Amid the COVID-19 pandemic, researchers at Tulane University reported a rise in violence against women, especially in the area of intimate partner violence (IPV).

A national committee is now bringing the issue to the forefront, and one of the leaders of Tulane’s research in this area has been invited to join the conversation.

Reggie Ferreira, an associate professor in the Tulane School of Social Work and director of the Tulane-based Disaster Resilience Leadership Academy, has been named to a National Academies of Sciences, Engineering and Medicine committee tasked with developing a framework for responding to IPV during public health emergencies.
The panel will identify essential health care services related to IPV, describe health disparities related to IPV and identify innovations and best practices to prepare for and operate the delivery of such services during public health emergencies. Additionally, the committee will identify promising practices to prevent IPV and develop strategies to overcome barriers faced by underserved populations.

In their research, which is ongoing, Ferreira, Fred Butell, professor of social work at Tulane, and their team found that many of the strategies critical to ensuring public health during the pandemic – such as lockdowns, stay-at-home orders and social distancing — were actually leading to rise in IPV cases because of the amount of time women had to spend with their abusive partners in isolation. Stressors such as financial struggles and substance abuse often contributed to the incidence of IPV.

Ferreira said IPV typically rises after disasters and a major concern is the availability of critical resources to help the abused and their families. At one point during the pandemic, researchers found aggravated domestic assaults in New Orleans had risen 37 percent on the year, while other violent crimes were down 25 percent.

“Given the increase in disasters we are experience and the alarming increase in IPV, it is essential that proactive steps are taken to address the prevalence of IPV. It is better to be prepared than work reactively,” Ferreira said.

That, Ferreira added, means identifying and providing services that give victims of IPV the best possible short- and long-term health outcomes.