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EDITORIAL

Intimate partner violence and homicide during the shadow pandemic: What has mental health nursing got to do with it?

Intimate partner violence (IPV) is a persistent global public health issue that affects millions of people. Though men can be affected, IPV disproportionately affects women. IPV is the type of violence that usually occurs at home, behind closed doors and the element of privacy places targets at high risk. Women are particularly vulnerable to violence from their partner during pregnancy and in the post-partum period (Sánchez *et al*. 2022), and younger women are even more so (Woollett *et al*. 2022). Women often find it difficult to leave relationships despite the abuse, because of a range of factors such as financial dependence, a wish to keep the family together, coercion and control by the offender, fear, isolation, social and family pressure and low self-esteem (Lacanaria & David 2018). In addition to isolation and lack of support to leave, there can also be strong and persistent feelings of love and care for the partner, who may not always be abusive (Wilson *et al*. 2019).

The most alarming and violent form of IPV is intimate partner homicide (IPH). While homicide victims are more likely to be male, women are most likely to be murdered by someone they know, most likely a current or previous intimate partner (Elisha *et al*. 2010). In Australia, it seems rarely a week goes by that there is no news of the death of a woman at the hands of a current or former partner. In fact, intimate partner homicide (IPH) is the most common homicide in Australia, with IPV-related homicide accounting for 21% of all homicides in 2018–2019 (Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety 2022). These events happen across all sectors of society, because a spousal killer may be of any age, social class, educational level, or origin. They may never have used violence against a partner previously and may not have had any previous experience with welfare authorities (Aldarondo & Mederos 2002).

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The strategies implemented globally to reduce the spread of the COVID-19 virus have led to increases in rates of IPV (Usher *et al*. 2020), or what has been referred to as the 'shadow pandemic', which has led to increasing calls for action to reduce IPV events and the related loss of life from rising rates of IPH (United Nations 2021). Even at the best of times, women experiencing violence from a partner can experience difficulty and challenges in getting support (Hollingdrake *et al*. 2022); with some groups of women, including First Nations women experiencing additional challenges (Wilson *et al*. 2019). IPV is known to increase during disasters (Jenkins & Phillips 2008; Usher *et al*. 2020). During the current pandemic, rates of IPV rose across the globe with women reporting that COVID had made the problem worse (United Nations 2021), with associated issues such as stalking of women also affected (Bradbury-Jones & Nikupeteri 2021). This, coupled with increased restrictions on personal movement and access to services because of lockdowns and the like meant that help was and is harder to access. Writing in an Australian context, Searby and Burr (2021) presented findings indicating that nurses found it challenging to assess for domestic violence during the pandemic.

Greater concern related to the rising rates of intimate partner violence is evident as the COVID pandemic continues, becoming quite prolonged (Neil 2020). Even though the lockdowns have ended, many of the issues related to the pandemic and previous lockdowns continue to impact families, communities and society. These include financial and economic issues, including household income, altered routines and other factors that could exacerbate women's vulnerability.

The rise in IPV and IPH during the pandemic has had a significant impact on women's mental health. For many women, this means no longer feeling safe at home, feeling afraid and isolated and experiencing increased stress and anxiety (United Nations 2021; Usher *et al*. 2020). In addition, sleep disturbance and

worsening of pre-existing mental health conditions (Gobbi *et al*. 2020; Usher *et al*. 2020), have been reported. Victimization, a component of IPV situations, is known to be associated with depression, post-traumatic stress disorder (PTSD), suicidal thoughts and alcohol and/or substance use (Gulati & Kelly 2020; Usher *et al*. 2020). It is important to realize that these outcomes of the virus will be longer-term consequences and given the rising rates of IPV across the globe, the mental health response will need to be significant in coming years.

The high prevalence of IPV and IPH is evidence of a failed societal, legal and health and welfare service response to IPV. As mental health nurses, we have a unique opportunity to support women who are experiencing IPV, and others affected by IPV in their families and communities. The effects of IPV and IPH are wide-reaching, and it is important that mental health nursing services and resources are strengthened to ensure there are adequate people on the ground to support women and families when the pandemic finally comes to an end. This is the time that we can expect the need for mental health services to surge. Likewise, it is also pivotal that future responses to IPV include mental health nurses' involvement to provide support in the forms of health promotion, advocacy, assessment and treatment. There are also opportunities for mental health nurses to design and deliver technology-based solutions that capitalize on new digital advances. Mental health nurses have a key role to play if we are to remedy this disturbing situation and its impacts on individuals, families and society.

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REFERENCES

Aldarondo, E. & Mederos, F. (Eds) (2002). *Men Who Batter: Intervention and Prevention Strategies in a Diverse Society*. New York: Civil Research Institute.

Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety (2022). *Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010–2018 (2nd ed.; Research report 03/2022)*. Sydney, NSW: ANROWS.

Bradbury-Jones, C. & Nikupeteri, A. (2021). Intimate partner violence, stalking and the pandemic: Yet more paradoxes? *Journal of Advanced Nursing*, *77*, 2117–2118. https://doi.org/10.1111/jan.14820

Elisha, E., Idisis, Y., Timor, U. & Addad, M. (2010). Typology of intimate partner homicide: Personal, interpersonal, and environmental characteristics of men who murdered their female intimate partner. *International Journal of Offender Therapy and Comparative Criminology*, *54*, 494–516. https://doi.org/10.1177/0306624x09338379

Gobbi, S., Płomecka, M. B., Ashraf, B. *et al*. (2020). Worsening of preexisting psychiatric conditions during the COVID-19 pandemic. *Frontiers in Psychiatry*, *11*, 581426. https://www.frontiersin.org/articles/10.3389/fpsyt.2020.581426

Gulati, G. & Kelly, B. D. (2020). Domestic violence against women and the COVID-19 pandemic: What is the role of psychiatry? *International Journal of Law & Psychiatry*, *71*, 101594.

Hollingdrake, O., Saadi, N., Alban Cruz, A. & Currie, J. (2022). Qualitative study of the perspectives of women with lived experience of domestic and family violence on accessing healthcare. *Journal of Advanced Nursing*, 1–14. https://doi.org/10.1111/jan.15316. Online ahead of print.

Jenkins, P. & Phillips, B. (2008). Battered women, catastrophe and the context of safety after hurricane Katrina. *NWSA Journal*, *20* (3), 49–68.

Lacanaria, M. & David, J. (2018). A reason to kill: Case study on mariticide. *Journal on Nursing*, *8* (1), 42–56.

Neil, J. (2020). Domestic violence and COVID-19: Our hidden epidemic. *Australian Journal of General Practice*, *49*. https://doi.org/10.31128/AJGP-COVID-25

Sánchez, O. d. R., Tanaka Zambrano, E., Dantas-Silva, A. *et al*. (2022). Domestic violence: A cross-sectional study among pregnant and postpartum women. *Journal of Advanced Nursing*, 1–15. https://doi.org/10.1111/jan.15375

Searby, A. & Burr, D. (2021). Telehealth during COVID-19: The perspective of alcohol and other drug nurses. *Journal of Advanced Nursing*, *77*, 3829–3841. https://doi.org/10.1111/jan.14939

United Nations (2021). *COVID-19 and violence against women: What the data tells us*. New York, NY: UN Women, November 21. Available from: https://www.unwomen.org/en/news-stories/feature-story/2021/11/covid-19-and-violence-against-women-what-the-data-tells-us

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N. & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, *29*, 549–552. https://doi.org/10.1111/inm.12735

Usher, K., Durkin, J. & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, *29*, 315–318. https://doi.org/10.1111/inm.12726

Wilson, D., Mikahere-Hall, A., Sherwood, J., Cootes, K. & Jackson, D. (2019). *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Auckland, NZ: Taupua Waiora Māori Research Centre E Tū Wāhine, E Tū Whānau: Wāhine Māori Keeping Safe in Unsafe Relationships (aut.ac.nz).

Woollett, N., van Eck, L. & Hatcher, A. (2022). Project pitch 07: Addressing the mental health needs of pregnant adolescents exposed to intimate partner violence and HIV: Developing and piloting an intervention. *Journal of Advanced Nursing*, *78*, S1.