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Impact of the COVID-19 lockdown on intimate partner violence: Issues of non-reporting in Bangladesh

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Abstract

Introduction: COVID-19 pandemic induced lockdown as prevention and control measure, forced people globally to limit their movements and to stay at home for extended period of time. The objective of this study was to analyze the impact of lockdown on intimate partner violence in Bangladesh.

Methods: We conducted a secondary research by employing a Poisson regression model to estimate the effect of pandemic-led lockdown policy on the change in the number of intimate partner violence-related calls during pandemic using national emergency helpline 999 call logs. Data from January 2019 to May 2020 for 64 districts produced 1088 district-month-year observations which had been used for the main analysis.

Results: We found a 46% decrease in the incidence rate of intimate partner violence-related calls during the pandemic after adjusting for year, month, district fixed-effects—suggesting, non-reporting of the violence might have exacerbated during lockdown.

Conclusion: While increasing rate of intimate partner violence is one side of issue, non-reporting of it has received less attention and during the lockdown non-reporting might grow large and have severe health impacts for women.

Keywords

Bangladesh, COVID-19, gender, intimate partner violence, lockdown, non-reporting, pandemic

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Introduction

Intimate partner violence (IPV) against women occurs across socio-economic strata, cultural groups, and religions.[1] It is a public health issue, and a risk factor for a range of negative physical and mental health outcomes, including sexually transmitted infections (STIs), adverse pregnancy outcomes, cardiovascular diseases, chronic pain, pelvic pain, cervical cancer, breast cancer, unhealthy behavior,[2] poor self-esteem, post-traumatic stress disorder, depression, and attempted suicide.[3] Women who are exposed to IPV also have poorer access to maternal healthcare than women who are not exposed to IPV.[4,5]

Due to under-reporting, the calculation of the true prevalence of IPV is difficult.[6] However, recent global estimate using 2000–2018 data suggests that over a quarter of women aged 15–49 years have been abused at least once in their lifetime by their intimate partner.[7]

The lifetime prevalence of IPV is high in Bangladesh. The last national survey on violence against women conducted in 2015 reported that approximately 73% of "ever married" women had experienced at least one form of violence (physical, emotional, economical, sexual, controlling behavior) in their lifetime, and approximately 55% of married women had reported that they had experienced violence of at least one form from their husbands in last 12 months.[8]

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Since the start of the COVID-19 pandemic and the introduction of stay-at-home policies or "lockdown" as a prevention and control measure, people all around the world were forced to limit their movements and to stay at home for extended periods of time. This enforced proximity to a violent intimate partner has increased the risk for women,[9,10] with some indication that IPV may have increased during this time.[9,11,12] Lockdown has consequently put health and healthcare access of these abused women at severe risk. In particular, experts have warned that due to COVID-19 lockdown, cardiovascular health of IPV surviving women and the mental health of IPV surviving pregnant women might be severely affected.[13,14]

Given the challenges of primary data collection during the pandemic period, shifts in policing priorities, and the absence of alternative sources of primary data, researchers have investigated the trend of IPV during pandemic using either helpline/emergency call logs or police reporting.[11,15] These data indicate significant increases in IPV-related calls during pandemic-led lockdown periods.

To tackle the pandemic in Bangladesh, like in other countries, the government adopted different lockdown strategies first as a shutdown and then a general holiday from 26 March 2020 to 30 May 2020. From 26 March to 14 April, the government declared a shutdown.[16,17] During this time, both public and private sector organizations except for emergency services remained closed. However, if any office wanted to stay functional, they could keep the operations online. Later on, the government relaxed the shutdown allowing export-oriented industries to reopen under the condition that the owners ensured workers' COVID-19-related safety. But other industries stayed closed. This nation-wide closure was termed a general holiday. During the whole lockdown period of the shutdown and general holiday, all the educational institutions remained closed.[18] The lockdown was then partially lifted to return stability to the economy.

During the period of the lockdown and for some people beyond the lockdown, job-related financial loss and social isolation increased levels of stress, depression, and anxiety in the household. More vulnerable family members (i.e. women, children, and older people) became the victims of violence in these situations.[19]

A population-based survey conducted by a local non-governmental organization (NGO) during COVID-19 showed that out of 16,203 women and children who were interviewed, 4249 women and 456 children became victims of domestic violence during the month of April. Of the 4249 women and 456 children experiencing domestic violence, 39% of the women (1672) and 93% of the children (424) experienced domestic violence for the very first time.[20] Another NGO (BRAC) reported, approximately a 31% increase in the reporting of violence against women and girls in 2020 compared to 2019.[21] While these reports are not based on representative data, they are indicative of the effect of pandemic-measures and consistent with the wide social acceptance of violence against women in Bangladesh.[8] It is, furthermore, known that in Bangladesh a large number of IPV cases go unreported for socio-cultural reasons; reasons which are also familiar in other context: it is a private matter, it is a family disgrace, fear of the husband's response, and the violence is not "worthy" of reporting.[22] The anecdotal reports and non-representative data support the notion that IPV was worse during the lockdown. Obtaining better representative data, however, is extremely challenging, particularly while movement restrictions and social distancing are in place. Administrative data, such as calls to helplines, become an alternative source of information.

Taking this alternative source of information into consideration, we aimed to conduct a secondary data analysis to understand the impact of lockdown on IPV by examining changes in the number of IPV-related calls made to the national emergency helpline (telephone number, 999) between January 2019 and May 2020.

Methods

To estimate the effect of the COVID-19 lockdown on IPV, a secondary analysis was conducted using data obtained from national emergency helpline 999.

Data description

The national emergency helpline 999 is a toll-free number operated by the Bangladesh Police. It operates 24 hours a day, 7 days a week, and commenced operation on 12 December 2017.[23] As the national emergency helpline, it is responsible for providing immediate police assistance for any kind of emergency including violence against women. The local population is more familiar with this helpline than any other existing helplines that are dedicated to providing service related to domestic violence.[24] The service maintains a call-log database, which records the type of allegation (e.g. IPV) as well as the district, month, and year the call was made. The database was particularly suited to our research question because it included IPV allegation, operationalized as "physical violence by the husband."

The secondary data set contained information on total number of IPV allegations for each of the months from January 2019 to July 2020 for each of the 64 districts. The data were de-identified. The aggregated, monthly data recorded the total number of allegations of IPV for each of the 64 districts of Bangladesh (The largest administrative unit of Bangladesh is division. The second largest administrative unit is district. In total, Bangladesh has 8 divisions and 64 districts.). In this analysis, we used data from January 2019 to May 2020 which produced 1088 district-month-year observations ($12 + 5 = 17$ months and 64 districts).

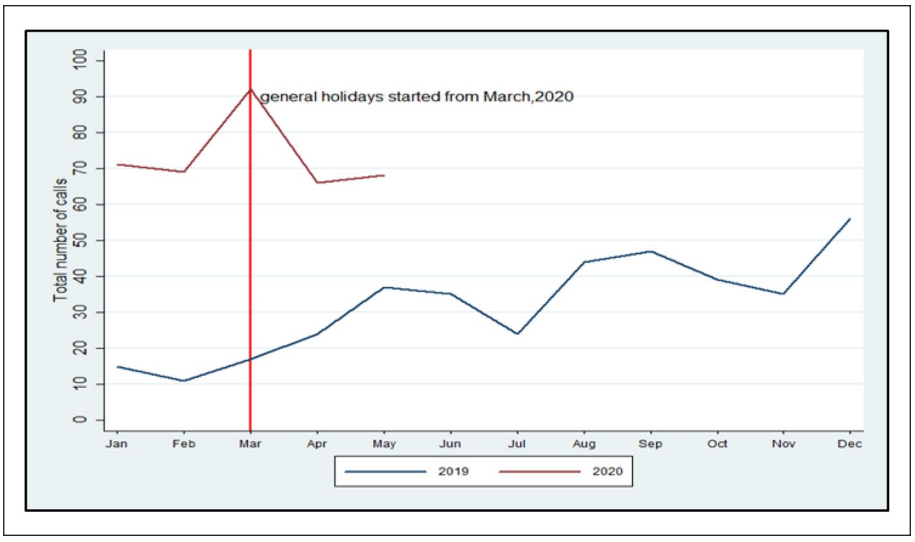

Figure 1. Trend of calls in 2019 and 2020.

Analysis

The outcome variable of interest is the total number of monthly IPV-related calls to 999 from each district. We model the data as a Poisson model to estimate the change in number of allegations during pandemic.[11]

$$IPVCalls_{dmy} = exp\left(\beta Post_m * Year2020_y + \alpha_d + \alpha_m + \alpha_y\right)$$

where $IPVCalls_{dmy}$ is the number of IPV calls reported by district d at month m and year y. $Post_m$ is a binary variable that takes the value 1 for months from March onwards and 0 for January and February in any given year. $Year2020_y$ is a binary variable that takes value 1 if year is 2020 and 0 for 2019. $Post_m * Year2020_y$ is the interaction of interest and the parameter β compares the change in calls before and after the lockdown. A value $\beta > 1$ (for the exponentiated coefficient) for the interaction effect of $Post_m * Year2020_y$ means an increase in the incidence rate of IPV-related calls and a $\beta < 1$ means a decrease in the incidence rate IPV-related calls during the lockdown.

The model incorporates fixed effect for month (α_m) and year (α_y) to account for seasonal and secular trends. We also have incorporated a fixed effect for district (α_d) to control for district-specific characteristics (i.e. cultural differences, socio-economic status, and regional difference). We computed robust standard errors clustered at district-year level (128 clusters).

Results

Given the size of the population of Bangladesh (168 million people), there are relatively few IPV-related calls to the 999. The total number of monthly calls aggregated across all 64 districts ranged from a low of 11 (February 2019) to a high of 92 (March 2020). Compared to 2019, reporting increased in 2020 but sharply decreased in April 2020 (66 IPV-related calls) when the "general holiday" started at the end of March (Figure 1). This change can be seen for each of the eight divisions except for Dhaka and Chittagong division, there was little change in the number of calls (Figure 2).

Table 1 reports the results of the Poisson regression analysis of calls to 999. Starting with a simple (unadjusted) model that does not control for the fixed-effects of month, district, or year, the incidence rate of IPV calls to 999 decreased by 61% since March 2020 ($p < 0.01$). In the adjusted model, after controlling for month, districts, and year, the incidence rate of IPV calls to 999 decreased by 46% since March 2020 ($p < 0.01$).

We conducted several robustness checks which did not vary the results substantively. We also re-analyzed the data to include IPV calls to 999 made in June and July 2020—a period of reduced but not wholly abandoned restrictions—and the findings were consistent. As a part of a sensitivity analysis, we also analyzed the data per division, controlling for month and year effects. In all cases, we found a reduction in the number of calls.

Discussion

Our adjusted regression model finding confirms that there was a reduction in IPV calls to national emergency helpline during the lockdown. We have documented a 46% drop in IPV calls during the lockdown period compared to the time before lockdown. Although the descriptive analysis of the administrative data has showed that IPV-related calls increased in 2020 compared to that of 2019, a sharp decline in calls occurred during the

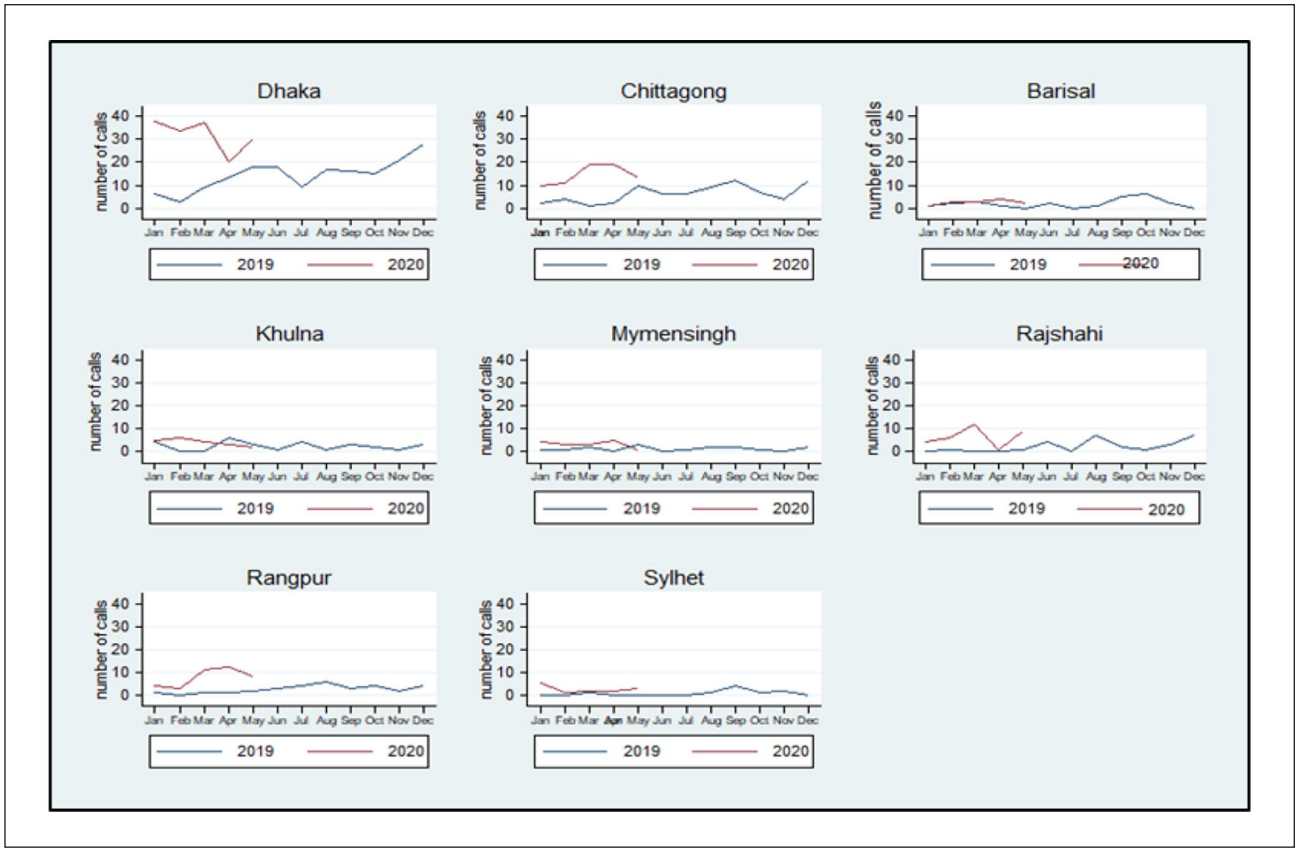

Figure 2. Trend of calls in each division in 2019 and 2020.

Table 1. Estimates of the calls to helpline during the pandemic.

	Dependent variable	
	Number of calls to helpline 999	
	Unadjusted	Adjusted
Post*Year2020	0.39***	0.54**
	(0.099)	(0.157)
	[0.236, 0.645]	[0.304, 0.954]
District fixed-effects	No	Yes
Month fixed-effects	No	Yes
Year fixed-effects	No	Yes
Pseudo R^2	0.05	0.54
N	1088	1088

The adjusted model adjusts for month fixed-effects, district fixed-effects, and year fixed-effects.
Exponentiated coefficients; Robust SE in parentheses; CIs are reported in brackets.
*$p < 0.10$; **$p < 0.05$; ***$p < 0.01$.

COVID-19 lockdown and the situation did not improve until May 2020 which was formally confirmed by the adjusted Poisson regression analysis. Even though the global reporting of IPV during the COVID-19 pandemic has pointed to an increase in violence against women, our analysis does not support this reporting. It is also beyond the scope of this analysis to enquire why the number of calls dropped during lockdown in Bangladesh when worldwide IPV rates have increased as couples were forced to spend more time together at home. Why there is a difference between the administrative data and more anecdotal reporting and convenience-sample surveys, bears consideration because of the policy implications for women at risk of IPV.

One explanation is that there was increased non-reporting. There are some possible explanations for the (increased) non-reporting of IPV. Bangladesh is a notoriously gender-unequal society.[25,26] According to the last representative national survey of violence against women, 55% of married women reported experiencing violence in the previous 12 months.[8] Even in the recent (2018) World Health Organization (WHO) update on the prevalence of violence against women, Bangladesh was identified as one of the worst-performing countries.[27] Given the context, it is difficult to believe the call rate reflects anything close to the true rate of IPV. It may, however, reflect on in extremis events.

The first and most obvious thing to observe about the national emergency helpline data is how few of the calls are related to IPV. With a population of 163 million of which approximately 81 million are women in Bangladesh,[28] the most IPV-related calls made to the helpline in any single month during the reporting period, January 2019 to May 2020, was 92. By contrast, in the United States, with a population of 329.5 million of whom approximately 166 million are women,[29] there are on an average 19,000 calls made to the national US domestic violence hotlines per day.[30]

Against the historical backdrop of Bangladesh's attitudes toward IPV, non-reporting of IPV seems to be the bigger issues, rather than a drop-in incidence. Thus, a drop-in call does not mean IPV against women has decreased during lockdown. Rather, it is far more likely that women lost the capacity to safely connect to support services for help while locked down with their husbands[10] exacerbated by a decrease in the availability and functioning of the telephone services during the lockdown.[31] There is also evidence to suggest that a large proportion of women are either unaware of the 999 helpline or do not know how to access it.[32] Even fewer women are aware of a dedicated helpline that was established for violence against women and children (telephone number, 109).[24] The lack of awareness does not explain the drops in calls during the lockdown period, but it goes a long way to explain the extremely low baseline of calls to the service.

In spite of Bangladesh's higher rates of IPV, there is also a greater social tolerance for IPV; this tolerance may explain a part of the under-reporting.[8] Survivors often do not regard the violence they experience as a serious issue and often feel that it is not worth reporting.[22] This issue of social tolerance of violence highlights the urgency for community engagement and public education efforts for changing the social norms and for promoting individual and collective action against IPV. Here in Bangladesh, the number of women's shelters is limited, and during the lockdown, many of the shelters were temporarily closed.[22] This may have further encouraged non-reporting of IPV. Thus, there is also a need to allocate more resources to increase the number of shelters and, at the same time, keep existing shelters functioning during pandemics.

Limitation

Administrative data have well-known limitations associated with weaknesses in recording and accuracy. We were also restricted in our access to the 999 data and could only obtain the IPV calls for January 2019 to July 2020. These limitations notwithstanding, as another thread of information about IPV during COVID-19 lockdowns, this study adds information to the qualitative studies and convenience-sample surveys that exist. The data tell quite a different story and add, importantly, to the policy implications of the prior research.

Conclusion

Most research has reported increases in IPV during the lockdowns associated with the COVID-19 pandemic. Our analysis of Bangladesh 999 call-center data revealed that, even though IPV has increased from a base of extremely low reporting in 2019, the low reporting declined significantly during pandemic lockdown. It is extremely unlikely that the reduction in IPV calls is attributable to an actual reduction in IPV itself. It seems more likely that the anecdotal reports and convenience-sample surveys are correct, and IPV did increase during the lockdown period. The reduction in IPV calls reveals structural weaknesses in the opportunities that women had to report IPV while locked in a house with the violent partner. The results raise significant questions about how to improve women's safety from violence in future emergencies.

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Author contribution(s)

Nabila Mahmood: Conceptualization; Data curation; Formal analysis; Methodology; Writing—original draft.
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Aminur Rahman: Conceptualization; Formal analysis; Investigation; Writing—original draft.
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Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical approval and informed consent

This secondary research is a part of the study on COVID-19 and IPV in Bangladesh (PR-20068) that had received ethical approval from the ethical review committee of International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b). Since it is a secondary research that is using de-identified data, meaning the data set does not contain any identifying information of the study subjects; there is no way to link back to the subjects from whom the data were originally obtained. Also as it is a de-identified secondary service data set, no interaction has happened with the study subjects, reason why informed consent was not required for this research.[33] Rather the data set contains the total number of IPV allegations for each month for each district and informed consent was not required. However, to use the secondary service data set for the research purpose, approval was obtained from the relevant government authority from whom we gained the data set.

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