

# Preventing Violence and Suicide Within the Context of the COVID-19 Pandemic: Courses of Action

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## Notice

This document was drafted in response to a request made in the context of the COVID-19 public health emergency. Produced in a short period of time and based on knowledge resulting from a quick search and summarized and non-exhaustive review of the scientific and grey literature available, the findings presented in this document may need to be revised depending on the evolution of scientific knowledge related to the current pandemic.

## Situations of concern for public safety and well-being

In addition to health concerns directly related to the COVID-19 pandemic, the scientific community has raised concerns regarding numerous factors impacting the population's well-being. These factors include, to name a few, the economic slowdown, job losses, the disruption of social ties (e.g. social isolation, reduced contact with family and friends, changes in routine, social tensions), changes in substance use (1) and issues related to service access (2). These upheavals generate stress, distress and anxiety among the population, in addition to making the economic situation more precarious for many (3, 4). Some groups may be more affected than others (2). In Canada, for example, the downturn in employment has been twice as high for women as that of men. It has also had a greater impact on young people (5). At the same time, the impact of the pandemic, lockdowns and distancing measures on mental health and well-being are being increasingly documented, and a consensus has emerged to the effect that the psychosocial impacts of the current public health crisis must be mitigated, both clinically and at the population level (6–8).

There are still few data available in Québec and in other parts of the world measuring the impact of the COVID-19 pandemic on violence and suicide (9, 10). However, based on previous emergency situations and humanitarian crises, an increase in violence towards women and children (11–19) as well as in suicides (20) is of concern. Although the situation regarding elder abuse is unclear, several risk factors underlying this type of behaviour (e.g. social isolation (21, 22)) are being exacerbated in the current health crisis and may increase this type of mistreatment, especially given the epidemiology of COVID-19 (23). In terms of crime and community safety, the effects of the crisis may also be felt in the coming months (9). Since violence and suicide are prevalent in Québec (22), they remain concerns for the safety, health and well-being of the population.

In this brief overview, various issues regarding violence are addressed and emerging courses of action and concrete examples, where possible, are also discussed. These courses of action are based on promising strategies in violence and suicide prevention (20, 24). However, scientific evidence within the context of a pandemic, such as that of COVID-19, is limited and does not shed light on the effectiveness of measures to be implemented to prevent violence and its effects. Nevertheless, an effort has been made to identify the most conclusive factors for taking action and to provide a list of resources and tools to support the efforts of the various actors involved.

# Violence against children and child maltreatment

## Assessment of the situation

In the current context of childcare and school closures and the suspension of activities outside the family household, the social environment of children is changing rapidly and generates concerns about their safety (25). The literature also provides evidence that points to an increase risk of violence during periods of crisis (10, 13, 26). Under normal circumstances, a large proportion of children in Québec are affected by violence and maltreatment (27, 28). For example, in 2018, many children experienced repeated psychological abuse and violent parental behaviour (28). Currently, the environments that act as safety nets to detect and report cases of violence and maltreatment toward children are inaccessible. To date, few data are available to quantify the problem in Québec since the beginning of the COVID-19 pandemic. However, experts anticipate an increase in violence against children that may persist after the crisis (10,29). It has been observed that changes in routine can have disruptive effects within families and lead to undesirable behaviours among children. This situation, combined with parental anxiety, increases the likelihood of excessive or aggressive parental response (30). Isolation, financial insecurity, the psychological consequences of lockdowns (increased parental stress, anger), pressure to meet professional deadlines, and risky coping strategies, such as substance use, are all risk factors for the onset or increase of family violence (30).

## Courses of action

A number of prevention strategies can be applied by various service and community actors to maintain contact with parents, support them and foster family friendly environments (27) over the short and medium term.

- ▶ Promote the learning and use of positive parenting practices (31).
  - ▶ Provide parents with practical advice for dealing with children and their own stress.
- ▶ Reduce the economic impact of the pandemic on families by providing or enhancing benefits, or by introducing a temporary moratorium on financial obligations (25, 30, 32).
- ▶ Introduce parenting measures for employees and mitigate stress by communicating realistic expectations and by providing supportive arrangements (e.g. time off, employee assistance program) (25).
- ▶ Ensure that child protection services and family support organizations can adapt to the situation and continue to provide services during and also after lockdowns (11).
- ▶ Maintain child health monitoring services and promote the detection of at-risk situations through teleconsultations or telemedicine, while paying attention to non-verbal cues (30).
- ▶ Involve communities in child and family protection. For example, raise awareness among residents and workers in neighbourhoods to be caring and supportive of children (11, 33).

## Resources and tools

- ▶ [Conseils aux parents en temps de confinement](#): advice for parents during lockdowns from the Ordre des psychologues du Québec [French only].
- ▶ [Gestion de la colère](#): anger management during the COVID-19 pandemic and [infographics](#) from CHU Ste-Justine [French only].
- ▶ [Réponse rapide](#): rapid response for children and youth at risk of maltreatment from the Institut national d'excellence en santé et en services sociaux (INESSS) [French only].

- ▶ [Guidelines](#) for home visits as part of the Integrated Perinatal and Early Childhood Services (SIPPE) program [French only].
- ▶ The Fédération québécoise des organismes communautaires famille and its tools for parents and family community organizations (FCOs) [French only].

## Domestic violence

### Assessment of the situation

Domestic violence affects a significant number of people in Québec, with serious consequences on the health and well-being of the victims and the children exposed to such violence. The context of the COVID-19 pandemic can exacerbate the dynamics of domestic violence, increase children’s exposure to it (30), complicate separations and increase the risk of violence within couples (11, 34, 35). Although it is too early to measure the consequences of the pandemic on domestic violence, international experts consider the situation extremely worrisome, with some suggesting that the effects could intensify in the coming months and persist beyond the crisis (10, 29, 34–36). Several stakeholders (e.g. police services, resources for female victims) noted specific manifestations of control and violence (e.g. preventing partners from washing hands (11), monitoring of social media use), along with changes in requests for help since the beginning of the pandemic (35) (e.g. increased police calls, decreased use of some shelter resources). The factors involved in domestic violence include increased isolation, barriers to accessing services, escalating tensions in the context of cohabitation and managing children at home, not to mention the economic consequences of the health crisis on income and employment (10, 36). The impacts of the crisis on gender-based inequalities (36) and situational issues, such as changes in alcohol consumption (11, 34), are also invoked.

### Courses of action

In addition to offering support and services to those affected, the prevention of domestic violence involves taking actions on the most serious risk factors (e.g. women’s economic insecurity) and engage in activities that are likely to protect victims (e.g. community and social responses to prevent violence (37)).

- ▶ Take measures to mitigate the economic and other effects of the public health crisis on children, women and families (9, 10, 34).
- ▶ Maintain access to shelter and support services by ensuring that they are considered essential services and that the procedures and contact information of these services are disseminated (36).
  - ▶ Engage the media to publicize the resources and measures in place for maintaining these services.
- ▶ Inform and raise awareness among health care professionals and all intersectoral actors about the risks of violence, how to identify at-risk situations and the importance of referring people to available resources and services (9, 10, 20, 29, 34, 38).
  - ▶ Take advantage of contacts with women (e.g. during pregnancy follow-ups) to ask questions about their situation at home.
- ▶ Reinforce a societal message of non-tolerance of violence, particularly through police services and the justice system, and raise public awareness about the risks of domestic violence by encouraging people to be vigilant and caring (10, 11, 38).

## Resources and tools

- ▶ [Intervention en matière de violence conjugale en contexte de pandémie \(COVID-19\) — Aide-mémoire](#) [French only]
- ▶ [Covid-19 and violence against women. What the health sector/system can do.](#)
- ▶ [Formation en ligne Violence conjugale : connaître, détecter, intervenir](#) [French only]
- ▶ [SOS Violence conjugale](#) — tools available in several languages

## Elder abuse

### Assessment of the situation

In Québec, seven types of mistreatment, which can be expressed through violence or neglect, are recognized. They consist of psychological, physical, sexual, material or financial, and institutional mistreatment, as well as ageism and violation of rights (21, 39). A recent survey conducted in 2015 in five Canadian provinces established the prevalence of elder abuse at 8.2% in the past year (40). Various risk factors associated with individuals or their environment were identified (21, 41). Several of these factors have increased in the context of the COVID-19 pandemic (42), such as limited income, poor health, social isolation or a weak social network (43, 44). Other factors, commonly known to be related to the perpetrators of mistreatment, are also of concern but have not been directly associated with elder abuse within the context of the current public health crisis (e.g. mental health problems in the population (4, 7, 8, 45), substance abuse (42), stress (7,45) or caregiver burden (44)). Isolation and increased dependence on others for help, combined with the presence of malicious individuals seeking to take advantage of the situation to financially exploit elder can also create situations conducive to abuse and mistreatment (44). Some authors refer to an increased number of abuse and mistreatment situations as a whole (44) or according to certain types of mistreatment such as financial mistreatment (44), physical abuse (44) or ageism (43, 46). However, available data are limited.

### Courses of action

In addition to prevention measures like promoting positive attitudes towards ageing and raising awareness about ageism, reducing at-risk situations for older adults as well as their families and friends, and ensuring early and appropriate detection and follow-up of abuse and mistreatment situations (21), certain courses of action specific to the context of the COVID-19 pandemic can be considered.

- ▶ Provide practical advice, encourage family members, friends and neighbours to contact older adults (44) and facilitate access to means (e.g. virtual interactions, physical activity videos) to reduce risk factors such as anxiety, stress, loneliness or social isolation (43) and fears; provide information, communicate with older adults and provide them with helplines and online services in mental health (47, 48).
- ▶ Provide support to caregivers of older adults with dementia or poor health to mitigate the risk of experiencing stress and increased burden due to their role and the COVID-19 pandemic (44).
- ▶ Avoid propagating discourse that encourages ageist attitudes and focuses on intergenerational differences; portray elders as a very heterogeneous group rather than a homogeneous one (49).
- ▶ Promote intergenerational exchanges (including virtual exchanges) and solidarity (46).
- ▶ Respect the rights of older adults (49) and give them a voice and opportunity to take part in decision making during the COVID-19 pandemic (44) in all living environments.

## Resources and tools

- ▶ [Guide de référence pour contrer la maltraitance envers les personnes âgées](#), 2nd edition [French only]
- ▶ [Senior-Aware](#) program in cooperation with the Fédération de l'âge d'or du Québec (FADOQ)
- ▶ [PAIR Program](#) – free automated calling service
- ▶ A province-wide listening and referral phone line specializing in older adult mistreatment: 1 888 489-2287

## Community crime and safety

### Assessment of the situation

Safety and the feeling of safety affect people's behaviours and lifestyles, as well as their health and well-being (50). The lockdown and physical distancing measures implemented during the COVID-19 pandemic, together with the shutdown of part of the economy and the many job losses this has entailed, can impact crime. For example, some studies have shown an increase in crime during economic crises, particularly in relation to poverty and unemployment rates (51, 52). In addition, a recent study on the effects of social distancing revealed an increase in vandalism (53), a type of public disorder that can undermine people's feeling of safety (54). The current COVID-19 pandemic has also brought to the forefront racism and discrimination against certain communities and groups (44, 55–58), which may lead to stigmatization, making the affected people reluctant to seek health care services when necessary. This would be detrimental not only to the health of those individuals but also that of the community, given that people who have contracted the virus might not take the necessary measures to limit the contamination, thereby exacerbating the pandemic (59). Ultimately, lockdown and distancing measures, together with the negative impacts resulting from safety issues, could undermine the maintenance of social cohesion in communities.

### Courses of action

In addition to monitoring the crime and community safety situation, various actions can be taken to mitigate the impacts on the communities and to maintain the security and the feeling of safety by minimizing disorders and incivilities.

- ▶ Promote an inclusive discourse that avoids targeting certain groups, especially in the media, in order to raise public awareness that discrimination and hate crimes can contribute to the spread of the virus and exacerbate the pandemic (55).
- ▶ Implement situational prevention measures to prevent crime, disorder and incivility in public places (e.g. cleaning up graffiti, keeping places clean) and target hot spots (60).
- ▶ Provide safe public spaces and necessary surveillance (61, 62): excessive surveillance can undermine the feeling of safety (63).
- ▶ Support and maintain access to information in order to maintain public trust in institutions (64) and promote a good understanding of the situation (45), particularly at the community level.
- ▶ Promote safety at the community level by mobilizing various local actors, and monitor the situation to adapt measures that are to be implemented in order to maintain or improve the population's security or feeling of safety.

## Resources and tools

- ▶ Tools from the [Charting a course to safe living](#) collection
  - ▶ [La cohésion sociale comme condition essentielle à la sécurité : définition, composantes et indicateurs \[French only\]](#)
  - ▶ [Indicateurs de vulnérabilité associés à la sécurité d'un territoire \[French only\]](#)
- ▶ [Pour des communautés sécuritaires : des outils et des connaissances pour l'action](#) — online training [French only]
- ▶ [Guide des meilleures pratiques pour un aménagement sécuritaire dans les municipalités \[French only\]](#)
- ▶ [COVID-19: Addressing Discrimination and Racism](#)

## Suicide

### Assessment of the situation

Risk factors known to be associated with suicide mortality may be exacerbated during extreme events and lead to an increase in suicides or suicidal ideation in the months following those events (65, 66). The current COVID-19 pandemic and the exceptional circumstances surrounding it exacerbate some of these risk factors, including social isolation and loneliness, financial insecurity and job loss, access to lethal means (e.g. firearms), alcohol abuse, and barriers to accessing care (3, 20, 67). In addition, several studies examining the psychosocial impacts of the current pandemic have reported an increase in psychological distress and the symptoms of mental health disorders, two risk factors recognized as being associated with suicide (3, 4, 20, 45, 68–71). Several studies have also noted that factors specific to the COVID-19 context, such as the fear of contracting the virus and infecting others, repeated media exposure, and stigmatization and discrimination of people with COVID-19 may increase psychological distress and contribute to suicidal risk (3, 20, 72–75). To date, worldwide data on COVID-19-related suicide cases remain sparse. However, in the few reported cases, several of the above-mentioned risk factors were present and may possibly explain suicidal behaviours (74). The scientific community is concerned with a possible increase in suicidal behaviour, particularly among vulnerable populations (3, 20, 73, 74). However, although the increase in suicidal behaviour is of concern, it is not inevitable, especially with the implementation of national prevention measures (3, 20).

### Courses of action

In addition to providing and ensuring access to support and services for vulnerable people and those at risk of suicide, it is important to take common action on suicide risk factors and on promoting the mental health and well-being of the population (3, 20, 75, 76).

- ▶ Implement financial support measures to mitigate the economic effects of the public health crisis.
- ▶ Raise awareness and provide training to health care professionals and intersectoral actors regarding suicide risks in the general population and vulnerable groups, as well as the resources and services to prioritize.
- ▶ Maintain access to psychosocial support services by ensuring that they are considered essential services, that services and information on how to contact the services are disseminated and that the health care network relays the information when, for example, a person has tested positive for COVID-19.
- ▶ Encourage the population to seek out information from credible sources and to limit excessive exposure to media likely to increase distress.

- ▶ Encourage communities to identify and offer support to people living alone on their territory and to invite citizens to keep in touch with family and friends while remaining vigilant for signs of distress.

### Resources and tools

- ▶ [Détresse en période de COVID-19](#) — document produced by the Association québécoise de prévention du suicide (in French only)
- ▶ [COVID-19: mental health and well-being](#) — information provided by the Canadian Mental Health Association
- ▶ [Stress, Anxiety and Depression Associated with the Coronavirus COVID-19 Disease](#) — information sheet provided by the Ministère de la Santé et des Services sociaux
- ▶ [Conseils aux ados pour traverser la crise de la COVID-19](#) — document provided by the Ordre des psychologues du Québec [French only]

## General findings

The following findings can be made on the basis of the currently available literature and a summary analysis of the scientific literature:

- ▶ Psychosocial impacts of the public health crisis, in the form of violence, mistreatment, suicide and crime, are of concern; especially since some fear that the impacts may be amplified in the coming months and even persist beyond the public health crisis (9,1 1). Addressing these issues simultaneously not only highlights the links that exist between these various manifestations of violence (e.g. domestic violence being a risk factor for suicide), but also helps to identify common courses of action.
- ▶ The effects of the pandemic will affect population groups differently and may change as the situation evolves (9). Therefore, it is necessary to document the situation, in the short and medium term without causing harm, to monitor its evolution and measure the impacts of the COVID-19 pandemic on violence, crime and suicide, in order to adjust and roll out services accordingly (9, 77).
- ▶ Certain so-called “situational factors” that may exacerbate or increase the severity of violence should be considered. These factors are often common to more than one type of violence and to suicide and, even though they are not the cause of these outcomes, they constitute aggravating conditions that should be acted upon. Access to firearms and alcohol abuse are examples of such situational factors.
- ▶ Knowing that social support is a protective factor against violence and suicide, it is important to encourage a given community to stay connected and offer informal and online support to people living on their territory (9, 52).
- ▶ It is also important to identify at-risk individuals and potential victims, maintain access to services, and refer people to them.
- ▶ Lastly, it is crucial to continue the health prevention and promotion efforts already in place while acting on the structural determinants (e.g. income).

### To learn more on the impact of violence on health, see:

Rapport québécois sur la violence et la santé

<https://www.inspq.qc.ca/rapport-Québécois-sur-la-violence-et-la-sante> [French only]

La prévention de la violence au Québec : une responsabilité individuelle et collective

<https://publications.msss.gouv.qc.ca/msss/document-002077> [French only]

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# Preventing Violence and Suicide Within the Context of the COVID-19 Pandemic – Courses of Action

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