



Love in the Time of Pandemic

Domestic violence during the first wave of COVID-19 in Hungary

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Abstract

In accordance with the different research data published worldwide on the effect of the COVID-19 pandemic on domestic violence, a significant rise could be detected in the number of the registered cases in Hungary as well. The aim of the article is to present the relevant available data during the first wave of the pandemic (March – June 2020), to outline the important provisions of Hungarian legislation, and to summarize the main psychological factors that contribute to the link between pandemic restrictions and the increase in domestic violence. The questions on management and treatment of the problems emerging from the pandemic situation regarding violence at home are also addressed. Besides the method of literature review the research was based on the analysis of statistical data acquired from different sources on the studied phenomenon. Both international and national data confirmed the conclusion that pandemic circumstances and necessary restrictions inevitably increase the prevalence and seriousness of domestic violence. Further research is needed to find specific tools and methods to adjust to the challenges of the new situation.

Keywords: domestic violence, COVID-19, psychological factors, intervention, prevention

Introduction

Putting ‘COVID-19’ to the Google web search engine, the result returned is about 6,000,000,000 (!) hits in 0.73 seconds.¹ Coronavirus 2019, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was first identified in December 2019 in Wuhan, Hubei, China, and has resulted in an ongoing pandemic. In Europe the third wave of the pandemic² with new mutant variants of the virus is just behind us, moreover, the imminence of the fourth wave is of high probability. It would not be an exaggeration to say that in a sense the health crisis - and the related socio-economic effects - developed on a scale as never before in this century. Apparently COVID-19 impacted not only people’s physical condition but had a strong effect on their mental health as well. Partly due to this fact and partly because of other factors, circumstances of the pandemic situation, the incidence of domestic violence (DV) dramatically increased all around the world (URL29). Is the experienced phenomenon important enough to be worth dealing with, or can social science simply ignore it as of only some temporary significance? The question may sound odd, but we should keep in mind that only about a hundred years ago, right after World War I, some 21 million people died of the deadly pandemic, known as Spanish flu, and we did not find any source of the time raising the problem of increasing violence at home³. However, since then the world has become much more sensitive towards violence than it was ever before. The mainstream Western culture of the 21st century does not tolerate violence, neither at home hiding between the benevolent cover-up of the domestic walls and not even in the time of a pandemic. Therefore the experienced incidents must not pass over in silence, regardless of where in the world they may occur; they should be in the focus of public discourse and scientific interest as well.

In April 2020 the United Nations Population Fund (2020) predicted the increase of gender-based violence during the lockdown in all 193 United Nations member states, estimating an additional 15 million cases for every three months the lockdown continues. This prognosis was later confirmed worldwide (URL29) by scientific and news reports from different countries. In China, for example, where domestic violence has always been a widespread problem, cases have risen dramatically after quarantine orders were issued. In Jingzhou, a city located

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- 1 Just to compare: it is almost twice as much as the number we get for ‘sex’, a word of very high ‘hit value’, and where the search result is about 3,200,000,000 hits in 0.41 seconds.
 - 2 In Hungary the third wave lasted roughly from February to May 2021.
 - 3 Actually even dealing with this phenomenon, or to realize or accept its existence was unknown and untouchable until the ‘70s of the last century.

in the province of Hubei, the number of domestic violence cases reported to police had tripled in February 2020, compared to the same period of the previous year (URL25). Similar alarming trends were seen in other parts of the country, often worsened by the reluctance of the police and the weakening of the victim support system (URL41). The aggravation of the problem was reported from European countries – e.g. the Balkan states (URL26), Belgium, Spain, Ireland, the Russian Federation (URL1), Portugal (Gama et al., 2020) –, from the United States (URL30), Canada and several Asian and African countries (United Nations Women Headquarters, 2020), e.g. Turkey (URL40), India (Pal et al., 2021), Kyrgyzstan (URL2), Japan (Ando, 2020), Pakistan (URL27), Tunisia (URL38), Singapore (URL5) and Kenya (URL34) as well. In the United States, even though crime rates have been reported to have declined during the months of the first lockdown, evidence suggests that serious crimes which are usually committed without co-offenders - e.g. homicide and intimate partner violence - have either remained constant or increased (Boman & Gallupe, 2020). In France a 30 per cent rise in family violence was detected after the first lockdown in March 2020 (URL3). In the United Kingdom during the first three weeks of the lockdown, between 23 March and 12 April sixteen suspected domestic abuse killings were identified, which is more than twice as much as it was in the same period over the previous 10 years (URL31). In the World Health Organization Europe member states a significant increase in emergency calls to domestic violence hotlines had been reported during the first lockdown in 2020 (URL4).

Hungary was no exception; an increase of domestic violence cases was experienced in the country right at the time of the first lockdown in the spring of 2020 (URL28, URL36). The first reports identifying the problem came from the National Crisis Management and Information Telephone Service (OKIT) and civil society women’s organizations like PATENT and NANE, and were since confirmed by official statistical data. This time period partly coincided with the ‘Year of victim support’ declared by the Ministry of Justice in January 2020, right before the pandemics.

COVID-19 impacts on mental health

Based on experiences from previous, almost worldwide pandemics like SARS-CoV⁴ in 2003 and Ebola⁵e.g. in 2014, it was not unexpected that measures meant

4 Severe Acute Respiratory Syndrome.

5 Ebola virus disease (EVD).

to slow the spread of COVID-19 would have an adverse effect on mental health. For instance, negative psychological outcomes like anxiety, insomnia and depression have been found to be common among patients, relatives and medical personnel affected by SARS-CoV in 2003 (Tsang, Scudds & Chan, 2004; Sim & Chua, 2004; Wu et al., 2008). Thus the occurrence of similar serious psychological consequences caused by the stressful circumstances, the need to rapidly adapt to a new and dangerous situation and the uncertainty and low predictability of the future was foreseeable in case of COVID-19 pandemics.

The very first reports came from China, the origin country of the pandemics. Research, analysing the Weibo posts from 17,865 active Weibo⁶ users, showed that COVID-19 influenced the psychological states of people across China. According to the results *'negative emotions (e.g., anxiety, depression and indignation) and sensitivity to social risks increased, while the scores of positive emotions (e.g., Oxford happiness) and life satisfaction decreased. People were concerned more about their health and family, while less about leisure and friends.'* (Li, Wang, Xue, Zhao, & Zhu, 2020). Holmes et al.'s (2020) survey carried out in the UK general population also revealed widespread concerns about the effect of social isolation or social distancing on wellbeing, increased levels of anxiety, depression, stress, and other negative feelings, and concern about the practical implications of the pandemic response, like financial difficulties. Further research findings indicate that being quarantined can be an aggravating factor in mental health problems (Brooks et al., 2020), and that COVID-19 pandemic resulted in high prevalence rates of depression, anxiety and acute stress symptoms in the general population (Wang, Xu & Volkow, 2021). In their article Brooks and colleagues (2020) reviewed 24 papers meeting their inclusion criteria from three electronic databases on the psychological impact of quarantine, concluding that the latter is wide ranging, substantial, and can be long lasting. Longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss and stigma are stressors that cause negative psychological effects like post-traumatic stress symptoms, confusion, and anger in the people affected. Further adverse effects of social isolation identified by research are – among others – different psychosocial problems (Usher, Bhullar & Jackson, 2020), changes in health-risk behaviours like alcohol and tobacco use (García-Álvarez, Fuente-Tomás, Sáiz, García-Portilla & Bobes, 2020), and increased suicide risk (Reger, Stanley & Joiner, 2020). Pre-existing psychiatric or substance use problems are likely

6 Sinai Weibo is China's most popular microblogging website. It is one of the biggest social media platforms in China with over 400 million monthly active users.

to increase the chance for adverse psychosocial outcomes (Pfefferbaum, Boultware, Klompas, Beigel & Department of Psychiatry and Behavioral Sciences, 2020). Hungarian data also underpin the link between the coronavirus pandemic and psychological factors like anxiety and depression (Szabó, Pukánszky & Kemény, 2020), and the increased vulnerability of psychiatric patients already dealing with mental health issues (Kulig et al., 2020).

COVID-19 impacts on domestic violence

Along with the news indicating the worldwide exacerbation of domestic abuse during the COVID-19 pandemic, research on the causal background of this relationship has also boomed. Interest toward previous research results on the growth of family violence in times of natural and humanitarian catastrophes (Parkinson & Zara, 2013) increased as well. According to Peterman and colleagues (Peterman, O'Donnell & Palermo, 2020; Peterman & O'Donnell, 2020) work based on the results of numerous studies, COVID-19 pandemic and associated policy response measures increase on violence against children and women across contexts, and also shed light on the possibility that under-reporting may account for mixed or decreasing trends that have appeared in a few reports.

In their article Moreira and da Costa (2020) summarize the potential causes for the change, stressing that knowledge on the dynamics of violence and on risk factors associated with it can help to establish an understanding on the link between pandemics and the exacerbation of intimate partner violence (IPV). Stress-inducing factors like social isolation, the restructuration of the regular household routine, increased time with the partner and the fear of the disease can significantly contribute to the precipitation of IPV episodes. Other circumstances assumed to be related to the exacerbation of DV are unemployment, decreasing income, increasing gun and ammunition sales, the closing of bars and restaurants and the mass release of prisoners to reduce the risk of spreading COVID-19 in confinement (Campbell, 2020). Along with the rise in the magnitude of the problem of DV, measures and policies adopted by the states to reduce the spread of the virus may also considerably limit victims' access to specialized services.

The main psychological factors that contribute to the link between pandemic restrictions and the increase in DV are 1. isolation, 2. loss of control, and 3. fear and anxiety caused by the new situation.

1. As a consequence of the pandemic restrictions like social distancing, school and work closures and travel restrictions, family members are locked together

with strictly limited outside contact possibilities. Isolation, forced closeness and the lack of privacy not only induce and generate tension and conflicts in the domestic environment, but at the same time are favourable for the potential family violence perpetrator. To isolate the victim as an act of control or to reduce opportunity for disclosure of the violence committed is quite common for DV abusers (Campbell, 2020). Judith Lewis Herman pointed out in her widely cited paper already in 1992 the general effects of the prolonged isolation *‘where the victim is in a state of captivity, under the control of the perpetrator. The psychological impact of subordination to coercive control has many common features, whether it occurs within the public sphere of politics or within the private sphere of sexual and domestic relations’* (Herman, 1992). Isolation also means less option to find help or safety, to get support from a friend or a family member, to flee to a shelter or safe house, or to get protection from the police. Actually, even to get medical aid or to get into an emergency room is strongly obstructed by the circumstances and restrictions. It is worth to mention that the phrase ‘trapped at home’ was frequently used in the media to describe this situation, reflecting that the victim is caught in a hopeless and unpleasant situation from which s/he cannot escape, and using an expression for it with unquestionable animal connotation.

2. Crises which are definitely over the control of the individual – like natural disasters, financial or economic crises with unemployment and everyday economic difficulties and pandemics – have a fear and anxiety generating character. Loss of control is inherent: individuals are confronted with their helplessness and losing the power to influence or direct their life. Life seems to be out of control and this raises an intense and robust need for regaining the lost control. The need to get back at least some semblance of control can trigger or increase the controlling behaviour towards the closed or cohabiting members of the family, or can much worsen the already abusive or violent relationship.
3. The outbreak of a global pandemic focuses people’s attention to the life threatening danger of the new or unknown disease. They generally experience stress and uncertainty, and are faced with the low predictability of the foreseeable future. This occurs as an elemental and profound feeling, a danger signal that inevitably triggers and provokes deep fears and anxieties. Thus this emotional state could lead to a look for union, support or solidarity, but most likely elicit aggression in order to try to re-establish the balance and defence of the endangered self.

Law: Legislation on domestic violence and restraining orders

Until 1 July 2013, when the Act C of 2012 on the Criminal Code entered into force, DV was not a *sui generis* criminal offence in Hungary. Within the frames of the former criminal Code, Act IV of 1978, cases of DV were prosecuted under other ‘general’ (i.e. non relationship specific) offences, e.g. battery, harassment and abuse of a minor. Section 212/A of the new Criminal Code has introduced the novel offence of ‘relationship violence’ (RV), which development was preceded by extensive debates in parliament and civil society.

The first subsection of Section 212/A penalizes violent behaviours that harm human dignity and are degrading, and also acts of the misappropriation or concealment of any assets from conjugal or common property resulting in serious deprivation, if these are committed on a regular basis against a relative. These offences are considered to be subsidiary in nature, that is they are only applied if the act did not result in a more serious criminal offence. The prosecution of these criminal acts is only possible upon a private motion. According to the second subsection of Section 212/A, certain cases of battery (assault), slander, violation of personal freedom and duress (coercion) against a relative are considered to be more serious and thus more harshly punishable, so-called qualified cases of RV. Regarding this section, the concept of relatives includes the parent of one’s child, former spouses, former life-partners or other relatives living in the same household or dwelling at the time of commission or previously, one’s conservator, persons under one’s conservatorship, one’s guardian or persons under one’s guardianship. Pursuant to the ministerial reasoning of the Criminal Code, the criterion ‘regular basis’ means at least two separate instances of relationship violence.

Even though the introduction of the new offence pertaining to DV could be seen as a positive development, its flaws were obvious already before the new provisions entered into force. Since then the criminal offence of RV and the legal practice based on it has attracted a lot of critical attention mainly – but not solely – from non-governmental organizations (NGOs) advocating women’s rights. The US Department of State’s Country Reports on Human Rights Practices (2019) and the United Nations Human Rights Committee’s Concluding observations on the sixth periodic report of Hungary (2018) sum up the main reasons why the applicability of Section 212/A of the Hungarian Criminal Code is limited and thus does not offer adequate protection to victims of DV. According to Section 212/A of the Criminal Code, cohabitation or joint children and at least two separate instances of violence are required for the establishment of the offence. Thus, this provision does not protect those who do not have either

a common child or a common home with the perpetrator, and those who have only been abused once. The fact that sexual offences are not included within the conducts of the offence in question can be considered as a serious flaw of the provision, too. The private complaint of the victim is also a questionable requirement, even though it does not apply for the qualified cases.

A number of problems have been pointed out in the legal provisions and practice on protection orders as well. Act LXXII of 2009 on the Restraining orders applicable in case of violence among relatives introduced two forms of restraining orders. According to Section 6. paragraphs (3) and (4) a temporary preventive restraining order can be issued by the police at the scene of a domestic violence incident for a maximum of 72 hours if – based on the circumstances of the case – there is reasonable ground for the suspicion that violence between relatives has been committed.⁷ The order needs to be reviewed by court within a 72 hours' time period. The court can either overturn it, or uphold it and impose a preventive restraining order for a maximum of 60 days without the possibility of extension. A preventive restraining order may also be requested by the abused or the relatives of the abused, as defined in Section 14. paragraph (1). These civil law protection orders temporarily limit the abuser's freedom of residence, right to choice of place of residence, parental rights and right to contact one's child.⁸ The person against whom the preventive or temporary preventive restraining order has been issued is obliged to stay away from the abused, to stay away from the apartment serving as the habitual residence of the abused, to stay away from the person specified in the order and to refrain from any direct or indirect contact with the abused.⁹ However, if the habitual residence of the abused is shared with the abuser, it only falls under protection if the abused has a title for the use of the apartment other than favour or is raising a child common with the perpetrator.¹⁰ The main problem with Hungarian regulation – besides the fact that practice based on it is retroactive and not proactive – is that the circle of those protected by temporary preventive and preventive restraining orders is too restrictively determined and violence defined by the law has a too narrow scope (Taba, 2018).

Besides civil law protection orders, a restraining order can also be issued as a coercive measure during the criminal proceedings. This measure was incorporated into the former Criminal Procedure Code, Act XIX. of 1998 years before the introduction of civil law protection orders. Because of the numerous flaws

7 Act LXXII of 2009, Section 1 contains detailed definitions of 'violence among relatives' and relatives.

8 Act LXXII of 2009, Section 5. paragraph (1).

9 Act LXXII of 2009, Section 5. paragraph (2).

10 Act LXXII of 2009, Section 5.paragraph (3).

of this previous regulation (Tabá, 2018), the new Criminal Procedure Code (Act XC. of 2017) has significantly amended the provisions on restraining order to be issued in criminal proceedings. According to the new regulation, if conditions in Section 276. are met, a restraining order can be issued upon the motion of the prosecutor or upon the request of the victim, in order to prevent the hindrance or frustration of the evidence or to prevent recidivism. The order may remain in force until the end of the criminal procedure. Its duration is tailored to the proceedings, and can be prolonged according to the rules specified in Sections 289–291. Under the effect of a restraining order the perpetrator is obliged to refrain from contacting the person protected by the measure and to keep distance from this person. The court may impose further obligatory behavioural rules, such as to leave and stay away from a specific house, or to remain distant from the residence, workplace, institutions and other places regularly visited by the person concerned by the restraining order.¹¹ Should the perpetrator violate the prescribed behavioural rules, he/she may be taken into custody and placed under criminal supervision, or a technical tool, tracking his/her movement, may be applied, or stricter behavioural rules may be imposed, or he/she may get arrested. General rules pertaining to coercive measures¹² are to be applied in the case of restraining orders as well, enforcing important legal guarantees like e.g. the principles of proportionality and gradualism.

Despite the significant improvements in Hungarian regulations on restraining orders, further development is needed in order to provide adequate protection for victims of DV (Tóth, 2019; Tabá, 2018). The new Criminal Procedure Code establishes a link between civil law and criminal law measures, however only in the case of temporary preventive restraining order. The system of protection orders could function more effectively, if civil law and criminal law measures would constitute a more coherent legal framework for the protection of victims of domestic violence. Furthermore, some argue that restraining order may not be best regulated as a coercive measure under the provisions of criminal procedural law (Tóth, 2019). The issuing of such a restraining order has to be based on reasonable suspicion of having committed a crime, and so it can only be imposed upon a defendant. Thus, by the time of the court's decision the help provided for victims of DV may be far from being immediate and quick (Tóth, 2019).

Besides the flaws of legal regulations, a number of other problems have been pointed out recently regarding the treatment of DV in Hungary. According to the United Nations Human Rights Committee's Concluding Observations on the

11 CPC, Section 280.

12 CPC, Section 271.

Sixth Periodic Report of Hungary (2018), DV continues to be a persistent and underreported problem, police response to cases of DV and the mechanisms to protect and support victims are inadequate and access to shelters remains insufficient. The report of the Immigration and Refugee Board of Canada on domestic violence in Hungary (URL32) also refers to a number of sources indicating that numerous problems prevail in the country with regard to the application of laws and regulations and the responses of the police, courts and child protection authorities to the problem, among others. But the field with the greatest room for improvement with regard to DV in Hungary is the network of institutions and services available for victims.

Victim support: Institutional system of care provided for victims of domestic violence

Even though facilities are still far from being sufficient, there are growing number of services and institutions that provide help and support for victims of DV. The country's Victim Support Service started functioning on the 1st January 2006 as a government organization. Its offices are integrated into the County Government Offices, and provide advice and information, legal assistance and financial aid, among others. Under the goal of setting up a nation-wide network of victim support centres, in 2018 the Ministry of Justice started the establishment of Victim Support Centres that provide a wide range of tailored services in a centralized manner. Currently there are seven centres in the country, three having been opened in 2020 and one in 2021, and several more to be set up in the near future (URL15). As a recent development, regional crisis management ambulances have been established by the state in 2018, providing walk-in consultations without accommodation in DV cases, not only for women. Six of the nine existing services are operated by the Hungarian Interchurch Aid (URL11).

There are a number of helplines where victims of DV can turn to for help. Victim Support Line is a free-of-charge hotline that is accessible 24 hours a day for all victims of crime. A more targeted/specialized helpline is the National Crisis Management and Information Telephone Service (OKIT) that also operates 24/7 free of charge and provides survivors of DV, child abuse, prostitution and human trafficking with information and – if necessary – secures accommodation in an acute crisis situation (URL8).

Two other helplines for victims of family violence are also available, though only in a limited time frame, operated by civil society women's organizations. NANE (Women's Rights Association's Helpline) is accessible by phone and

e-mail free of charge for victims of gender-based violence, child abuse, sexual violence and incest (URL12). PATENT Association (Society Against Patriarchy), which provides emotional support, legal aid and psychological assistance for victims of violence against women and those whose reproductive rights are curbed, also operates a helpline, among other services (URL13).

As for institutions providing accommodation, there are currently twenty crisis centres, eight secret shelters and twenty-one halfway-houses operating in the country, and according to the Ministry of Human Resources, the number of places available in these institutions has recently been increased (Körtvélyesi et al., 2020). The operators of these facilities – besides the state – are church institutions, civil society organisations and municipalities. Crisis centres offer accommodation and complex services to DV victims who have had to leave their home. Services include – among others – legal and psychological counselling, assistance through social work, mediation of health care services, etc. (CEDAW, 2019). These centres function with a capacity of six places and a caring time of four weeks which can be extended in certain cases for a maximum of another four weeks. Eight secret shelters with a maximum capacity of eighteen places each are also available for victims of DV and human trafficking in danger for a maximum period of six months. Those leaving the crisis management system can resort to halfway houses, which offer long-term accommodation and professional assistance.

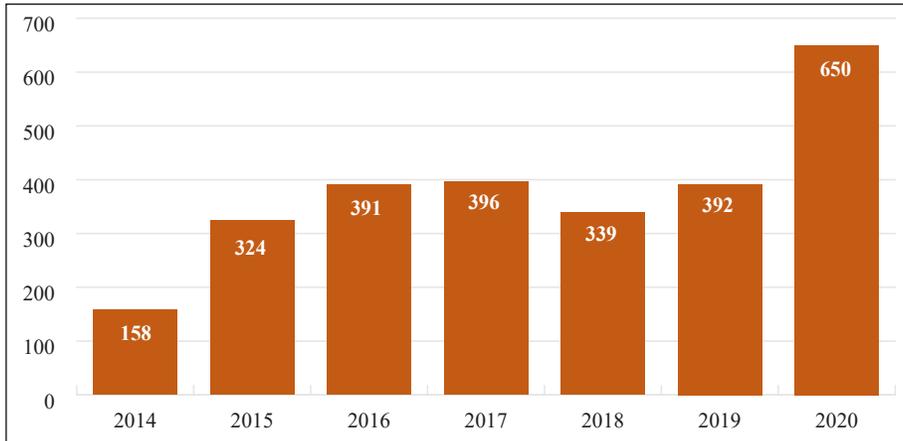
Numbers, data:

Domestic violence before and during the first lockdown

Being a seriously underreported crime, the magnitude of DV can only be estimated, and not measured, even when relying on official crime statistics. This question is further complicated by the introduction of the novel offense of RV mentioned above, which does not fully cover all crimes under the umbrella term of DV, but which, at the same time, is somewhat broader than the traditional concept of DV. Since the latter act has entered into force on the 1st July 2013, it is best to analyse official crime trends regarding domestic – relationship – violence from the year of 2014, as can be seen on figure 1 below. However, it should be noted that the database we have relied on, the Unified Statistical System of Investigations and Prosecutions, contains data on finished investigations (reflecting the time when decision on indictment or discontinuation has been made), so offenses are not registered at the time they were actually committed.

As can be seen on Figure 1, after the transitional year of 2014¹³, the yearly number of registered cases did not change remarkably for five years, with numbers ranging between 324 and 396. However, data from 2020 reveal a sudden significant rise, which change is most probably a consequence of the worsening situation of family violence due to the lockdowns. Even though – as we have mentioned before – data from USSIP do not always reflect the actual time of commitment, they do call attention to the sudden significant change in numbers.

Figure 1: *The number of registered relationship violence cases in Hungary*



Note: Created by the authors based on USSIP database.

The effects of COVID-19 pandemics hit the country in March 2020. On 11th March, shortly after the announcement of the first confirmed case, Government declared a state of danger and introduced restrictions seriously limiting everyday life to slow the spread of the virus. Because schools closed and education moved online, many lost their jobs or started to work from home, and curfew restrictions were established, people started spending more time in their homes, locked up with family members. Meanwhile the adverse economic impacts of pandemics also started to show (Moldicz, 2020), among which the rise of unemployment rates can be mentioned as a crucial factor affecting mental health. This psychologically challenging situation brought about changes in the morphology of crime as well (Póczik, Sárík & Bolyky, 2020). During the first wave of COVID-19 pandemics a growing number of reports emerged about the rise

13 The low number of registered relationship violence in 2014 was probably due to the fact that many domestic violence acts were registered according to the previous Criminal Code, under a non relationship specific offence, as the previous law did not contain this 'specific' offense.

in violence, and more specifically on the increase of crimes considered to be DV. A women's rights association NGO (NANE)¹⁴ experienced receiving more serious calls on their helpline in this period, concluding that pandemic restrictions may have worsened already existing domestic abuse in many families, turning it into physical or even life-threatening abuse (URL37). According to NANE associates, the situation was aggravated by the fact that because of the constant presence of their abuser, victims of DV were less able to seek help, and the access to shelters was also limited. Another women's rights defender NGO (PATENT Association)¹⁵ also reported a rise in calls, despite the increase in their helpline's capacity (URL37).

In the spring of 2020 several media reports were published on the substantial rise in crimes that are considered to be domestic abuse. According to data reported by g7.hu (URL28), even though crime rates dropped by a quarter in March 2020, DV increased by half during this time period. The statements of the article were based on change in the number of registered cases of RV,¹⁶ so the author probably relied on data from USSIP (see Figure 1)¹⁷. Analysing crime data requested from the police, an independent MP, Bernadett Szél came to the conclusion that crimes committed against relatives rose by 11 percent, and specifically RV increased by 88 percent in 2020 compared to the previous year, with victims being mainly women, and a record number of temporary preventive restraining orders was issued (URL10).¹⁸

To provide a comprehensive picture of how COVID-19 affected DV, we present and analyse statistical data obtained from the Hungarian National Police Headquarters (NPH), the National Crisis Management and Information Telephone Service (OKIT) and Hıntalovon Child Rights Foundation.¹⁹ Because of the aforementioned shortcomings of USSIP data, we sought to rely on data that is informative on the time of commission. Figures 2 and 3 below depict the number of investigations started and the number of temporary measures issued by the police in the first six months of 2018, 2019 and 2020, based on data from the RoboCop system. Even though data provided by the police were not broken down by month, the figures illustrate that the number of investigations

14 Nők a Nőkért Együtt az Erőszak Ellen (Women For Women Together Against Violence Association).

15 Patriarchátust Ellenzők Társasága (Society Against Patriarchy).

16 With the Ministry of Interior Data being the data source.

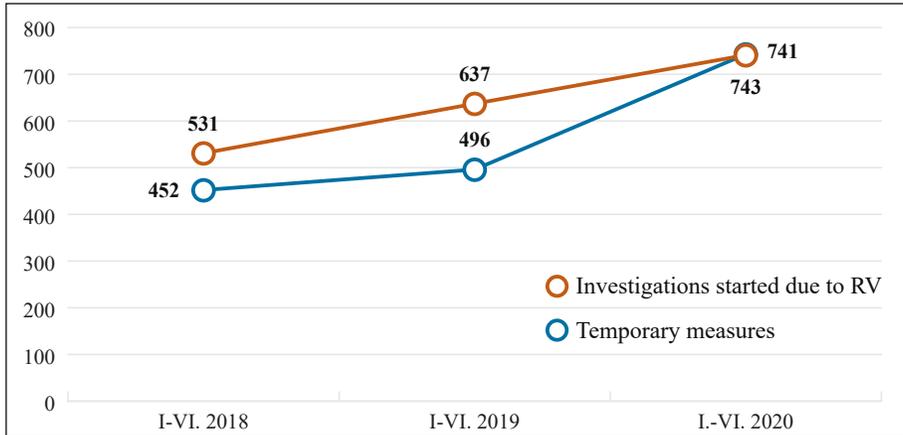
17 As we have indicated before, USSIP data are not informative enough in this regard, since probably not all relationship violence committed in March 2020 were registered at the time they were committed, and a part of the registered offences may have been committed the previous months.

18 Contents of her Facebook post were published by different news websites, e.g. index.hu (URL35).

19 Acknowledgements: The authors would like to thank Hungarian National Police Headquarters, National Crisis Management and Information Telephone Service (OKIT) and Hıntalovon Child Rights Foundation for providing data for the figures.

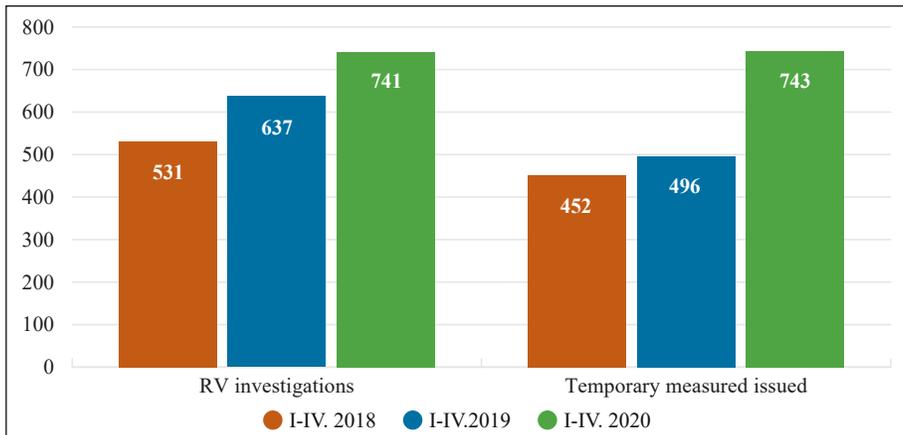
started and measures issued due to RV rose significantly in the first half of 2020, compared to the same period of the previous years. It is also true, however, that a modest increase was observed in 2019 compared to 2018, so the rise experienced in 2020 may not only be imputable to the pandemics. What can be acknowledged as a marked change is the coincidence of the numbers of investigations and measures in the year of 2020.

Figure 2: *The number of investigations started and temporary measures issued due to RV by the police in the first six months of 2018, 2019 and 2020*



Note: Created by the authors based on data provided by NPH.

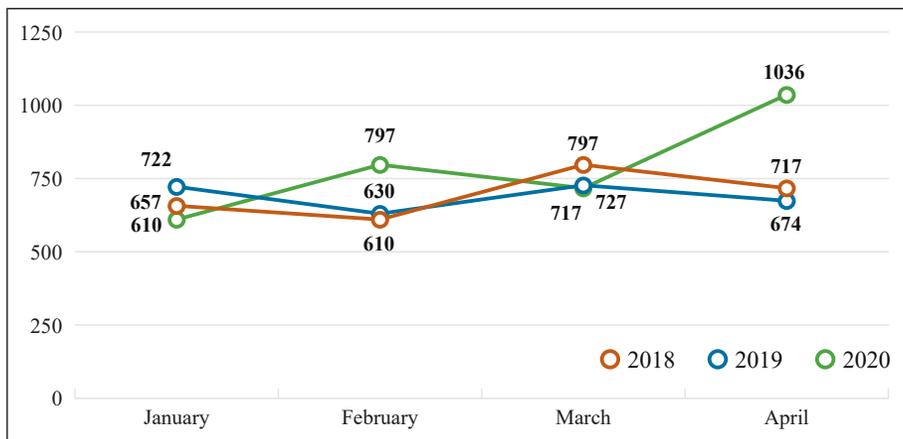
Figure 3: *The number of investigations started and temporary measures issued due to RV by the police in the first six months of 2018, 2019 and 2020*



Note: Created by the authors based on data provided by NPH.

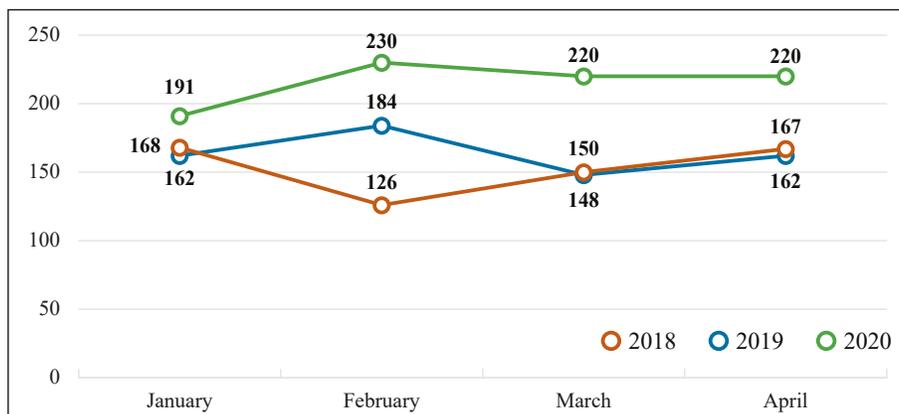
Data provided by the National Crisis Management and Information Telephone Service (OKIT) also appear to corroborate the increase in DV during the first months of the lockdown. About a quarter of the calls to the helpline pertain to DV (Boglacsik, 2017). Figure 4 below shows the monthly distribution of calls received by OKIT in the first four months of 2018, 2019 and 2020. The graph depicts clearly that not only the number of calls coming to the helpline increased in the first months of 2020 as compared to the previous two years, but their distribution also shows a different pattern than before. The tendency of rise appears to be most pronounced in April, with the number of calls almost doubling in comparison with the data of the previous two years, and we can only presume that this trend continued in the following months. Figure 5 provides further evidence to support the presumption that restrictions brought about by COVID-19 had an unfavourable effect on DV. The number of calls received by OKIT specifically with regard to DV shows a marked increase in 2020, even though the initial rise turned into stagnation in March and April.

Figure 4: *The monthly distribution of calls received by OKIT in the first 4 months of 2018, 2019 and 2020*



Note: Created by the authors based on data provided by OKIT.

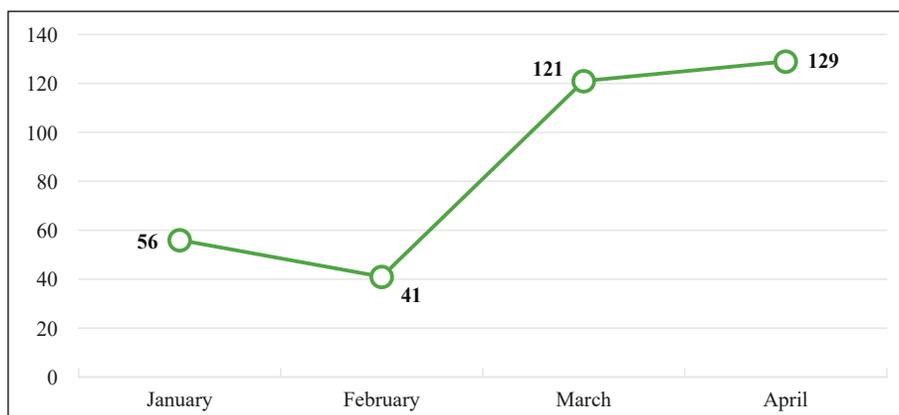
Figure 5: *The monthly distribution of calls pertaining to domestic violence received by OKIT in the first 4 months of 2018, 2019 and 2020*



Note: Created by the authors based on data provided by OKIT.

We also requested data from Hintalovon Child Rights Foundation. Even though the Foundation does not specifically deal with cases of DV, it provides nationwide assistance to children, receiving inquiries on several channels. Figure 6 shows the number of requests and inquiries coming into the Foundation in the first four months of 2020. The numbers fit into the general picture as they show a rise in March and April compared to the first two months of the year, partly due to the legal aid chat initiated in March and yielding further requests.

Figure 6: *The number of requests and inquiries received by Hintalovon Foundation in the first months of 2020*



Note: Created by the authors based on data provided by Hintalovon Foundation.

Reaction: State and civil response to the increase of domestic violence cases during the first lockdown

The fight against DV is a difficult task itself, but in the new situation brought about by COVID-19 it seems to be almost invincible. Counter-pandemic measures not only caused an increase in the level of DV, but also posed a challenge for prevention and treatment efforts. Because of the restrictions, service providers faced serious difficulties in continuing their prior activity in supporting victims of gender-based and family violence.

To tackle the problem more effectively a number of measures have been taken by countries (Pearson et al., 2021; EIGE, 2020; Mittal & Singh, 2020). The European Institute for Gender Equality (EIGE, 2020) has reviewed reactions given by member states to the new challenge, identifying 228 individual measures undertaken in the 27 EU Member States, most implemented by governments and many by NGOs. The Institute classified several measures as promising, mainly from Belgium, Ireland, Spain and Slovenia, partly linked to national action plans or to legislative or judicial interventions. Communication and support tools like instant messaging services and helplines, as well as awareness raising campaigns were also implemented in different states. Madrid, for instance, established a new counselling messaging service with a geolocation function and an online chat room that provides immediate psychological support for victims (URL14). Several countries adopted a messaging system, using a specifically designated code, 'Mask 19' for victims of domestic abuse to get help, e.g. in a pharmacy (Su et al., 2021). A good example for providing emergency shelters for victims is that of France, where hotels were utilized as safe houses (Su et al., 2021). Obviously increased demands on services call for increased funding, so effective fight against DV during the lockdown assumes adequate financial resources. According to the results of the EIGE (2020) survey,²⁰ nine respondents from seven EU member states indicated to have received government funding and three further respondents from another three states received local government funding, Hungary not being among them.

Hungarian government knew little about what the new year would bring due to COVID-19 world pandemics in January 2020, when the 'Year of victim support' was declared in the country (URL9). Although this period coincided with the breakout of COVID-19, and thus developments achieved according to this plan and the state reactions given to the pandemics are somewhat entangled,

20 An online survey was sent to 196 support services across the EU, but there were only 35 responses received in total (an 18 % response rate), from 17 Member States.

we attempt to give a short overview below on the changes that occurred in this field in 2020.

With the package of measures planned to be undertaken in the ‘Year of victim support’, the main goals of the Ministry of Justice were the development of the national victim support and victim protection system, the increase of its efficiency, and the buildout of a nationwide network of Victim Support Centres. Having faced the consequences of the first lockdown, in May 2020 the Minister of Justice promised strong action against domestic and intimate partner violence and the effective protection of victims by cooperating with women’s rights groups and by establishing more support centres, helplines and awareness-raising campaigns (URL33). These goals have been mostly, though not fully met. The most important achievement was the opening of three new Victim Support Centres in 2020 and another one in 2021 (URL15), thus doubling the system’s capacity. A new victim support information website (vansegitseg.hu) was started and a video podcast series called ‘Ordinary stories’ on victimization was also launched, though not addressing specifically the problems of family violence.

Following the Dutch example, the opt-out victim access system was introduced in the country on 1st January 2021, meaning that victims of violent intentional crimes can now be contacted directly by the state’s victim support service in order to offer them assistance.²¹ Further changes are the cancellation of the need-based evaluation of compensating victims of violent crimes and the increase of time limit of compensation claims and of applications for financial aids in case of crisis (URL16). To keep services functioning during pandemic, disinfectants, soaps, masks, vitamins, COVID-tests and other supplies were provided by a non-profit government organization for crisis centres and secret shelters helping victims of DV.

Other measures like a campaign and helplines have also been implemented to combat – inter alia – DV. Apparently the state relied heavily on civil and religious organizations in this field as well. The Ministry of Human Capacities and the Hungarian Interchurch Aid have recently launched a national campaign with the slogan ‘Love does not hurt’ to raise awareness about DV and to provide information about the recently opened regional crisis ambulances. The campaign has been financially supported by Vodafone Hungary Foundation and Avon. (URL18). Hungarian National Police also started an awareness-raising

21 In an opt-out system victims are automatically referred from the police to victim support services, ensuring quick access to help. Victims are informed of the referral process and can at any time decline the referral (Victim Support Europe, 2013).

campaign on the World Day for the Elimination of Violence against Women with the slogan ‘Look behind the smile, look under the makeup’ (URL22). Vodafone’s Bright Sky HU application that provides support and information for those in an abusive relationship or those concerned about someone they know is also to be mentioned here as an important development (URL19). Within the frames of ‘Kapcsoljegyéből’ project, OKIT has initiated a chat service for victims of domestic violence, child abuse, prostitution and human trafficking, who have difficulties in acquiring help quickly via other channels. Since during the lockdown the constant presence of abusers at home hindered victims in seeking help e.g., via telephone, NANE also started a chat service operating one night a week (URL39). Híntalovon Foundation initiated an easily accessible chat helpline service in spring and a chatbot for child’s rights in December 2020 (URL20).

To summarize the above, the alarming growth of DV was recognized during the first wave of COVID-19 pandemics, and different measures were taken to tackle the problem. These were mostly implemented within the frames of the ‘Year of victim support’ program though, and not as a specific reaction to the pandemics. Albeit the Minister of Justice evaluated the results achieved in 2020 as exceeding the requirements of the EU victim support strategy (2020-2025) adopted last year (URL16), Hungarian government’s policy on violence against women and children still remained to be criticized by NGOs and opposition parties. The main ground for condemnation in 2020 was the fact that on 5th May the Parliament rejected the ratification of the Istanbul Convention (URL23), perceiving it as a threat to traditional family values and arguing inter alia that the protection of women from gender-based violence is already ensured by the provisions of Hungarian national law. Opposition parties disapproved of the decision and came up with a joint seven-point package of proposals to tackle violence against women, urging – among other things – the creation of a special fund for the cause and the insurance of adequate training for law enforcement personnel (URL33). As regards the time period of the lockdowns – according to the head of an NGO, which runs a shelter home for small children and their mothers (Borostyán Foundation), and to the director of OKIT – Hungarian victim support system managed to provide services at a maintained level, despite the pandemic situation. (URL17; URL21). The representative of PATENT, however, reported negative accounts coming from victims of domestic violence regarding state help. According to their experiences, victims often did not get adequate information and extra assistance from state organizations regarding the newly raised issues of the pandemics, and so they usually tried to seek help from the under budgeted civil organizations (URL39).

Conclusions

War, natural disaster, famine, pandemic – we regard these phenomena as ‘abnormal’ incidents in our life. They disrupt the usual standards and order; they cause confusion and turmoil in our ‘normal’ way of living, and disturb the accustomed behaviours in a negative way. Analysis drawing a parallel between natural disasters and pandemics usually refers to the similarity of the negative outcomes, which may include extreme social failure, numerous psychological consequences and even loss of life. (Gearhart et al., 2018) As far as violence in the family is concerned, multiple studies have found a relationship between natural disasters and increased rates of interpersonal violence (op.cit. 88). After the global outbreak of the COVID 19 several studies examined the effect of pandemic and the related lockdown on DV and IPV. The results are unequivocal: almost all surveys known for us found increased occurrence of DV and confirmed the rise of DV / IPV during the COVID-19 related lockdown in different countries (Campbell, 2020; Gama et al., 2020; Pal et al., 2021; URL3; URL5; URL14; URL26; URL28; URL34; URL40). Our research on the available Hungarian data fits into this pattern: a significant rise could be detected in the number of registered cases of DV in Hungary as well, and relevant data available from NGOs on the field also show a tendency of increase. We assume it is not a capital error to attribute this change clearly – or at least with a high degree of probability – to the worsening situation of family violence due to the lockdowns.

We consider the psychological factors discussed above as contributors to the link between pandemic restrictions and the increase in DV (isolation, loss of control, stress, fear and anxiety caused by the new situation) as factors of appropriate explanatory power for the experienced phenomenon. However, having knowledge on the possible causes of a phenomenon is only the first step to a more comprehensive understanding, treatment and prevention of the problem. The fight against DV is an endeavour hard enough in itself, but the specific consequences of the lockdown measures in the world pandemic situation posed new challenges, like the increased prevalence of mental health issues among (potential) victims and abusers, the increased risk of child abuse because of the temporary inactivity of the child protection detection and signalling system, and the fact that (potential) victims of DV faced more difficulties than ever in seeking help. For instance, the modification of relevant legal provisions or the increase in the number of beds in secret shelters alone does not solve these problems. Therefore we should also examine thoroughly whether those who are responsible for preventing the deterioration of the situation implemented sufficient policy measures aimed at mitigating the effects of the COVID-19 pandemic on

DV, and whether handling of the consequences and help provided for actual and potential DV victims were satisfying and adequate (UN Women Headquarters, 2020; WHO, 2020; URL6; URL7).

In Hungary a contradictory, double-faced nature of the treatment of DV can be observed generally and in the context of the pandemic situation as well. On one hand there is no doubt about the recent efforts of the government to provide more aid, support and services for DV victims. As a result of this purpose Hungarian victim support system apparently seems to have developed recently, at least in means of capacity. Some further progress was also made in the victim protection system by the introduction of the opt-out victim access system and changes pertaining to the compensation and aid of crime victims. However, shortcomings of legal provisions and practice based on relationship violence and restraining orders mentioned in our article remained intact, implying that the protection and support for victims of domestic and gender-based violence still appears to be deficient in several ways. There are stumbling blocks of ideological nature that hinder the comprehensive handling of the problem. The Istanbul Convention on Domestic Violence and Violence against Women has not been ratified, being '*interpreted as an attack on the value of the traditional heterosexual family and marriage*' (Roggeband & Krizsán, 2018). The latter step can be conceptualized as a polar opposite to the declaration of the 'Year of victim support' along with the progress made under its scheme, reflecting an ambivalent and double-faced attitude towards the problem of DV.

As for the changes brought about by the pandemics, besides the similarity in data with the published international trends of increase, only some special policy measures were taken to mitigate the effects of the pandemic on DV and to handle the consequences. Awareness-raising campaigns by the government, the police and NGOs via social media, television or print media are of course important steps, as are newly initiated chatlines and mobile application, however the magnitude of the problem exceeded what these forward-looking but small changes could achieve. The extreme isolation of DV victims during the lockdown would have demanded a broader spectrum of remote services with significant capacity increase and a greater financial support of NGOs struggling to keep services at a maintained level. But above all, more deeply-rooted changes were necessary in order to enhance the operation of the victim protection system, implying a deeper understanding of the phenomenon of gender-based and a more comprehensive knowledge on the dynamics of DV, e.g. by operators of the criminal justice system. And last but not least, the state of the psychiatric health care system should also be mentioned, strongly linked to the problem of DV in the time of COVID. The effect of the pandemic on mental health is tremendous,

and – as we have implied before – psychological factors play an important role in this relationship. COVID-19 has resulted in dramatic changes in the operation of health care systems all around the world, and mental health services were no exception either. Along with the increase of the prevalence and seriousness of psychiatric problems, the capacity of the system dropped considerably in Hungary, too (URL24), affecting both victims and (potential) perpetrators. Needless to say, this was not a specific Hungarian problem, but more or less a global one, however the long-standing shortcomings of our mental health care system have surely exacerbated the situation. The flaws of the child protection system and the temporary inactivity of the child protection detection and signalling system is also feared to have had a negative effect on DV committed against children.

Our data analysis and evaluation of the Hungarian situation is of preliminary nature, and further research is needed to get a more comprehensive understanding of the effect of COVID-19 pandemic on domestic violence and its policy treatment. As far as ‘numbers’ are concerned, a more thorough and extensive analysis of criminal statistical data and data on the caseload of crisis centres, shelters and other institutions that play a role in tackling domestic violence is necessary. On the other hand, qualitative research methods should also be applied to obtain information on authentic experiences of the problem, coming directly from victims of domestic violence, helpers and stakeholders in the field.

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