










DISCURSIVE PAPERS

# COVID-19 and family violence: Is this a perfect storm?

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**ABSTRACT:** *Disasters including public health crises like the COVID-19 pandemic are known to increase instances of family violence against women, children, and other diverse populations. This paper discusses and provides evidence of disaster-related vulnerability of and violence towards specific groups of people. We argue that the COVID-19 pandemic presents the ‘perfect storm’ for family violence, where a set of rare circumstances combine, resulting in a significant aggravation of the resulting event. Given the mental health implications of family violence, mental health professionals need to be aware of this issue during the pandemic and ready to assist with the development of strategies to overcome the situation where possible. To provide protection and prevent violence, there is a need to include at-risk groups in disaster response and community planning. Such a plan could involve gender and disaster working groups at the local community, state, and national levels.*

**KEY WORDS:** *COVID-19, disaster, domestic violence, pandemic, trauma, violence.*

## INTRODUCTION

Disasters can have both direct and indirect effects on gender-based violence during and in their aftermath. Women and girls are particularly impacted by disasters (True 2013). In this discursive paper, we will discuss and provide evidence that disasters, such as public health crises and times of unrest are linked to increased interpersonal violence, including violence against women and children (Palermo & Peterman 2011). The COVID-19 pandemic presents the ‘perfect storm’ for family violence. A *perfect storm* is an event

where a set of rare circumstances combine, resulting in a significant aggravation of the resulting event. In other words, it is an ‘*extremely bad situation in which many bad things happen at the same time*’ (Cambridge Dictionary 2020, p. Para 1). A disaster is defined as ‘A serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources’. (World Health Organization 2020b, p. 21). Disasters can be acute situations, such as volcanic eruptions, floods, hurricanes, or earthquakes; or chronic events occurring over many years or decades (Zibulewsky 2001). A key component of disasters is social disruption that occurs as a result of the indecent or event (Perry 2018).

This discursive paper is written in the midst of the COVID-19 pandemic. First identified in Wuhan, China, in December 2019, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), COVID-19 was declared a worldwide pandemic in March 2020 (World Health Organization 2020). At the time of writing,

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Declaration of conflict of interest: The authors have no conflict of interest to declare.

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Accepted April 01 2021.

there have been over 117 million reported cases of COVID-19 which have resulted in more than 2.6 million deaths (Dong, Du, & Gardner 2020). In March 2020, advice on how to control the spread of infection included isolation, stay at home orders, and social distancing, (Ferguson et al. 2020). These efforts, while necessary to suppress transmission of COVID-19, have also caused extensive and unparalleled social disruption (Kofman & Garfin 2020).

For the purpose of this paper, we use the broader term 'family violence' which encompasses intimate partner violence (IPV), domestic abuse, domestic violence, and child abuse. Family violence is an international problem. The authors of this paper bring with them an international perspective on family violence from living and working in Australia, New Zealand, the United Kingdom, India, Ghana, and Bangladesh.

## BACKGROUND

Pandemics are defined as large-scale outbreaks of infectious disease that can seriously increase illness and death over an extensive geographic area and cause major economic, social, and political disruption (Madhav et al. 2017). One of the main ways to reduce the spread of infection is the imposition of public health strategies such as social isolation and quarantine. COVID-19-related community 'lockdown' strategies have ranged from imposed and enforced family only in-home 'lockdown' measures to directives to remain at home to prevent the spread of infection. These restrictions were imposed rapidly after the announcement of the pandemic leading to significant changes in the way we experience our daily lives (Griffith 2020). As a result of the restrictions, many workers previously leaving home to work are now required to do their work from home while those required to remain working outside the home were at greater risk of being infected with COVID-19. For others, however, the lockdown meant a reduction in hours of paid work, or for some, loss of employment altogether. In addition to the changes to employment, children and university students were also impacted with most schools and universities closed for extended periods as a public health prevention strategy (Usher, Bhullar, & Jackson 2020).

Since the adoption of these and other measures to manage the rapid spread of COVID-19, there has been an escalation of untoward and unanticipated behaviours related to the crisis and the outcomes for the more at-risk groups in society. The outbreak of a pandemic, the ramifications of lockdown, and the potential economic

impacts have caused negative responses across the community including emotions such as anger, anxiety, fear of infection, and depression (Brooks et al. 2020; Campbell 2020). Isolation, rising numbers of sick people, and a scarcity of community resources have extended this crisis. Research indicates financial crisis increases family violence, such as during the Great Recession of 2007-2009 family violence, specifically IPV, reported men's abusive behaviour towards partners (Schneider, Harknett, & McLanahan 2016). In addition, the world has witnessed the emergence of perverse behaviours such as panic buying and hoarding (Prentice, Chen, & Stantic 2020; Usher, Jackson, Durkin, Gyamfi, & Bhullar 2020) and the imposition of work requirements in opposition to health recommendations (Kabir, Maple, & Usher 2020).

The world has also witnessed a dramatic rise in family violence across the globe coinciding with the implementation of social isolation strategies (United Nations Women 2020). In many cases, it is a 'worst case' scenario where family members find themselves trapped at home for extended periods with a violent perpetrator (Campbell 2020).

## INCREASED RATES OF FAMILY VIOLENCE DURING COVID-19

Worldwide, one in three women experience some form of family violence, either sexual or physical violence during their lifetime (World Health Organization 2012). Stay-at-home orders related to COVID-19 have, however, increased family violence call-outs internationally (Allen-Ebrahimian 2020; Campbell 2020; Kagi 2020; Peterman et al. 2020; Van Gelder et al. 2020; Wagers 2020). According to the World Health Organization (2020a), since the emergence of COVID-19 domestic violence has become highly prevalent internationally and has been termed an epidemic in China (Allen-Ebrahimian 2020) where reports of domestic violence cases tripled during lockdown (Lee 2020). There has also been an increase in Internet social media searches related to support for domestic abuse (Poate 2020) and heightened emotion responses related to family violence (Jolly et al. 2020), as well as an increase in social media discourse related to the topic (Park, Park, & Chong 2020; Su et al. 2020; Xue, Chen, Chen, Hu, & Zhu 2020).

Social isolation, surveillance of movement and control or monitoring of daily activities are strategies that abusers will use to control their partners or family members in abusive situations (Van Gelder et al. 2020).

In the context of COVID-19, these strategies are being advocated for and advised by governments across the world in the effort to suppress infection rates giving abusers both increased authority and legitimacy in the demands put upon their partners and/or family. This rise in domestic violence is similar to previous times of social isolation linked to epidemics and pandemics (Boddy, Young, & O'Leary 2020).

It is important to note that the necessary confinement measures restrictions, which overlap with the strategies employed by abusers in abusive relationships (Van Gelder et al. 2020).

As a result, there has been an increase in the need for shelters for people escaping family violence (Davies & Batha 2020). There have also been alarming increases in the reports of family violence homicides during the COVID-19 lockdown periods across the world (Asiamah et al. 2021; Bradbury-Jones & Isham 2020; Campbell 2020; Das, Das, & Mandal 2020; Hamadani et al. 2020; Knowels 2020; Malathesh, Das, & Chatterjee 2020). It is important to recognize though that the patterns are highly variable across countries and more evidence is required to get an accurate picture of the trends (United Nations Office on Drugs and Crime 2021).

## DISASTERS AND FAMILY VIOLENCE

Previous studies of the aftermath of natural disasters indicate these events lead to an increase in family and intimate partner violence (Rubenstein, Lu, MacFarlane, & Stark 2020; Seddighi, Salmani, Javadi, & Seddighi 2019). For example, violence against women has been shown to escalate after natural disasters including hurricanes (Anastario, Shehab, & Lawry 2009), tsunamis (Felten-Biermann 2006; Fisher 2010), earthquakes (True 2013), floods (Gearhart et al. 2018), pandemics (Delica 1998; Denis-Ramirez, Sørensen, & Skovdal 2017), and bushfires (Molyneaux et al. 2020).

Previous research indicates that violence against women manifests in different ways during the phases of a disaster. The immediate period following disasters is associated with instability and breakdown of social structures; during this phase, there is an increase in violence against women. Post-disaster, violence at home substantially increases (Enarson 2001) through physical, sexual, emotional abuse, and controlling behaviour by family members (World Health Organization 2012). Disasters also lead to displacement where large numbers of people are often forced into small and crowded refuge-type accommodation. Women are particularly

vulnerable to violence in such situations (Amaratunga, Haigh, & Ginige 2009; Felten-Biermann 2006) which can escalate physical and sexual violence towards them (Felten-Biermann 2006; Fisher 2010).

There have been predictions of baby booms linked to COVID-19 lockdowns that will see increases in births over December 2020/January 2021 (Rudolph & Zacher 2020). These pregnancies are not always wanted and can be the result of sexual violence (United Nations High Commissioner for Refugees (UNHCR) 2001). Reproductive factors influence gender disparities relating to how people are affected after disasters (Nour 2011). Specifically, studies have shown that at-risk women, particularly refugees, see an increase in pregnancies, miscarriages, and premature birth following disasters (United Nations High Commissioner for Refugees (UNHCR) 2001).

Violence against children also escalates during disasters. Though the rate of violence increases in emergency situations, due to lack of essential infrastructure and reporting mechanisms, the *reported* rate of child abuse is argued to be less than the *actual* rate (Seddighi et al. 2019). Natural disasters enhance the risk factors for child abuse including caregiver stress, food insecurity, poverty, economic hardship, mental health disorders, displacement, separation from family members, and alcohol and other substance abuse (Cerna-Turoff, Fischer, Mayhew, & Devries 2019). Evidence indicates that the abuse against children is most likely to be perpetrated by family members with violence more likely to be directed towards male children but with female children more likely to be seriously injured (abuse from women towards children was more likely to be psychological while men were more likely to inflict physical violence) (Seddighi et al. 2019). During this pandemic, domestic violence was one cause of increased psychological problems for Indian children and adolescents (Ghosh, Dubey, Chatterjee, & Dubey 2020). The physical and psychological toll of family violence, compounded by the suffering caused by the disaster, can do immeasurable damage and have lasting effects on the family.

## PANDEMICS AND FAMILY VIOLENCE

Social distancing, isolation, quarantine, and financial concerns are some major contributing factors for emotional and psychological distress and vulnerability during this pandemic (Ahorsu et al. 2020; Sakib et al. 2020). Psychological distress caused by the fear the pandemic is at the forefront of public health concerns

internationally (Khan, Mamun, Griffiths, & Ullah 2020). High levels of fear and uncertainty related to pandemics make them enabling environments for family violence to emerge or worsen. Even though evidence related to increased family violence during and post-pandemic is scarce, anecdotal evidence indicates that it has been rife in previous pandemics. For example, Peterman et al. (2020) outline the increases in sexual assault and violence against women and girls resulting from the Ebola outbreak in Africa. As touched on earlier, pandemics have some characteristics that make them especially difficult for women. Social isolation strategies mean women may be confined to the home unable to access their usual support from family and friends (Usher, Bhullar, Durkin, Gyamfi, & Jackson 2020). Access to the legal, health systems and other supports may be more difficult and cause delays in getting assistance, or mean women are less likely, or even unable, to report instances of violence (Peterman et al. 2020).

Grief for those directly affected by the pandemic, or anticipatory grief caused by fear, loss and uncertainty are fundamentally connected to the range of psychological distress suffered by people in times of COVID-19 (Wallace, Wladkowski, Gibson, & White 2020). In India, and around the world, women are responsible for the majority of caring responsibilities (Nour 2011) and a study in India found that greater levels of stress, anxiety and depression were present in women, as opposed to men, which was attributed to the greater demands placed on them with family members ever present in the home (Suseela 2020). A study in Iran focussed on levels of fear of the pandemic found women were suffering high levels of psychological distress (Ahorsu et al. 2020). This culmination of greater responsibilities, increased level of fear and grief and further psychological distress can contribute to a volatile home situation that perpetuates domestic abuse.

### **WHY FAMILY VIOLENCE INCREASES AFTER DISASTERS**

In general, vulnerability is linked to social relationships determined by factors including gender, class, age, ethnicity, and disability (Blaikie, Cannon, Davis, & Wisner 1994). While acknowledging that vulnerability is a shifting concept, rather than a fixed attribute, many women experience gender-related disadvantage linked to multiple, intersecting factors. These are principally unequal power relationships between men and women in addition to the social, political and economic subordination

of women across society (Wiest, Mocellin, & Motsisi 1994). Research has found that women's disadvantage is amplified by demographic, socio-economic, and behavioural factors like age, religion, income, education, and alcohol use (Rao 2020). Women's disaster risks include increased mortality, loss of economic and social ties, and gender-based violence including family violence (Neumayer & Plümper 2007; Nguyen 2019). Women's risk of violence is also linked to socialized gender roles and inequalities. Women have responsibility for child care, care of older people and sick (Fisher 2010) and restricted access to reproductive, mental, and sexual health facilities during disasters that also make them more susceptible to risk (Enarson 2001; Neumayer & Plümper 2007).

After disasters, the triggers for violence are identified as loss of personal possessions, increased stress and trauma, economic hardship, frustration and struggles to replace housing, jobs and possessions, leading to increased tension in relationships (Morrow & Peacock 1997). In addition, there are higher rates of mental distress after disasters for a variety of reasons and these may also be linked to family violence (Brooks et al. 2020; Usher, Bhullar, Durkin, et al. 2020). True (2013) examines the role of gender inequality as one of the reasons for pervasive violence against women after disasters. It is plausible that pre-disaster social and economic status of women is what makes them at-risk of violence post-disaster (True 2013). This post-disaster risk is further exacerbated by the economic positioning of women that is likely to result in lack of access to education, health care or land ownership, thus, making women reliant upon family units and relationships where violence may be present. This is especially true for patriarchal societies where women are generally subservient to men and contributes to disadvantaged circumstances where women may experience violence. The need to relocate to refuge accommodation and the loss of social support also increases women's vulnerability post-disaster (Delaney & Shrader 2000).

In the case of pandemics such as COVID-19, imposed isolation is an unfamiliar and unpleasant experience that for many women, involves separation from friends and family, and a departure from usual, everyday routines and activities. Actions such as social distancing, sheltering in-place, restricted travel, and closures of key community organizations are likely to dramatically increase the risk for family violence (Campbell 2020). In addition, women experience economic hardships resulting from loss of jobs, reduced working hours and stress from failing businesses that

further contributes to their increased risk as they must rely on members of the family and/or partners who may perpetrate violence against them (Anastario et al. 2009; Fagen, Sorensen, & Anderson 2011; Schumacher et al. 2010; Sety 2012).

Children are also restricted to their homes due to COVID-19 and in many countries, have been forced to undertake their education on-line. This has imposed a burden on parents, mostly mothers, who are required to home-school and supervise the education of their children (Campbell 2020). High levels of parenting stress have been linked to less nurturing behaviours by parents (Pereira et al. 2012), increased conflict between the child and parent (Anthony et al. 2005), punitive parenting styles (Pinderhughes, Dodge, Bates, Pettit, & Zelli 2000), and an increased risk of violence towards children (Pereira et al. 2012).

Faith-based organizations have been credited as providing critical support to those in family violence situations (de la Rosa, Barnett-Queen, Messick, & Gurrola 2016; Zust, Flicek, Moses, Schubert, & Timmerman 2018). Churches and other faith-based institutions provide informal counselling and support as well as community assistance necessary to keep them safe (Fuchsel 2012). Lack of access to these services, such as church closures or the destruction of communities and churches from a natural disaster, leads to the breakdown in these support networks. This in turn can lead to an increase in violence after disasters.

## GROUPS AT RISK OF FAMILY VIOLENCE

Other groups for whom the pandemic may amplify risk include people who identify as LGBTQ, disabled people and older people. Such risk has complex psychosocial roots. In the context of the COVID-19 pandemic, older persons were advised of the increased risk of severe illness or death as a result of contracting COVID-19 (Centers for Disease Control and Prevention 2020) which left them increasingly vulnerable to the risks associated with staying home with their abuser. Family violence and femicide in women over the age of 60 can be masked by stereotypic or ageist assumptions about older persons (Wydall & Freeman 2020) and deaths caused by violence or neglect can be falsely attributed to ongoing chronic illness, falls or underlying illness (Roberts 2021). There are reports that disabled people (UN Human Rights 2020; World Health Organization 2020c) and those from LGBTQ communities (Galea, Merchant, & Lurie 2020; Green, Dorison, & Price-Feeny 2020) have been impacted by COVID-19 more

than the general population. For example, media reports have focused on the impacts of the pandemic on Black, Asian and Minority Ethnic (BAME) women (Fawcett Society 2020). Disabled women, BAME women, and older women experience higher levels of mortality if they contract COVID-19 (Fox & Monahan 2020) which further compounds the fear of contracting the virus and possible implications of doing so. Before the pandemic, transgender women were particularly vulnerable for increased risk of injury and death as a result of domestic abuse (D'Inverno, Smith, Zhang, & Chen 2019) recent research indicates they are experiencing higher levels of mental distress as a result of the pandemic (Gonzales, de Mola, Gavulic, McKay, & Purcell 2020).

As evidence has emerged regarding the impacts of the COVID-19 pandemic, it has become clear that there are several associated factors that might exacerbate the chances of family violence occurring for women. Further consideration needs to be given to the burden minority groups faced before the pandemic when framing the added vulnerability faced by these groups now. When considering this burden, consideration is given to the impact of minority stress, which derives from being a member of a minority groups that are marginalized and stigmatized (DiPlacido 1998; Meyer 2015) and as a result of the stigma and prejudice faced by these groups, stressors arise which can cause adverse health outcomes (both physical and mental health related) (Meyer 2015). Family violence is also prevalent within same sex relationships and between men and women. It is useful to give consideration to both minority stress as compounding risk which has been found to perpetuate same sex violence (Edwards & Sylaska 2013).

This added burden of minority stress compounds an already stressful situation which can lead to an increase in family violence. Specifically, we consider that these women are more likely to be in situations where there is violence and less able to leave or seek support. It is important to acknowledge, however, that information regarding how some communities have been affected is based largely on media reports and commentaries, rather than empirical evidence. It will take rigorous epidemiological studies to capture the true extent of how and why different communities have been impacted.

## CONDITIONS FOR THE PERFECT STORM

The COVID-19 pandemic presents the 'perfect storm' for family violence. A *perfect storm* is an event where a

set of rare circumstances combine, resulting in a significant aggravation of the resulting event. In other words, it is an 'extremely bad situation in which many bad things happen at the same time' (Cambridge Dictionary 2020, p. Para 1).

The confinement measures imposed because of the COVID-19 pandemic have put women at a much greater risk of family violence (Ertan, El-Hage, Thierrée, Javelot, & Hingray 2020). COVID-19 restrictions, which overlap with the strategies employed by abusers in abusive relationships (Van Gelder et al. 2020), have meant women and children are locked away at home, isolated from their usual supports systems such as family and friends, unable to escape the family situation, and with little access to services designed to assist in times of crisis (Usher, Bhullar, Durkin, et al. 2020). Abusers may use the restriction requirements to exercise power and control over their partners to further reduce access to services and psychosocial support from both formal and informal networks, and in some cases, worsening violence against women, children, and other at-risk populations (Marques, Moraes, Hasselmann, Deslandes, & Reichenheim 2020; Moreira & da Costa 2020; World Health Organization 2020a).

Women and children are also at increased risk of family violence due to the impacts of the pandemic upon their family member who perpetrates violence. Specifically, partners or parent/family member may be stressed due to loss of employment or finances due to the pandemic, or who may be experiencing mental health effects linked to the social isolation (Brooks et al. 2020), and who may be using negative coping responses such as drug and alcohol to help cope with their situation (Asunramu 2020; Keyes, Hatzenbuehler, & Hasin 2011). For example, it is revealed that parental burn out as a result of unemployment, financial insecurity, low levels of traditional support from family and friends due to social distancing requirements, and handling of childcare responsibilities as day-care, schools, and community centres remain closed has increased child abuse and neglect (Griffith 2020; Marques et al. 2020). Furthermore, abusive relationships due to COVID-19 confinement sometimes end up with separation where victims are at the highest risk for serious physical harm, injury, and homicide (Shipway 2004). The social isolation requirements of the COVID-19 pandemic contribute to circumstances which may increase the risk of family violence to emerge and, in many cases, remain undetected. As a result of COVID-19, people who experience family

violence are isolated at home with the perpetrator of violence and may be less likely, or less able, to seek treatment or support for their injuries or distress (Godin 2020; Kofman & Garfin 2020). The pandemic itself does not 'cause' family violence; instead, it creates an environment in which perpetrators can manipulate the situation to maximize opportunities for coercion and control. In their report on *The Perfect Storm, Women's Aid in the United Kingdom* (2020) describe how abusers have used the pandemic as a tool for abuse to increase fear and anxiety.

Quarantine conditions are often associated with alcohol abuse, depression, and post-traumatic stress symptoms (Brooks et al. 2020). The existing stress, uncertainty, disruption of social and protective links, and decreased access to services can intensify the risk of violence for women (World Health Organization 2020). COVID-19 has created an inimitable situation for people who experience family violence as they are faced with a choice between exposure to the virus outside the home or escalating violence within the home, as well as increased reliance upon family members who may also perpetrate violence (Kofman & Garfin 2020).

## WHERE TO FROM HERE?

Chandan and colleagues (2020) highlight the crucial elements of a public health approach in managing domestic violence. Part of this focuses on capturing the extent and nature of the problem through systematic data collection from different agencies during isolation and quarantine periods. Moreover, they point out the importance of linking data sets to improve communication between organizations and to better detect of individuals at risk (Chandan et al. 2020). To provide protection and prevent violence, there is a need to include people who represent those from identified at-risk groups in disaster response. Similar to gender-sensitive disaster planning (True 2013), we propose that a gender- and vulnerability-sensitive public health crisis planning is needed to prevent family violence against women, children and other at-risk groups during and post-public health disasters. Such a plan could involve gender and disaster working groups at the local community, state, and national levels.

These groups should include representation of women from diverse populations, specifically BAME, LGBTQ, disabled people, and older people. Collaborative planning may aid in increasing visibility of inequalities in disaster experiences while also ensuring that resources can be directed at appropriate response and

mitigation strategies. To arrive at effective planning and response, stakeholders including healthcare workers and non-government organizations that provide support to women are encouraged to provide a reliable source of collecting or documenting baseline information about family violence, particularly the extent to which at-risk populations are affected. Such baseline information or reporting sources could inform service providers and researchers to provide/develop adequate prevention, preparedness, and mitigation strategies to further reduce the violence perpetrated against these at-risk populations. Further, researchers are encouraged to embark on evidence-based interventional studies that could help to better understand the effectiveness of various prevention and preparedness mechanisms in reducing family violence against the at-risk population. Given the nature of family violence and the reluctance to expose violence in the family, proper funds and resources should be allocated to front line organisations, such as service centres, shelters, and agencies, as they are the best positioned to provide support in innovative ways in the context of the pandemic to ensure victims and survivors are supported.

At the time of writing, the COVID-19 vaccine is currently being rolled out across the world. While it is anticipated that this will relieve the crisis caused by COVID-19, there is no vaccine for family violence. In the face of a post-COVID world, we might be able to grasp the full scale of the devastation caused by family violence. Lissoni et al. (2020) quoted an old adage that resonates with this feeling: *'It is only possible to determine the ship's position after the storm has passed'*. (Lissoni et al. 2020 p. S107). As we progress through the COVID-19 pandemic, we see the perfect conditions for the storm of family violence. All mental health professionals need to be aware of this issue and ready to act as required to assist those families impacted by family violence and its aftermath.

## RELEVANCE TO CLINICAL PRACTICE

This paper provides an overview and analysis of the complexities faced by people in family violence situations during and after disasters. Mental health professionals need to be aware of the impact disasters have on family violence in order to best seek to support those in family violence situations. Mental health nurses are well placed to assess for a risk of family violence, and provide an environment where people feel safe to disclose aspects of family violence. In times of COVID-19, mental health nurses need to develop

innovative ways to offer women opportunities to seek help without the fear of their interactions being monitored or observed. In addition, mental health nurses need to be aware of the dynamics that prevent women from discussing or seeking help for family violence. This paper also outlines the need for clinicians to consider the inclusion of at-risk groups in disaster response and community planning in response to the challenges faced by those experiencing family violence. All mental health professionals need to be aware of this issue and ready to act as required to assist those families impacted by family violence and its aftermath.

## AUTHORS' CONTRIBUTION

KU conceptualized the paper. DJ provided content and critical revisions. NB, CBJ and JD provided written contribution to the paper. NG and SR contributed to the draft of the article. All authors provided final approval of the version published.

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