needs of minoritized women and shining an accountability spotlight on leadership at the highest levels. Key foci include the following:

(1) Urging lawmakers to curb bans that harm women's reproductive rights. This includes ensuring women have access to resources that ensure their right to influence their own pregnancy and pregnancy-related outcomes. Special attention should be made to urging lawmakers to ensure these services are not cut off from minoritized women, who may be at highest risk of unwanted pregnancies due to loss of services (Von Hagel and Mansbach 2016).
(2) Identifying innovative solutions that center on survivors. For example, hotels are opening their doors to provide shelter to women not able to get into shelters in high demand (Hume 2020). In recognition of a 30% increase in DV in April 2020 compared to the prior year, Melissa DeRosa, Secretary to New York Governor Andrew Cuomo, created a task force to look beyond ways that DV services are traditionally provided (Governor of New York, Press Office 2020). The task force will work throughout the year to produce its report; some of the early efforts include working with agency partners to post safety flyers with Hotline numbers with essential retailers and in conspicuous social media sites. New Yorkers can now also access a 24/7 confidential website, text or call and be connected with DV experts (Governor of New York, Press Office 2020).
(3) When available, supporting health care and social service agencies in offering virtual counsel and telemedicine options, including providing access to 24–7 hotline resources. An excellent example is the Rape, Abuse & Incest National Network (RAINN), which operates a 24/7 telephone crisis line connected to more than 1000 local affiliates. A virtual campaign organized by the Mexican women collective Mujeres y la Sexta, founded in 2005, have invited all women of the world who fight against patriarchy and capitalism to discuss protections against violence in times of pandemic (Enlace Zapatista 2020).[2]
(4) Calling out and raising awareness about misogynistic ideological attacks on women. National leadership has played a role in setting the tone and context for disadvantaging women working to respond to COVID-19, and in the actions of lawmakers to curb reproductive services. For example, on an ideological level, President Donald Trump singled out Michigan Governor Gretchen Whitmer when she pleaded for federal assistance to curb the burgeoning number of COVID-19 cases in Michigan. Trump dubbed the Michigan Governor "Gretchen 'Half' Whitmer," calling her clueless and instructed Vice President Mike Pence not to return the phone calls of "the woman in Michigan" (Mehta 2020). Such comments create a climate of hostility and negativity towards women.
(5) Implementing virtual legal and advocacy support. In addition to hotline and website virtual services mentioned above, Seattle unveiled e-filing for domestic violence protection orders, allowing for the access of some protections with legal ramifications, if violated (Radil 2020).
(6) Similarly, new models that connect domestic violence victims to professional advocates via text message can interrupt the process of abusers tampering with their victims from jail (Bonomi and Martin 2020).

Important considerations with these foci are that women from minoritized backgrounds may suffer greater barriers to internet access (United States Census Bureau 2017) and health services. Yet, virtual interventions have been successfully tried in a number of high risk minoritized populations; for example, the Text4baby Program to reach underserved pregnant and postpartum women (Gazmararian et al. 2014). Through similar types of interventions, opportunities to ensure women receive necessary attention, services and protection are possible.

Another important consideration is violence prevention researchers to continue working directly with practitioners in the community. These interdisciplinary relationships will continue to strengthen efforts for individual crisis-oriented services, community-level interventions and in health and criminal justice services.

[2] While our paper focuses on the experiences of women at risk for DV and reproductive rights infractions, other critical virtual support services are paramount. For example, the virtual Positive Women's Network #PWN Cares Sister Circle Virtual Support Group is providing support for women and people of trans experience living with HIV (Shearer 2020).

References

Allen-Ebrahimian. (2020). China's domestic violence epidemic. *Axios*. Retrieved May 23, 2020, from https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html

Andrew, S. (2020). Domestic violence victims, stuck at home, are at risk during coronavirus pandemic. *CNN Health*. Retrieved May 22, 2020, from https://www.cnn.com/2020/03/27/health/domestic-violence-coronavirus-wellness-trnd/index.html

Bacchus, L., Mezey, G., & Bewley, S. (2004). Domestic violence: Prevalence in pregnancy women and associations with physical and psychological health. *European Journal of Obstetrics & Gynecology and Reproductive Biology, 113*(1), 6–11.

Bonomi, A. E., & Martin, D. (2020). Domestic abusers: expert triangulators, new victim advocacy models to buffer against it. *Journal of Family Violence*. https://doi.org/10.1007/s10896-020-00156-2.

Bosman, J. (2020). Domestic violence calls mount as restrictions linger: No one can leave. *New York Times.* Retrieved May 22, 2020, from https://www.nytimes.com/2020/05/15/us/domestic-violence-coronavirus.html

Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National intimate partner and sexual violence survey, United States, 2011. *MMWR 2014, 63*(SS-8), 1–18.

Carlson, D.L., Petts, R. & Pepin, J. (2020). US couples division of housework and childcare during COVID-19 pandemic. *SocAirXiv Papers.* Retrieved May 18, 2020, from https://osf.io/preprints/socarxiv/jy8fn?smid=nytcore-ios-share

Centers for Disease Control. (2020a). Cases in the U.S. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

Centers for Disease Control. (2020b). Characteristics of health care personnel with COVID-19 — United States, February 12–April 9, 2020. *MMWR Morb Mortal Wkly Rep 2020; 69*:477–481. Retrieved from https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e6.htm?s_cid=mm6915e6_w#suggestedcitation

Centers for Disease Control. (2020c). *Provisional death counts for coronavirus diseases* (COVID-19). Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

Enlace Zapatista. (2020). Invitación de «Mujeres y la Sexta» a todas las que luchamos contra el patriarcado y el capitalismo a la Reunión virtual del sábado 18 de abril a las 10:00 am. Retrieved May 25, 2020, from http://enlacezapatista.ezln.org.mx/2020/04/14/invitacion-de-mujeres-y-la-sexta-a-todas-las-que-luchamos-contra-el-patriarcado-y-el-capitalismo-a-la-reunion-virtual-del-sabado-18-de-abril-a-las-1000-am/

Gallardo, M. (2020). Dramatic increase in domestic violence calls to Chicago police over the last 3 weeks. *Abc7 Chicago*. Retrieved May 22, 2020, from https://abc7chicago.com/domestic-violence-stay-at-home-coronavirus-chicago-police/6082027/

Gazmararian, J. A., Elon, L., Yang, B., Graham, M., & Parker, R. (2014). Text4baby program: an opportunity to reach underserved pregnant and postpartum women? *Maternal and Child Health Journal, 18*(1), 223–232.

Governor of New York, Press Office. (2020). Press Office. *Following Spike in domestic violence during COVID-19 pandemic, secretary to the Governor Melissa Derosa & NYS Council on Women & girls launch task force to find innovative solutions to crisis* [Press Release]. Retrieved May 24, 2020, from https://www.governor.ny.gov/news/following-spike-domestic-violence-during-covid-19-pandemic-secretary-governor-melissa-derosa

Green, S.J. (2020). Police, prosecutors and victim advocates worry coronavirus stay-at-home order will cause spike in domestic violence. *The Seattle times*. Retrieved April 15, 2020, from https://www.seattletimes.com/seattle-news/crime/police-prosecutors-and-victim-advocates-worry-coronavirus-stay-at-home-order-will-cause-spike-in-domestic-violence/

Harper, S. R. (2012). Race without racism: how higher education researchers minimize racist institutional norms. *The Review of Higher Education, 1*(36), 9–29.

Hathaway, B. (2020). New analysis quantifies risk of COVID-19 to racial, ethnic minorities. *Yale news*. Retrieved May 20, 2020, from https://news.yale.edu/2020/05/19/new-analysis-quantifies-risk-covid-19-racial-ethnic-minorities

Hume, T., (2020). France is putting domestic abuse victims in hotels during coronavirus lockdown. *Vice News*. Retrieved April 4, 2020, from https://www.vice.com/en_us/article/y3mj4g/france-is-putting-domestic-abuse-victims-in-hotels-during-coronavirus-lockdown?utm_campaign=sharebutton&fbclid=IwAR3P-b9hCvlyFmyhrBlLRqmegnAYIuY64YZfDt2hfxp_SZFmMgEUP7TCx2I

Liu, F., McFarlane, J., Maddoux, J. A., Cesario, S., Gilroy, H., & Nava, A. (2016). Perceived fertility control and pregnancy outcomes among abused women. *Journal of Obstetric, Gynecological & Neonatal Nursing, 45*(4), 592–600.

Mehta, S. (2020). Michigan governor Whitmer, a trump target, leaps into prominence during coronavirus crisis. *Los Angeles Times*. Retrieved April 4, 2020, from https://www.latimes.com/politics/story/2020-04-03/michigan-gretchen-whitmer-biden-trump-coronavirus.

Ollstein, A.M. (2020). Judges block 3 states from enforcing abortion bans pegged to pandemic. *Politico.* Retrieved April 3, 2020, from https://www.politico.com/news/2020/03/30/judge-lifts-texas-abortion-ban-pegged-to-coronavirus-pandemic-156210

Pallitto, C. C., Campbell, J. C., & O'Campo, P. (2005). Is intimate partner violence associated with unintended pregnancy? A review of the literature. *Trauma, Violence & Abuse, 6*(3), 217–235.

Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P. D., & Lyons, B. H. (2017). Racial and ethnic differences in homicides of adult women and the role of intimate partner violence - United States, 2003–2014. *MMWR Weekly, 66*(28), 741–746.

Radil, A. (2020). With courthouse closed, King County unveils e-filing for domestic violence victims. *KUOW*. Retrieved April 2, 2020, from https://www.kuow.org/stories/with-courthouse-closed-king-county-unveils-e-filing-for-dv-victims. Accessed 2 Apr 2020.

Riley, T., Sully, E., Ahmed, A., & Biddlecom, A. (2020). Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. *Reproductive Health, 46*, 73–76.

Sandoiu, A. (2020). How COVID-10 affects women's sexual and reproductive health. *Medical News Today.* Retrieved May 24, 2020, from https://www.medicalnewstoday.com/articles/how-covid-19-affects-womens-sexual-and-reproductive-health

Santucci, Jeanine. (2020). Republicans call for DOJ investigation into Planned Parenthood over coronavirus relief loans. *USA Today*. Retrieved May 23, 2020, from https://www.usatoday.com/story/news/politics/2020/05/22/republicans-want-investigation-into-planned-parenthood-ppp-loans/5246256002/

Sarkar, N. N. (2008). The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *Journal of Obstetrics and Gynaecology, 28*(3), 266–271.

Shearer, C. (2020). Telehealth can be a lifeline for survivors of intimate partner violence/domestic violence like me. *Positive Women's Network*. Retrieved May 23, 2020, from https://www.pwn-usa.org/pwnspeaks-blog/the-importance-of-telehealth-for-survivors-of-intimate-partner-violence-domestic-violence/

Shigemura, J., Ursano, R. J., Morganstein, J. C., Kurosawa, M., & Benedek, D. M. (2020). Public responses to the novel 2019 coronavirus (2019-nCOV) in Japan: Mental health consequences and target populations. *Psychiatry and Clinical Neurosciences, 74*(4), 281–282.

Stockman, J. K., Hayashi, H., & Campbell, J. C. (2015). Intimate partner violence and its health impact on disproportionately affected populations, including minorities and impoverished groups. *Journal of Women's Health, 24*(1), 62–79.

Szal, R. (2020). So what's included in that $2.2 trillion coronavirus stimulus package? And what's missing? *Ms Magazine*. Retrieved April 3, 2020, from https://msmagazine.com/2020/03/31/so-whats-included-in-that-2-2-trillion-coronavirus-stimulus-package-and-whats-missing/

Townsend, M. (2020). Revealed: Surge in domestic violence during COVID-19 crisis. *The Observer*. Retrieved May 22, 2020, from https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus.

Twenge, J.M. & Joiner, T.E. (2020). Mental distress among U.S. adults during the COVID-19 pandemic. *PsyArXiv Preprints*. https://psyarxiv.com/wc8ud

United Nations Population Fund (2020a). *COVID-19: A gender lens*. Retrieved from: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

United Nations Population Fund. (2020b). Impact of the COVID-19 pandemic on family planning and ending gender-based violence, Female Genital Mutilation and Child Marriage. Retrieved from https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital

United States Census Bureau (2017). *Computer and internet use*. Retrieved from https://www.census.gov/topics/population/computer-internet.html

Von Hagel, A., & Mansbach, D. (2016). *Reproductive rights in the age of human rights*. London, United Kingdom, Palgrave Macmillan, ISBN 978-1-137-53951-9.

Wenham, C., Smith, J., & Morgan, R. (2020). COVID-19: the gendered impacts of the outbreak. *The Lancet, 395*(10227), 846–848.