

Intimate Partner Violence during COVID-19 Isolation in the United States for Gay Men

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Abstract: Male same-sex intimate partner violence is a preventable and serious social problem worldwide, including in the United States. Conflicting data sets posit that members of the LGBT community are at higher risk to be perpetrators and victims of intimate partner violence. The current and rapid ascendancy of the COVID-19 virus has thrust the United States into uncharted territory concerning shelter-in-place orders, which may be construed as quarantines. In addition, the current panic level of many individuals in the United States has contributed to food and supply hoarding and has increased the stress level of many Americans. These shelter-in-place orders can provide catastrophic results for those that are in a relationship that is rife with domestic violence. The potential for risk of abuse is compounded by not just staying at home with the abuser, but also thwarting crucial social supports who cannot be in close proximity or who are only accessible through phone calls or texts. Moreover, mental health practitioners are now utilizing telemedicine that does not guarantee confidentiality or protection for the victims, further enabling hopelessness for the abused. It is urgent that we address this situation in the social literature.

Keywords: abuse, COVID-19, gay men, intimate partner violence, shelter-in-place, resources.

I. INTRODUCTION

The rates of perpetration of intimate partner violence [IPV] upon vulnerable populations have a high potentiality of increase during the current “shelter-in-place” [SIP] orders currently in effect. The vulnerable population that I will be focusing on is gay men, utilizing the term that I have previously termed and initiated, male same-sex intimate partner violence (MSSIPV). Current rates of lifetime physical violence in the literature of MSSIPV is around 30% to 35% in one random-controlled study [1]. While many other studies show a variance of between 11.8% to 45.1% [2]. As of this writing, forty states in the United States (including the District of Columbia and Puerto Rico) or approximately 90% of the population are living under the SIP orders. Meaning, that approximately two hundred ninety-seven million individuals are instructed to SIP. The first SIP order was implemented by the Governor of the State of California on March 19, 2020. As of this writing, three-hundred twenty-five thousand, five-hundred and thirty-three individuals have been diagnosed with 2019 Novel Corona Virus or 2019-nCoV [COVID-19], with nine-thousand two-hundred and sixty-seven deaths in the United States, and the numbers are climbing rapidly [3]. Because many businesses are temporarily closed and social distancing is becoming the normalcy, the crucial concept of social supports that has shown positive protection from IPV [4-6], is now lacking in these current relationship structures. Currently, no study has been done in the United States concerning IPV or MSSIPV in relation to COVID-19 restrictions, such as SIP.

II. BODY OF THE ARTICLE

COVID-19

COVID-19 is a coronavirus or a respiratory disease that can travel from person-to-person. Due to the nascency of this disease upon American society, it is too early to determine its transmittance; whether droplet formation or from breathing in respirant from a COVID-19 positive person, can make someone a carrier of the virus. Moreover, the discussion of virology and potency is currently under discussion among many world scientists. Suffice it to say, this situation is urgent, and individuals are instructed to practice social distancing when out in public and remain inside their house unless they need to exercise or obtain vital services.

Shelter-in-place [SIP]

The concept of SIP is to keep as many individuals in their living space as much as possible. The concept is designed to thwart the “curve of infection” during the pandemic of COVID-19 in the United States [7]. This is not necessarily to stop the spread of the virus, per se, but is to lessen the impact on first responders and those that need medical treatment at a hospital. Although all States will have differences with their approach, it is generally considered that individuals are to stay indoors except for buying food or seeking medical attention or treatment. This does not mandate that people not leave their residences entirely, those can leave their house to exercise or walk (or being employed in an essential service), as long as they stay at least six feet away from another individual [7]. Accordingly, all non-essential businesses are temporarily ordered to shut down, producing mass lay-offs and unemployment of millions of people. Current unemployment claims are approximately ten-million in the past two-week period as of this writing [8]. This has greatly changed how social interactions are demonstrated, though it will most likely affect those with mental health disorders such as depression and PTSD (post-traumatic stress disorder) to a greater degree. This discussion will focus on the indirect effects of SIP orders: those that are obligated or forced to stay inside their house with an intimate partner who is being physically, emotionally, or psychologically violent.

Intimate Partner Violence [IPV]

Intimate partner violence is a serious social problem in the United States, and has been shown to be more serious among the LGBT community [9, 10]. Those that are victims of MSSIPV have higher rates of suicide, depression, substance abuse, alcoholism, smoking, obesity, sexually transmitted infections, and suicidal ideation [11-13]. It is speculated that many of these variables actually increase the risk of a higher mortality rate from COVID-19, anecdotally. Evidenced-based research is just now being gathered and published in this area. IPV can include physical violence, sexual violence, stalking, or psychological or emotional harm perpetrated by a partner or spouse [2].

Risk for Abusive

There is a high potential for MSSIPV or IPV to increase dramatically due to a myriad of factors. For those living in a hostile arrangement, being able to leave the house would provide necessary daily escape from their tormentors. If they have just become unemployed, current “free time” to be spent at home is now more time to be spent with the abuser, especially if the abuser is currently unemployed as well. Social distancing now disallows friends and family to (especially those who are at high risk to contract COVID-19) assuage potential escalating situations. Moreover, providing more “alone time” for the abuser and perpetrator could provide a “cabin fever effect” that sets up a lower threshold for violence to be initiated. Social supports have shown correlation with fewer episodes of IPV in many studies [5, 14, 15]. Mental health professionals are now having sessions via phone, facetime, or other remote modalities. Although this stance is appropriate considering the risk of infection, it is highly deleterious for those that are victims of current IPV. Their tormentors can be in the same room or force their partners to have their conversation to be in earshot so the victim cannot safely and confidentially ask for help. Additionally, many abusers will have passwords or access to the victim’s phone and all their social media accounts to make sure that they do not ask for help, assistance, or have someone to which to communicate. In large population centers that are hard hit by COVID-19, law enforcement maybe reticent to break up or tend to a “domestic partner spat,” as compared to situations that involve COVID-19 emergencies.

III. CONCLUSION**Resources and Possible Solutions**

In this current era of SIP, this can be the direst for those that are victims of any sort of IPV. Victims need not be afraid of engaging law enforcement into their situation. Domestic abuse shelters are now more important than ever, but still, unfortunately, they are not geared toward men who suffer from abuse since many have a “no man zone,” pretending that those in the LGBT community, especially the “G” and “B” are immune from such situations [16]. Accordingly, transgendered individuals are even at greater risk and lack even more resources that may assist with their needs [17]. This is a time where victims need even greater social supports than ever before. The easiest is to attempt to get ahold of a neighbor that may provide some refuge for the suffocation of partner violence. Going to the mailbox or providing any excuse to the perpetrator to surreptitiously reach out to neighbor is one step that can be utilized. Utilizing text messaging to friends to let them know that they could be in potential danger and then erasing the messages and asking this person to not respond without anything incriminating, is crucial. Mental health professionals and government agencies should be sending mail, provide advertisements, and directly text messaging individuals that are most at risk with options in a

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discreet format that can be erased easily. At this time, the most vulnerable are at the most risk to being abused or even killed if prior planning is not designated or thought out beforehand. Again, the physical distancing of social supports will have short-term and lasting effects to this population. It is at this moment that we all should check in with those that could be in this unenviable position. For the victim, the feelings of hopelessness are overwhelming, especially taking into account the fears of the pandemic of COVID-19. Moreover, the overwhelming lack of assistance from law enforcement, the inundation of emergency rooms, and the lack of face-to-face mental health therapy, will be troubling in the next weeks to months.

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