Title
Be kind: domestic violence and mental health during a strict COVID-19 lockdown

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Abstract
The proposed study is going to exploit timing of a nationwide COVID-19 lockdown to estimate the impacts of social distancing on domestic violence incidents and mental health referrals using administrative data in New Zealand. To estimate local average treatment effects, our analysis will utilize the timing of the lockdown, which officially began at midnight March 26, 2020. Two outcomes are the focus: the number of domestic violence investigations and the number of referrals for mental health services. Because the effects of lockdown may take time to manifest and can also be driven by anticipatory effects, we would test the effects of the lockdown by considering leads as well as lags of the outcomes of interests (e.g. one-two week(s) prior and post-lockdown date). Integrating data from the NZ Police offender and victim record, the empirical analysis would allow us to explore heterogeneity in the causal effects by looking at disaggregated population based on prior experiences of violent crimes and victimization. The richness of administrative data would further allow us to test whether a higher incidence of domestic violence as a result of the lockdown prompts an increase in mental health referrals. Our results inform policymakers on the potential negative externalities of social distancing on public health.

Data description
This research project will be utilizing a range of New Zealand related administrative data, which are hosted in the Integrated Data Infrastructure (IDI) by Stats NZ. To analyse domestic violence, we will be using (i) the "Recorded crime offenders data", where (alleged) offenders are recorded by NZ Police as prescribed in the NZ Police National Recording Standard, (ii) and "Recorded crime victims data", where victims of crime are recorded by NZ Police as prescribed in the NZ Police National Recording Standard. Both datasets provide the exact date of the incident and information on the relationship between offender and victim. To measure the impact on mental health, we will be using the "Programme for the Integration of Mental Health Data", that contains data about the referral and what services (activities) were provided. Source is the Ministry of Health. Information on demographic characteristics will be taken from different sources, e.g. Inland Revenue which provide monthly information on various different income sources including from wages and salaries and Census 2018 which add additional background information.

JEL codes for the project
J12, K14, I12, H12

Key-words
COVID-19, domestic violence, mental health, lockdown, regression discontinuity design (RDD), administrative data