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9-1-2021

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Invited Commentary | Public Health

# Chicago's Stay-at-Home Mandate—The Need to Improve on Domestic Violence Prevention and Response

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The novel coronavirus, SARS-CoV-2, has led to profound changes in the human condition, including how we socially and physically relate following stay-at-home (SH) mandates. For some individuals, SH mandates were a refreshing break from business as usual, whereas for others, SH mandates exacerbated stress and poor health outcomes. For individuals experiencing domestic violence (DV), data are still accumulating regarding how SH mandates may be associated with abuse experiences, police reporting, health care service-seeking and other resource use.

In one of the most comprehensive studies, to date, Baidoo et al<sup>1</sup> shine a critical spotlight on DV-related police reporting and resource availability following COVID-19-related SH mandates in Chicago, including profound associated changes in majority Black communities. Baidoo et al analyzed DV-related police reporting and resource availability (using the NowPow online database of legal and advocacy, mental health, personal safety, and hotline resources), using April through June 2020 (following Chicago's SH mandate) as the exposure period. Compared with the same time period in 2019, during the SH period, DV-related police reporting decreased (21.8 crimes per 100 000 persons per month), with nearly double the decrease observed in majority Black communities (40.8 crimes per 100 000 persons per month). Available DV resources also decreased (5.1 resources per 100 000 persons), with Chicago's south side Black majority communities experiencing the most substantial declines (6.7 resources per 100 000 persons).

As Baidoo et al<sup>1</sup> note, it is possible that decreases in police reporting were associated with persons who were experiencing DV being confined at home with their abuser, with police distrust exacerbated by the death of George Floyd and local deaths, and with lack of professional advocacy to assist in making police contact. We offer 2 additional thoughts based on our research and clinical experience. First, when couples experiencing violence face an external crisis that poses a threat to their relationship, they oftentimes forge a temporary interpersonal closeness (manipulated by the abuser) to fight against the external crisis.<sup>2</sup> However, this supposition needs to be evaluated with empirical data from the COVID-19 era. Second, given strained police relations, it is possible that individuals experiencing DV sought help in other settings, such as emergency and urgent care; data from these settings should be explored.<sup>3</sup>

Nevertheless, given the profound changes observed in Chicago's south side Black communities associated with the SH mandate, the study by Baidoo et al provides a vital call to action to continue improving on DV prevention and response, especially in communities of minoritized race/ethnicity. Coinciding with the national focus on improving antiracist practices, the improvements needed would authorize and leverage funding and administrative supports to move beyond performative allyship (professing concern for harms to communities of minoritized race/ethnicity without backing with substantial action) to active allyship (leveraging power and privilege and courageously interrupting the status quo by engaging in prosocial behaviors that foster connection and solidarity with minoritized communities<sup>4</sup>).

To provide better DV care in communities of minoritized race/ethnicity, we recommend prioritizing funding and administrative supports to reinvent DV training and performance metrics for police and other service professionals. Police and legal response to DV and related crimes has been historically laden with challenges, including mandatory arrest, lack of trauma informed response, and unconscious bias and discrimination toward Black communities.<sup>5</sup> Few, if any, police departments

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nationally require recurrent training in responding to domestic violence. Advocates have long known that a supportive approach involving first responders arriving with a team trained in trauma and crisis care works best in supporting individuals experiencing DV.<sup>6</sup> In addition, based on the results of early testing of bias awareness training across the New York Police Department,<sup>7</sup> teams with advanced training in bias awareness, along with practice in active allyship, may be more effective in supporting individuals experiencing DV with minoritized racial/ethnic identities. Taken together, the reinvented training we envision would combine promising recent data with an enhanced (and continuous) focus on mitigating the influence of unconscious biases (at the intersection of race, ethnicity, gender, ability, etc), probing privilege, and developing prosocial practices (eg, perspective taking) to strengthen trust with individuals experiencing DV. Multiday trainings should be offered and linked to annual evaluations and performance metrics.

Another area for prioritization is funding to equitably distribute and replenish DV resources in communities of minoritized race/ethnicity, including tackling administrative burdens that prevent individuals experiencing DV in greatest need from accessing resources. The decreases in DV resources observed in the study by Baidoo et al<sup>1</sup> in Chicago's south side Black communities is alarming and may be an extension of structural racism. However, of note, because the NowPow database relies on online resources, it is possible that some resources were not captured; this explanation may be the case for clinics that were actively providing services to individuals experiencing DV but were unable to update their online information. When considering equitable distribution and replenishing of DV resources, we must also include upstream prevention and support services, such as early childhood home visitation and positive youth development engagement.

The coming months will require careful monitoring of COVID-19, including how future SH mandates (if they are implemented) are associated with DV outcomes. We are hopeful that the work of Baidoo et al—which helped uncover some of the changes associated with SH mandates—will inspire changes in the status quo in DV prevention and response, namely reinvented DV training for police and other service professionals, along with equitable resource distribution in communities of minoritized race/ethnicity.

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## ARTICLE INFORMATION

**Published:** September 2, 2021. doi:[10.1001/jamanetworkopen.2021.22327](https://doi.org/10.1001/jamanetworkopen.2021.22327)

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**Conflict of Interest Disclosures:** None reported.

**Additional Contributions:** David Martin, JD, Director of the Domestic Violence Unit, Seattle Prosecuting Attorney's office, provided feedback on the commentary.

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