Psychological Trauma: Theory, Research, Practice, and Policy

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Since the declaration of COVID-19 restrictions and lockdowns, countries across the world have seen an increase in reports of interpersonal violence. During these trying times, digital mental health resources tailored to interpersonal violence are needed. Through the use of online platforms such as websites, mobile applications, and social media, survivors and perpetrators alike can access tools that help them manage stressors induced by the coronavirus as well as practice emotional regulation techniques and communication strategies at home.

Keywords: coronavirus, COVID-19, interpersonal violence, mental health, digital resources

Natural disasters and health crises, such as the novel coronavirus pandemic, give rise to a pattern of adverse experiences such as loss of employment, financial hardship, social isolation, grief, school closures, and property destruction. All the psychological effects produced by these circumstances can escalate the risk for interpersonal violence. Since the onset of the COVID-19 lockdowns, countries across the world have seen an increase in reports of violence. Furthermore, the United Nations Department of Global Communications (2020) has labeled the pandemic a “human crisis,” highlighted the influx of interpersonal violence reports, and requested that governments take urgent action. In addition, postdisaster interpersonal violence has been linked to significant impacts on mental health, ultimately leading to conditions such as posttraumatic stress disorder and depressive disorders (Molyneaux et al., 2020). Research on postdisaster interpersonal violence shows that those involved in violence prior to a crisis are more likely to experience interpersonal violence following the event due to the increased levels of stress during and after the disaster.

Governments and authorities across the world are implementing strict measures to reduce the number of cases of the novel coronavirus. Even though these restrictions may be imperative in reducing the risk of infection, these lockdowns may also be conducive to hostile and abusive environments. The COVID-19 pandemic itself could be acting as a stressor and trigger for perpetrators to react abusively. Quarantines and lockdowns could potentially provide immunity from contracting COVID-19, meaning that individuals are safe from the virus. However, in turn, these restrictions may be exposing survivors to continual physical, psychological, and/or sexual maltreatment. Home may not be a safe place for survivors of interpersonal violence, especially if the survivors are quarantined with their perpetrators. Moreover, ongoing exposure to interpersonal violence could result in a wide range of mental health consequences, such as depression, anxiety, trauma, and suicidal ideation (Warshaw, Brashler, & Gil, 2009).

Due to the increase of interpersonal violence rates related to COVID-19 lockdowns and the impact of this violence on mental health, a need exists for the development and dissemination of digital mental health resources and materials. Hotline services and programs can be helpful in promoting survivor well-being (Sullivan, 2017). However, due to the close proximity of individuals in quarantines and lockdowns, these services may no longer be functioning as discrete methods for survivors to request help. Furthermore, some countries do not have these services available or are unable to accommodate the high demand for support and assistance to interpersonal violence survivors. Financial limitations caused by socioeconomic consequences of the pandemic may also act as barriers for individuals who want to access mental health services. In view of these constraints, access to tools must be convenient and practical.

To maximize accessibility, resources should be disseminated digitally and focused on both survivors and perpetrators. The creation and distribution of digital tools focused on emotional regulation skills and communication strategies may help both survivors and perpetrators manage stressors brought about by the pandemic. Digital products could include infographics, factsheets, podcasts, webinars, videos, and articles centered on psychoeducation and evidence-based interventions that individuals can consume and practice at home. These resources could be quickly and efficiently distributed across the world through social media, mobile applications, and websites. Materials should be made available in different languages and tailored to populations across the life span, including children and the elderly. Certain groups, such as men and individuals who identify as LGBT+, are often neglected or overlooked as potential survivors of interpersonal violence;
these individuals should be included in such an initiative. The need and demand for digital mental health resources for interpersonal violence survivors and perpetrators cannot be overlooked during these strenuous times.

References


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