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# The effects of the COVID-19 pandemic on violations of the right to integrity of the person

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## Abstract

The ongoing COVID-19 pandemic has been having a devastating impact on society not only from a health and economic perspective but also due to its direct and indirect effects on the human rights of citizens. In particular, the pandemic has had several negative effects on citizens' right to integrity. For example, lockdown measures adopted by governments to manage the pandemic frequently resulted in increased levels of violence against women and girls; so much so that the UN body working on gender equality (UN Women) coined a new term—'shadow pandemic'—to refer to the severe intensification of all forms of violence against women and girls that occurred during the pandemic, particularly domestic violence. In addition, in some cases, police officials have employed disproportionate force to ensure strict adherence to public health measures. Finally, hate crimes against individuals of Asian origin or descent have increased substantially in Western countries. However, and perhaps more surprisingly, there have been situations in which the pandemic, directly or indirectly, has seemingly led to a decrease in specific forms of violence. Researchers have, for instance, observed that at the height of the pandemic, there has been a decrease in reported cases of street violence against women, because of fewer people leaving their homes.

Based on document analysis and a review of selected country case studies, this article aims to provide a thorough overview of the different types of violations of the right to integrity of the person that have emerged, worsened, or, possibly, decreased as a direct or indirect consequence of the COVID-19 pandemic. It focuses on three key types of violations: domestic violence, violence against women in public spaces, excessive use of force by law enforcement agents, and racial violence against individuals of Asian origin or descent. The article starts by introducing the right to integrity of the person and then focuses on the different forms of integrity rights violations that have emerged as a direct or indirect consequence of the pandemic. It concludes by reflecting on lessons learned and by providing some evidence-based recommendations on possible rights-infringement mitigation strategies during public health crises.

**Keywords** COVID-19, Right to integrity of the person, World Health Organization (WHO), Domestic violence, Pandemic containment measures, Violence against women, Racial violence

## Introduction

The COVID-19 pandemic caused by the SARS-CoV-2 virus has had a devastating impact on society not only from a health, social, and economic perspective but also due to its direct and indirect effects on the rights to integrity of citizens. Lockdown measures adopted by governments to manage the pandemic often resulted in increased levels of domestic violence against women and

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girls, leading UN Women to coin a new term—‘shadow pandemic’—to refer to the severe intensification of all forms of gender-based violence that occurred during the pandemic (Felten’s article in this collection takes a deeper look into effectively recognizing and mitigating the same). Moreover, there were numerous racially motivated attacks perpetrated in Western countries against persons of Asian origin or descent, due to prejudice arising from the Chinese origin of the virus (Amon and Wurth 2020). In other cases, police officials employed disproportionate force to ensure the implementation of public health measures (Amnesty International 2020a). Interestingly, it seems that in some cases the pandemic, directly or indirectly, may have led to a decrease in specific forms of violence. For instance, researchers reported a reduction in documented cases of street violence against women during lockdowns in some countries, due to fewer people leaving their homes (UNODC 2020).

While media reports and existing studies point to an increase in the amount of violations of the right to integrity of the person which occurred during the COVID-19 pandemic (see e.g., Amnesty International 2020a; Katana et al. 2021; Mazza et al. 2020; UN Women et al. 2021; UNODC 2020; Londoño et al. 2021), most of these works focus on specific forms of violations (e.g., domestic violence) and/or on particular countries. Hence, we do not yet possess a complete picture of the problem—for example, which violations seem to have occurred most frequently, and in what contexts—nor do we understand all the concrete ways in which the pandemic has given rise to, or aggravated, these violations. In an attempt to start shedding light on these matters, the present article brings together evidence from multiple strands of primary and secondary sources, such as official reports by Inter-Governmental Organizations (IGOs) and Non-Governmental Organizations (NGOs) accessed through a search in online databases of the relevant IGO bodies and agencies—such as UN Women and the United Nations Office on Drugs and Crime (UNODC)—as well as databases by the major human rights NGOs including, among others, Amnesty International and Human Rights Watch. In addition, the article reviews academic studies from disciplines as varied as law, medicine, political science, psychology, and public health. Such data collection was performed with the aim of providing an overview of the violations of the right to the integrity of the person that has occurred most frequently as a direct or indirect consequence of the COVID-19 pandemic. The article additionally sheds light on their potential causes and reflects on possible mitigation strategies in case of future public health emergencies. It is to be noted that since the pandemic is a recent and still-ongoing phenomenon, available data on the violations arising from it is far from

complete. This article, therefore, provides an overview that is as comprehensive and accurate as possible based on existing sources, but that, due to such limitations, cannot be exhaustive.

After this brief introduction, the following section: “[The right to integrity of the person](#)” section of this article provides a brief explanation of the concept of the right to the integrity of the person, which involves every individual’s right to respect for their physical and mental integrity (European Union 2012), and includes at its core the prohibition of torture and ill-treatment and the right to life (de Schutter 2019). It also outlines what four key types of violations are the object of inquiry, namely domestic violence, violence against women in public spaces, excessive use of force by law enforcement agents, and racial violence against individuals of Asian origin or descent. “[The COVID-19 pandemic and violations of the right to physical integrity](#)” section then expounds on these four types of violations, reflecting on their possible causes and providing further evidence for the extent to which they occurred. Based on the lessons learned from the identified rights infringements, “[Lessons learnt and recommendations](#)” section provides several recommendations on possible prevention and mitigation strategies in case of future emergencies.

### **The right to integrity of the person**

The right to integrity of the person is widely considered among the core human rights norms, deeply rooted in the principle of respect for human dignity (Hill 2016; Poe and Neal Tate 1994; de Schutter 2019). As outlined by de Schutter (2019), the right to the integrity of the person includes two key human rights that have been largely codified in international human rights law: the right to be free from torture and other cruel, inhuman, or degrading treatment or punishment (henceforth referred to as torture and ill-treatment), and the right to life (de Schutter 2019). This section provides a brief explanation of the content and boundaries of these rights, with the aim of clarifying how the notion of the right to the integrity of the person is employed throughout this article.

### **The right to be free from torture and ill-treatment**

The right to be free from torture and ill-treatment is stipulated in all major global and regional human rights treaties, including Articles 7 and 10 of the International Covenant on Civil and Political Rights (ICCPR), Article 5 of the African Charter on Human and Peoples’ Rights (ACHPR), Article 5 of the American Convention on Human Rights (ACHR), and Article 3 of the European Convention on Human Rights (ECHR). In addition, a number of specific treaties are entirely dedicated to the fight against torture and ill-treatment, including the 1984

UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and the corresponding regional treaties in the European and Inter-American human rights systems.

The conceptualization of torture itself has been the subject of extensive discussions among both academics and practitioners, who have focused in particular on the way torture is defined in the CAT (Carraro 2022; Ingelse 2001; Nowak 2012; Nowak et al. 2019). Without aiming to provide a comprehensive overview of the definition and interpretations of torture, this section outlines its key features as understood in the context of the CAT, as the most authoritative global legal instrument in the fight against torture. Former UN Special Rapporteur against Torture Nowak (2012) has identified a set of essential criteria to define torture, namely: (a) the infliction of severe pain or suffering, whether physical or mental; (b) by or at the instigation of or with the consent or acquiescence of a public official; (c) on a powerless person under the custody or direct control of the perpetrator; (d) with intention and for a specific purpose, such as extraction of a confession or information, intimidation, punishment, coercion or discrimination (Nowak 2012).

First, the CAT prescribes that state parties not only refrain from directly committing torture but also take all necessary measures ‘to prevent acts of torture in any territory under [their] jurisdiction’ (United Nations 1984, art 2(1)). To clarify this point, the UN Committee against Torture, which is the treaty body in charge of overseeing the implementation of the CAT, stressed that states are to be held responsible for the behavior of non-state actors if they ‘know or have reasonable grounds to believe that acts of torture or other forms of ill-treatment are being committed’ (Committee Against Torture 2008, art. 18) by them. Second, the Committee against Torture considers the scope of the CAT to not only be limited to specific interrogation techniques and the treatment of detainees—as most commonly understood by the term torture—but also all forms of violence, such as gender-based violence (also see UN CEDAW 2017), violence against children, racially-motivated violence, and excessive use of force by the police (Carraro 2022). Finally, the CAT jurisprudence also highlights that the Committee considers some additional issues pertaining to the scope of the Convention, such as coerced sterilization of individuals who cannot express their full and informed consent, criminalization of same-sex relations, and trafficking in human beings (Carraro 2022).

Article 16 of the CAT Convention additionally prohibits any other acts of cruel, inhuman, or degrading treatment or punishment. These acts can be distinguished from torture by the absence of some of

the aforementioned criteria that define torture: if one or more of the criteria of powerlessness, intention, or purpose are missing, the infliction of severe pain or suffering by (or with the consent of) a public official may constitute a form of cruel or inhuman treatment; furthermore, a markedly humiliating treatment might be considered a degrading treatment or punishment (Nowak 2012: 349).

### The right to life

The right to life is codified in all main international human rights treaties, such as Article 6 of the ICCPR, Article 4 of the ACHR, Article 4 of the ACHPR, and Article 2 of the ECHR. Whereas the prohibition of torture is part of the *jus cogens*—essentially, it belongs to the set of international law principles for which no derogation is allowed—international provisions on the right to life normally prohibit the *arbitrary* deprivation of life, thus allowing for circumstances in which—subject to restrictions—states may lawfully end someone’s life. This is for example the case of killings committed in the application of the death penalty, or as necessary for the maintenance of public order (de Schutter 2019).

Different international legal instruments define the scope of the right to life in slightly different ways. However, a generally accepted principle is that when it comes to acts committed by law enforcement agents, the amount of force they may apply must be based on necessity and proportionality; in other words, no more than absolutely necessary force should be used to achieve the lawful objective, and the level of force to be applied must be no higher than the harm that the agent is trying to avoid (Bantekas and Oette 2016; de Schutter 2019). Similarly, the imposition of the death penalty must be strictly regulated and is subject to various limitations. It should only be applied to the most serious crimes (following the principle of proportionality), after the accused was subject to a fair trial, and should cause the minimum possible suffering to person to whom it is inflicted upon (de Schutter 2019). In addition, derogations to the right to life must not be of a discriminatory nature with regard to a person’s race, ethnicity, sex, language, social origin, or religion (UN Human Rights Committee 2001); this principle was further stressed by the UN Human Rights Committee when discussing derogations to civil and political rights in the context of the COVID-19 pandemic (UN Human Rights Committee 2020). Finally, similar to the case of torture, states are not only required to refrain from arbitrarily depriving persons of life, but they also have the obligation to protect individuals from death caused by non-state actors (Bantekas and Oette 2016; de Schutter 2019).

### Selected violations

The rest of this contribution will specifically focus on four types of violations of the right to the integrity of the person, which the analysis performed in this Article identified as being the most frequently occurring as a direct or indirect consequence of the COVID-19 pandemic. These are domestic violence, violence against women in public spaces, excessive use of force by law enforcement agents, and racial violence against individuals of Asian origin or descent. This Article does not explicitly separate cases of violation of the right to be free from torture and ill-treatment and of violation of the right to life, as the identified acts amounted to either of the two – or both – depending on their form and severity. For example, cases of domestic violence may constitute instances of torture or ill-treatment depending on their form and severity, but may also amount to the death, and consequently, to deprivation of the right to life of the victim. Similarly, excessive use of force applied by police officials may result in ill-treatment, torture, and/or in the death of the targeted individuals.

### The COVID-19 pandemic and violations of the right to physical integrity

#### Domestic violence

One of the best-known and most severe human rights consequences of the pandemic has been a remarkable spike in cases of domestic violence, often observed in connection to lockdowns and other mobility restriction measures. Domestic violence, also known as intimate partner violence, is known to disproportionately affect women (Gulati and Kelly 2020) and includes not only physical but also sexual and emotional violence, as well as controlling behaviors, perpetrated by an intimate partner (World Health Organization 2012). In addition, the concept of domestic violence also applies to violence experienced by children (more so when these children are caught between conflict, as is elucidated in Schaller's article within this collection), both directly—as victims of the abuse—and indirectly, as witnesses of the abuse committed at home (Mazza et al. 2020). Other factors, related to the individual characteristics of victims, such as the individuals' sexual orientation and gender identity, caste, migration background, ethnicity, indigeneity, or low levels of income, also contribute to creating heightened risks for domestic, as well as other types of, violence (Brysk 2022; Clay et al. 2022; Kofman and Garfin 2020; UN Women et al. 2021). As put very effectively by Londoño et al. (2021) in a study focusing on Latin American countries, “the concentration of victims in the most excluded sectors of society shows that although the virus does not discriminate in its infection, the structural conditions of exclusion [...] result in that [marginalized individuals] are

those who suffer the greatest exposure to the virus” (Londoño et al. 2021).

Much of the available data on cases of domestic violence linked to the COVID-19 pandemic was collected in 2020 when multiple countries across the world enforced strict lockdowns and other pandemic-containment measures. While, to date, there is no significant comprehensive global study comparing levels of domestic violence around the globe during the pandemic, multiple analyses—performed both by academics and by international organizations—point to similar trends. The UN Office on Drugs and Crime (UNODC) collected data on 34 countries across all world regions and shows that, in the first half of 2020, there was an increase in the number of women reaching out to anti-violence helplines, with starker increases in countries where pandemic containment measures were more stringent (UNODC 2020). In some countries, such as Italy, Peru, and Spain, the increase was immediately followed by the introduction of the lockdown measures: for example, on 9 March 2020, Italy went into a strict lockdown which forbade all non-essential activities outside the house. From the very first week of the lockdown, there was a four-fold increase in the number of calls made to helplines as compared to the weeks prior to the lockdown and to the same period in the previous year (UNODC 2020). In other countries, among them Denmark, a slight decrease in the number of reported incidents was observed in the first weeks of the lockdown, followed by an increase shortly afterward (UNODC 2020). Similarly, a joint UN study conducted on eight Asian countries shows that the number of domestic violence cases increased in Bangladesh, India, Indonesia, Malaysia, Nepal, Singapore, Thailand, and the Philippines (UN Women et al. 2021). Other studies likewise report that, in early 2020, there was a 36% increase in the number of reported cases of intimate partner violence in France (Evans 2020), and an increase between 20 and 30% in helpline calls reporting domestic violence in major USA cities (Kofman and Garfin 2020). Similar findings apply to countries as varied as Bangladesh (Ranjana 2020), Brazil, China, Cyprus, Nigeria, and Uganda (Katana et al. 2021)—to name a few. When looking at data regarding vulnerable communities, numbers become even more staggering. For example, in Canada, the increase in documented domestic violence cases went up by 70% in the case of indigenous women (UNODC 2020).

The reasons why the COVID-19 pandemic and ensuing lockdowns have created heightened risks for victims of domestic violence are seemingly due to a number of interconnected factors. First, lockdowns and mobility restrictions have caused people to spend more time at home, increasing their vulnerability to abusers (Aarten

et al. 2021; Kourti et al. 2023; UN Women et al. 2021; UNODC 2020). Similarly, school closures led children to spend more time in the house, exposing them to additional levels of both direct and indirect violence (Kourti et al. 2023; Mazza et al. 2020). Such risks were worsened by the fact that some abusers have used fears of contagion to better control their victims, for example, by discouraging them from seeking medical help and from leaving the house to avoid catching the virus (Kofman and Garfin 2020). Second, the pandemic made it more difficult for victims to reach out to helplines and medical professionals, due to living in close proximity with perpetrators (Evans 2020; Gulati and Kelly 2020; Joseph et al. 2020; Kofman and Garfin 2020; Kourti et al. 2023; Mazza et al. 2020; UN Women et al. 2021; UNODC 2020) and due to disruptions to support services that have limited the operators' capacity to work, or which have caused shelters to operate at reduced capacity in order to respect social distancing measures (Kofman and Garfin 2020).

Third, beyond exposing individuals to more face-to-face time with perpetrators, the pandemic has also caused a surge in domestic violence in a more indirect way, by creating additional stressors and triggers which have led to a worsening in the levels of mental and physical health of perpetrators. For example, increased unemployment rates (Aarten et al. 2021; Evans 2020; Joseph et al. 2020; UN Women et al. 2021), economic insecurity (Aarten et al. 2021; Evans 2020; Gulati and Kelly 2020; Joseph et al. 2020; Mazza et al. 2020; UN Women et al. 2021; Londoño et al. 2021), and social isolation have augmented perpetrators' stress levels and caused mental health issues such as depression (Aarten et al. 2021; Evans 2020; Gulati and Kelly 2020; Joseph et al. 2020; Mazza et al. 2020; UNODC 2020), sometimes also leading to heightened use of negative coping tools including alcohol (Gulati and Kelly 2020; Joseph et al. 2020). Lastly, economic insecurity has not only been an added stressor for perpetrators but has also made it more difficult for some abused persons to leave their partner, due to a lack of financial independence (Mazza et al. 2020).

### **Violence against women in public spaces**

Studies on the effects of the COVID-19 pandemic on violence against women show an interesting trend: in some cases, a decrease in certain forms of violence against women occurring outside of the private sphere seems to be attributable to the pandemic.

UNODC's cross-country study (2020) reported overall decreases in documented sexual violence and sexual assaults against women during lockdowns. This is because women have been less exposed to violence committed by non-intimate perpetrators as mobility restrictions affected both potential perpetrators and

women themselves. However, the study highlights that the decrease in reported cases might also be by reason of difficulties in denouncing such incidents, and the fact that legal authorities had limited capacity to record and process such cases of violence. In this regard, UN Special Rapporteur on Violence against Women, Dubravka Šimonović, highlighted that a large number of countries experienced severe delays in processing cases due to temporary closure or reduced working hours, and, consequently, less prioritization given to cases of violence against women (United Nations General Assembly 2020).

A study conducted on two Latin American countries—Mexico and Colombia—similarly indicates a stark decrease in non-domestic violence against women during the pandemic (Londoño et al. 2021). The study remarks that, in the pre-pandemic period, Mexico and Colombia were characterized by high levels of violence against women that occurred predominantly in public spaces. During the pandemic, however, such violence rates decreased significantly, even when accounting for the above-discussed underreporting. In particular, the study shows that femicide rates saw a very stark decline. This seemingly had to do with the more limited exposure of women to high-risk situations, and to the strong presence of family support networks (Londoño et al. 2021).

The pandemic's effects on violence against women in public spaces can not only be seen in physical locations, but also in the online sphere. While a UN study shows that episodes of online misogyny, such as trolling and sexual harassment, have increased during lockdowns, it also reports a concomitant increase in the use of the internet to support victims (UN Women et al. 2021)—both, perhaps, due to the longer time people spent online during lockdowns. For example, the study registered an increase in the use of online resources in India to raise awareness of caste-based violence against women, whereas in Singapore social media were used more extensively than before to raise funds for anti-violence women shelters (UN Women et al. 2021).

### **Excessive use of force by law enforcement agents**

Violations of physical integrity rights have also occurred in the process of enforcing public health measures for the containment of the virus. First, law enforcement officials have, at times, applied excessive force in the attempt to ensure strict implementation of containment measures, which, in some cases, resulted in the perpetration of torture and ill-treatment or even deprivation of the right to life of civilians (Amnesty International 2020a, 2020b; Brysk 2022; Clay et al. 2022). Second, in multiple cases, people arrested for violating COVID-19 measures have been placed in inhumane conditions of detention, which is a case of torture and ill-treatment (Human Rights

Watch 2020). As also highlighted in the case of domestic violence, such violations have particularly affected individuals from marginalized communities, such as homeless persons, migrants, Roma, sex workers, and those belonging to the Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) community (Amnesty International 2020a, 2020b).

Limitations to certain human rights may be legitimate and necessary when dealing with a serious public health threat, such as the one posed by the COVID-19 pandemic. In this regard, law enforcement officials might be required to employ force to ensure that such measures are respected. However, limitations to human rights and the ensuing use of force to implement them must only be applied to the extent that they meet the two previously discussed criteria of necessity and proportionality (Amnesty International 2020a, 2020b; Amon and Wurth 2020). The following paragraphs illustrate some situations in which law enforcement officials reportedly did not abide by those principles when enforcing pandemic containment measures.

The NGO Amnesty International conducted a large-scale study on 60 countries from all regions to identify police abuses committed in the management of the pandemic (Amnesty International 2020a), as well as a smaller-scale study focusing in-depth on 12 European countries (Amnesty International 2020b). These studies reveal that instances of (alleged) excessive use of force by the police in the enforcement of pandemic containment measures occurred in all the countries subject to their inquiry to different extents. The most frequently observed violations included arbitrary arrests and detentions for violation of governmental measures and excessive use of force—which, in some cases, resulted in the deprivation of life—to quell protests against such measures. For example, the study highlights that in Belgium, France, Greece, Italy, Romania, and Spain, law enforcement agents applied excessive force to impose lockdown measures on individuals who reportedly did not constitute a threat or did not offer any resistance (Amnesty International 2020a); that, in the first five days of curfew in Kenya, seven people lost their lives, and 16 were hospitalized, as a result of law enforcement operations to ensure adherence to the curfew; and that in Chechnya a police official was caught on camera while assaulting a person for not wearing a face mask (Amnesty International 2020a).

Other, smaller-scale studies delivered similar results. Katana et al. (2021) report that in Kenya, Nigeria, South Africa, and Uganda, law enforcement agents were heavily deployed to ensure implementation of containment measures. In some cases, these agents applied disproportionate force against non-abiding civilians, which resulted

in torture and ill-treatment. For instance, security agents in Uganda were accused of beating taxi drivers and sellers of fruit and vegetables for refusing to stop performing their work as a consequence of a nation-wide lockdown and a ban on public and private transport (Katana et al. 2021). In the same country, difficulties in accessing essential services, such as healthcare and food, resulted in people violating curfews and, thus, having violent clashes with law enforcement officials. In such context, the most frequent victims of violence perpetrated by police agents in Uganda were reportedly male, those who had been physically at work more frequently, and those who experienced obstacles in accessing essential services (Katana et al. 2021).

Similar abuses have been registered in Australia, French Polynesia, India, Liberia, Mexico, and the USA (Amon and Wurth 2020; Clay et al. 2022). For example, in India, there have been multiple confirmed cases of law enforcement officials applying excessive force—resulting not only in injuries but also, in some cases, death—when monitoring and enforcing mobility restriction measurements. These cases include the brutalization of people leaving their homes in an attempt to get essential supplies, street vendors and taxi drivers refusing to clear the streets, and homeless persons (Amon and Wurth 2020). In Australia and French Polynesia, indigenous peoples were particularly targeted for violating COVID-19 containment measures (Clay et al. 2022).

In the Philippines, repeated police abuse was reportedly committed toward detainees who had been arrested due to the violation of COVID-19 containment measures. Such inhumane treatment was not only towards adults but also children (Amon and Wurth 2020). A study by the NGO Human Rights Watch sheds light on the inhumane conditions in which children in the Philippines were detained for violating pandemic containment measures, including being placed in dog cages or coffins (Human Rights Watch 2020).

Whereas most of the violations discussed in this paragraph originated from the way specific police agents have enforced existing, lawful governmental measures, Amnesty International emphasizes that, in multiple cases, it was the legislation itself that either provided for human rights restrictions that were disproportionate and/or unnecessary, or that granted excessive power to police officials when enforcing those measures (Amnesty International 2020a).

#### **Racial violence against individuals of Asian origin or descent**

The Chinese origin of the SARS-CoV-2 coronavirus has also caused a worsening of racial prejudice against persons of Asian origin or descent. In turn, this has led to

episodes of hate speech and violence against these individuals, especially those living in Western countries (Amon and Wurth 2020). For instance, since March 2020, there has been a marked increase in attacks against Asians and Asian Americans throughout the USA. Particularly strong incidences were observed in major cities: For instance, New York City saw an eight-fold increase in Anti-Asian hate crimes between January and November 2020, as compared to the same period in the previous year (Yancey-Bragg 2021). Similarly, a study by Angela Gover and colleagues (Gover et al. 2020) documents an increase in racially motivated hate crimes and assaults against Asian Americans since the start of the pandemic.

Such an increase in attacks has been fueled not only by individual-level racial prejudice but also by actions and rhetoric by official institutions and politicians (Gover et al. 2020). Even though the disease was named by the World Health Organization (WHO) following their best practices standards of not associating diseases with any countries, cultures, or populations, at the beginning of the pandemic it was not uncommon to hear public officials refer to it by naming its country of origin. For example, the former United States President Donald Trump repeatedly called it the “Chinese virus” or “China virus”, while other USA public officials accused and blamed the Chinese for the emergence and spread of the disease (Gover et al. 2020). While attacks against individuals of Asian origin or descent had been occurring well before these remarks, the use of such terminology created a significant backlash against the targeted populations and seemingly contributed to an intensification of hate crimes against individuals of Asian origin (Gover et al. 2020).

### Lessons learnt and recommendations

It is no news that public health emergencies and natural disasters directly or indirectly lead to the worsening of people’s enjoyment of their fundamental rights. Previous epidemics such as the Ebola Virus Disease, Severe Acute Respiratory Syndrome (SARS), and HIV/AIDS, along with natural catastrophes such as hurricanes, earthquakes, and oil spills, have led, among others, to an increase in discrimination and violence against certain sectors of the population, particularly women and girls or marginalized individuals (Katana et al. 2021; Kofman and Garfin 2020). However, the high contagiousness and global spread of the SARS-CoV-2 virus, together with the virtually planetary introduction of strict and, in some cases, prolonged pandemic containment measures, exacerbated these problems and reached geographical areas that had been previously spared.

In order to limit the spread of a potentially dangerous disease, it might be considered appropriate and indispensable to adopt measures that temporarily curtail the

enjoyment of certain rights, such as freedom of movement and of assembly, as well as to impose such measures with the use of force—provided that containment strategies and their enforcement adhere to the principles of necessity, proportionality, and non-discrimination, as discussed earlier. Yet, an awareness and knowledge of the potential consequences of such measures on the rights of individuals is imperative in order to mitigate their most negative effects. Existing studies evidencing violations of the right to the integrity of the person during the COVID-19 pandemic, together with experiences from previous emergencies, help us identify strategies that might help reduce their negative impact in the future.

Even though violence against women in public spaces seemingly declined during lockdowns, “The COVID-19 pandemic and violations of the right to physical integrity” section has provided evidence of the worsening of the respect of the right to personal integrity in relation to domestic violence, excessive use of force by law enforcement agents, and racially motivated violence against individuals of Asian origin or descent. The following paragraphs will, thus, identify potentially useful guidelines that might help mitigate the effects of future public health emergencies with respect to these three categories of violations. It is to be noted that, as the causes for the various rights infringements discussed in “The COVID-19 pandemic and violations of the right to physical integrity” section are highly complex and varied, it is beyond the scope of the present article to provide a comprehensive list of all possible strategies to prevent and address future violations. Instead, it will focus on a few key suggestions based on the major issues that have emerged from this article.

### Domestic violence

As discussed in “Domestic violence” section, the spike in domestic violence cases during the COVID-19 pandemic has its roots in very complex causes, ranging from the physical proximity of victims and perpetrators, disruptions in victim assistance services, and the worsening of the overall mental health of the population. For these reasons, mitigation strategies need to address a wide variety of root causes, with a focus on ensuring the well-being and safety of (potential) victims.

The first set of essential measures concerns the strengthening of victim assistance resources, such as helplines or shelters, by allocating to them adequate financial and human resources, as well as providing them with appropriate infrastructures (Kofman and Garfin 2020; Ranjana 2020; UNODC 2020). As we have seen in “Domestic violence” section, oftentimes helplines suffered from the limited working capacity of their staff, while shelters had to reduce the number of available

places due to social distancing measures. A healthy, well-funded, and well-equipped system of victim support, coupled with a solid emergency plan, are, thus, fundamental tools in the preparation for other possible crises. Moreover, support services for victims must be treated as essential services and their staff considered key workers, allowing them to remain operational during lockdowns and curfew hours (Sifat 2020; UNODC 2020).

In addition, this article has shown that, in many cases, due to proximity to perpetrators, it was highly difficult for victims to reach out to such helplines in the first place. While there is no simple solution for this, some tools have been developed to facilitate confidential contact between victims and help centers. These include the use of safety planning applications such as myPlan, which can be employed by (potential) victims to create a danger assessment and a personalized safety plan (Evans 2020); code words to be used in places such as pharmacies, to discreetly ask for help (Evans 2020); or other tools such as websites or video services that may be employed by victims, depending on their specific situation. The mere existence of these tools is obviously insufficient, and they must also be known to the victims, hence, awareness-raising activities are significant.

When it comes to perpetrators, governments must remain vigilant and deploy an adequate number of agents in charge of investigations and arrests of (alleged) perpetrators, while courts should assign due importance to the prioritization of domestic violence cases—by holding virtual sessions, as suggested by the Manusher Jonno Foundation in Bangladesh (Ranjana 2020). Mental health support, not only for victims but also for individuals at risk of becoming perpetrators, should be widely available in order to prevent or identify possible episodes of violence before their emergence (Mazza et al. 2020).

#### **Excessive use of force by law enforcement agents**

At the most basic level, the excessive use of force by the police must, first and foremost, be addressed by ensuring that national laws and regulations adopted in the management of a national emergency do not provide room for maneuver for law enforcement agents to use violence in a way that is disproportionate or unnecessary. Additionally, law enforcement agents must be trained accordingly, and violations need to be duly investigated and prosecuted.

Beyond such general guidelines, an approach that focuses not only on police officials but also on ensuring the well-being of the broader population is highly desirable. As we have seen in “[Excessive use of force by law enforcement agents](#)” section, excessive use of force by police officials in the context of the COVID-19

pandemic generally resulted from the violation of pandemic containment measures by (groups of) individuals. Although in some cases these violations may have originated from a disregard for the rule of law or a disagreement with public health strategies, in other cases they had to do with the necessity of accessing essential goods and services, such as medical assistance or food supplies, or with the need to continue performing their profession to ensure the necessary income to survive – which was, for example, the case for street vendors and taxi drivers in some Sub-Saharan African countries. Katana et al. (2021) report that, during the Ugandan nation-wide lockdown, local authorities adopted measures to ensure the distribution of essential supplies and a system to request permission to leave the house to access medical services. Yet, reportedly, the system did not often function effectively and, as a result, multiple people had to either leave their homes illegally to receive such services and goods or suffer from their lack. For this reason, ensuring the reliable provision of essential services and financial support for those at risk of poverty is key to reducing a population’s need to breach mobility-reducing measures and, thus, potential clashes with the police (Katana et al. 2021).

An additional way to ensure respect for and adherence to pandemic-containment measures could be through attempts to increase public trust in governmental measures. Indeed, the willing acceptance of restrictions to basic liberties, such as freedom of movement and assembly, requires a belief that the government is acting with the population’s best interest in mind (Amon and Wurth 2020). For example, public trust in governmental measures in Iran was severely tarnished by evidence of the government lying to the population, apparent inconsistencies in the reported data on the spread of the virus, and suspicions of poor (or voluntarily neglectful) data collection and analysis (Amon and Wurth 2020). For this reason, it is essential for public authorities to strive for consistency in their communications, and to provide evidence of expertise-based decisions, in addition to transparency in the data collection, processing, and distribution.

These suggestions by no means aim at shifting the blame for police brutality on the victims who violated pandemic containment measures. As mentioned earlier, the responsibility for such acts and related mitigation strategies must first target the relevant laws as well as the police forces committing such acts. However, focusing on aiding the broader population and increasing their trust in governmental measures not only limits the occasions for violence but also ensures that the population’s well-being is promoted during challenging times.



### **Racial violence against individuals of Asian origin or descent**

Violence against individuals of Asian origin or descent is yet another phenomenon that arises from convoluted causes, including racism and prejudice against certain populations, and cannot be properly tackled within the limited scope of this article. However, we have seen that naming a virus or a disease by referring to its geographical origin certainly exacerbates the problem and feeds existing stereotypes. As stressed by WHO, it is not only the official name that matters. In this regard, often individuals not belonging to the scientific community devise a common name for a certain disease which, once in popular use, is very difficult to take back (World Health Organization 2015). For this reason, following the WHO's best practices for naming human infectious diseases, it is essential to avoid references to geographic locations, cultures, or populations, but also to specific individuals or professions (World Health Organization 2015). It is of crucial importance that politicians and official authorities strictly refrain from such usage and that those terms are not picked up by the media.

### **Conclusions**

The aim of this article was to provide an overview of the key violations of the right to the integrity of the person that has taken place as a direct or indirect consequence of the COVID-19 pandemic. It specifically focused on domestic violence, violence against women in public spaces, excessive use of force by law enforcement agents, and racial violence against individuals of Asian origin or descent.

During periods of mobility restriction measures, domestic violence appears to have increased dramatically across all world regions. The causes for such a spike in violence are rather complex: whereas, at the most basic level, the increased amount of time spent in the home increased the exposure of victims to perpetrators, a multitude of factors aggravated the picture, including difficulties in reaching helplines, limited capacity of support systems to handle assistance request, as well as an overall worsening of the mental health of the population. Possible mitigation strategies must tackle the complex nature of the phenomenon, which cannot be solved with one straightforward intervention. When it comes to the ability to help potential victims and violence survivors, it is imperative to provide adequate resources to support services, including financial and human resources. In addition, such services should be considered essential, allowing them to remain active during times of mobility restrictions. Finally, there is a need to increase awareness about confidential ways of reporting violations, such as

code words and safe phone applications. A second group of suggestions relates to dealing with perpetrators: on the one hand, enough priority and resources must be dedicated by police and judicial forces in order to more effectively deal with domestic violence cases; on the other hand, supporting the population's overall mental health could facilitate the prevention and early detection of possible cases.

In contrast to the picture provided in the case of domestic violence, violence against women in public spaces seems to have decreased in some countries, for example, Colombia and Mexico. This specifically relates to sexual violence and sexual harassment, being likely due to the higher amount of time that people spend in the house. When it comes to the online sphere, while episodes of online harassment have increased, so has the use of social media and other online tools to conduct awareness or fund-raising campaigns on violence against women.

Another set of frequently occurring violations relates to an excessive use of force by police agents when enforcing pandemic containment measures. Even though the use of some force to ensure the respect of governmental rules is required and legitimate, when the force applied is excessive—especially, when it does not respect the two previously discussed principles of necessity and proportionality—it becomes unlawful and constitutes a violation of the right to the integrity of the person. Research shows that such episodes occurred in a wide number of countries across the world and, as in the case of domestic violence, their causes are manifold.

The first set of causes relates to the measures themselves and their enforcement: in some cases, emergency laws provided excessive discretion to police forces to impose rule abidance; in others, police agents crossed the boundaries of their competencies and committed excessive violence when executing their functions. To tackle this set of causes, laws must be written to ensure that they do not provide excessive leeway to law enforcement agents that enable them to commit abuses. Additionally, training for such agents, as well as investigations and prosecutions of violations, are required.

Second, in certain countries, the population was, at times, put in a position that made the violation of mobility restrictions a necessity to ensure their or their families' survival. Such was the case of individuals violating lockdowns to try and gain access to essential supplies, or to maintain a minimum income. In this case, adequate assistance to the population—for instance, the provision of essential goods or financial support—is the most appropriate tool not only to prevent violations but also to increase the well-being of the population. A final tool to decrease clashes with the police due to disrespect of

governmental measures relates to strategies aimed at increasing the population's trust in the government itself.

The final category of violations identified in this article is that of racially motivated violence against persons of Asian origin or descent, due to the Chinese origin of the virus. While these episodes find their roots in individual and systemic-level racism, avoiding associations between new diseases and specific geographic locations has been identified as a helpful mitigation strategy, as a complement to more comprehensive approaches to eliminate racial prejudice.

As mentioned earlier, due to the recent origin of the pandemic, research on ensuing rights violations is still in its early stages. New studies might deliver a more complete picture or reveal additional violations that have so far been overlooked. Overall, it is essential for governments, non-governmental organizations, and academics alike to keep collecting reliable and objective data on the violation of the right to the integrity of the person—as well as any other human rights—during the current pandemic and other public health emergencies. Only that way will it be possible to assess the impact of such crises and devise appropriate and sustainable solutions.

#### Abbreviations

ICCPR	International Covenant on Civil and Political Rights
CAT	UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
WHO	World Health Organization
NGOs	Non-governmental organizations
ACHPR	African Charter on Human and Peoples' Rights
ECHR	European Convention on Human Rights
UNODC	UN Office on Drugs and Crime
SARS	Severe acute respiratory syndrome

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#### Author's contributions

Single-authored article, the author performed all the work. The author read and approved the final manuscript.

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