

PREVENTING VIOLENT SOCIAL CONFLICT DURING AND AFTER THE COVID-19 PANDEMIC: GUARANTEEING INCOME, FOCUSING ON MENTAL HEALTH, AND COMMUNICATING EFFECTIVELY^{1,2,3}

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1 INTRODUCTION

The covid-19 pandemic introduced or aggravated a set of stressors for the population. Some of these stressors were due to the pandemic itself while others were due to policies aimed at tackling the pandemic.

For example, among the policies aimed at tackling the pandemic, various social distancing measures were adopted. Adoption of these measures was decentralized, varying across different states and municipalities: governments cancelled public events; closed – partially or fully – non-essential businesses; closed schools; imposed controls on people's mobility; and restricted the entry of foreign citizens. Similar measures were adopted in countries with high transmission rates (e.g., China, Italy, France, and Spain) and in those with relatively low rates (Bolivia, Croatia, Slovenia, and Hungary) (Hale et al. 2020).

This article explores some of the stressors associated with the pandemic, emphasizing that they increase the chances of violent social conflicts in the absence of state action to tackle the stressors.⁵ The article also proposes policies aimed at mitigating the effects of these stressors and a potential 'exit strategy'.

2 EPIDEMICS, STRESSORS, AND VIOLENT SOCIAL CONFLICT

The covid-19 pandemic triggered at least five stressors, related either to the pandemic itself or to measures aimed at tackling it: i) fear of being infected, of someone close being infected, or of not receiving medical care if needed; ii) a decrease in income, implying less consumption or greater indebtedness; iii) the effects from social distancing measures; iv) conflicting or inaccurate information about the pandemic and the state's response to it; and v) a lack of an exit strategy. Although these factors affect the whole society, stress levels are higher for some groups, especially those at higher risk of contracting the disease or in a situation of poverty (or who might enter into poverty due to the pandemic).

These factors increase the odds of violent social conflicts, observed during previous epidemics or natural disasters. Conflicts could occur in the form of protests, riots, looting, vandalism, and abuse of people working to contain the pandemic.

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5. Social conflicts manifested virtually or from home would not, of course, impact social distancing measures.

Situations like these occurred during the severe acute respiratory syndrome (SARS) epidemic (2002-2004), the cholera epidemic in Zimbabwe (2008), and the Ebola epidemic (2013-2015) (Watts, 2003; Onishi, 2014; Ebola..., 2014; Balakrishnan, 2008).

Does the environment created by the covid-19 pandemic favor violent social conflict? Considering what occurred during the Ebola epidemic in West Africa, there are, on the one hand, two factors that reduce the chances of violent social conflict in the case of covid-19: i) the mortality rate is much lower than that of Ebola, causing less stress on the population; and ii) to date, covid-19 spread primarily in places with relatively low levels of poverty. On the other hand, the current epidemic has two characteristics that increase the chances of violent social conflict: i) a substantial loss of income for a vast number of people; and ii) social distancing measures for much of the population, aggravated by the fact that many has limited space at home.

In addition, as in previous epidemics, rumors about covid-19 circulate widely, limiting the impact of health policies, causing confusion and, consequently, increasing the risk of violent social conflict. To make things worse, rumors were sometimes disseminated by government authorities (Edwards, 2020; Facher, 2020; Sephton, 2020; Daragahi, 2020).

During the covid-19 pandemic, violent episodes occurred. In Ukraine, people panicked because of a bus carrying people who had arrived from China, leading to clashes with the police (Coronavirus..., 2020b); in the province of Hubei, China, the population rose against the lockdown imposed by the government (Sherwell, 2020); and, in India, there were several reports of abuse by the police (Ayyub, 2020).

Violent episodes happened in prisons in Brazil, Colombia, Iran, Italy, Jordan, and Thailand, causing deaths, injuries, or prison escapes (Coronavirus..., 2020a; 2020c; 2020d; Caetano and Talento, 2020; Two killed..., 2020). Special attention must thus be paid to people in prisons: there is a high risk of transmission; visits were prohibited or limited, increasing levels of stress; access to reliable information is limited; and prisoners may take advantage of the context to escape or riot. These factors increase the chances of violence in prisons, putting prisoners and prisons' staff at risk. To minimize this, government authorities temporarily released less dangerous prisoners and at high risk from covid-19, as well as those whose sentences were close to end. These measures were adopted in, for example, Germany, Canada, the United States, Iran, Northern Ireland, Poland, and Sudan (Baker, 2020; Julian O'Neill, 2020; Suliman, Eckardt and Joselow, 2020).

BOX 1

Physical and mental health of workers of the frontline

Managing a crisis well requires special attention to the physical and mental health of workers from the health sector, public safety, and cleaning. The higher the infection rates of these workers the greater the difficulty of containing the epidemic, treating those infected, and preventing violent social conflict.

It is therefore critical to establish clear protocols to minimize the risk of infection among these workers. In the case of police forces in Brazil, for example, there are no standardized protocols. These protocols vary from state to state, or even from police unit to police unit. Among the already reported impacts, 300 police officers and 150 firefighters in Rio de Janeiro were on sick leave due to suspicion of covid-19 infection, as well as 250 police officers in Rio Grande do Sul (Oliveira, 2020; Mais de..., 2020).

Author's elaboration.

The likelihood of this scenario can be reduced if the stressors are tackled. The stressors and proposals to tackle them are explained in the following sections.

3 FEAR OF BEING INFECTED OR NOT RECEIVING MEDICAL CARE

An epidemic is a stressor because it creates or raises among people a fear of getting infected or having someone close infected. This stressor is observed among both infected and non-infected people, as well as during and after an epidemic. Maunder et al. (2003), in research on the SARS' effects in Canada in 2003, identified feelings of anger, fear, loneliness, and boredom among infected people. Zheng, Jimba and Wakai (2005), in a study on the SARS' effects among students in Japan (who had not been infected), observed feelings of fear and worriedness, as well as depression.

In addition to the fear of being infected, a related stressor is the fear of not having medical care available, or that someone close (family, friends, etc.) may not receive medical care in case they need.

This stressor affects everyone, but its strength varies according to one's social class and place of residence, most acutely affecting poor people and those living in areas with a limited number of health workers and hospital beds.

Social distancing measures have been adopted in most countries to reduce the transmission of the virus, in this way reducing part of the stress associated with the pandemic. These measures, however, introduced other stressors.

4 INCOME LOSS

The pandemic and restrictions on people's mobility decreased the quantity of products and services offered and demanded, prompting a reduction in income levels and an increase in unemployment. Although such change occurred in different sectors of society, some groups were proportionately more affected than others. Adapting to the Brazilian case a division proposed by Milanovic (2020b), workers can be divided into at least five groups: i) workers in the healthcare sector or in sectors that provide inputs (directly or indirectly) to healthcare, whose services had a high growth in demand; ii) workers in *online* services, whose work had an increase in demand; iii) workers who are not in the health sector, but have essential jobs (public safety, cleaning, water, electricity, food production and distribution, etc.), whose demand remained stable or decreased relatively little; iv) workers who could work remotely (lawyers, accountants, programmers, bank employees, bureaucrats, etc.), whose demand remained stable or decreased relatively little; and v) workers in sectors whose demand decreased substantially, in many cases reaching zero, such as workers of manufacturing units, retailers, street vendors, and culture and entertainment professionals.

Impacts in terms of decreased income falls disproportionately on workers from the last group, especially those in the informal sector – approximately 40% of workers in Brazil. For them, income dropped to zero instantly, increasing debt levels or compromising basic needs, including food, rent, medicines, and electricity. In a survey conducted by Instituto Locomotiva/Data Favela with *favela* residents in the first week following the introduction of social distancing measures, 70% of respondents reported a decrease in income, 72% said they had no savings, and 86% said they would need to compromise food consumption if the situation continued for a month (Agência Brasil, 2020).

Since the pandemic started, publications from various sources have drawn attention to the importance of protecting these groups, especially the need to guarantee their income and preserve jobs through: social policies; fiscal stimuli; tax exemptions for micro-, small- and medium-sized companies; and debt relief for poor countries. These recommendations came from the International

Monetary Fund (IMF) (Georgieva, 2020), the World Bank,⁶ the International Labour Organization (ILO),⁷ and the Organization for Economic Co-operation and Development (OECD).⁸ They also came from academics of different theoretical orientations, such as Mankiw (2020), Milanovic (2020a), Sachs (2020), and O'Neill (2020).

For informal workers, a minimum income must be guaranteed. There are two options: a focused policy or a universal policy. A policy adopted only for those who need the benefit (focused) would be 'fair', as it would not allocate scarce resources to people less affected by the pandemic. However, this policy could unfairly exclude many people from accessing this benefit, especially because there was little time to process applications for the benefit. Although a cash transfer policy for all citizens (universal) may seem 'unfair' because it benefits those who do not need it, it is possible to compensate this unfairness through a slight increase in taxes for individuals with higher incomes (Mankiw, 2020).

It is also necessary to reduce incentives for the dismissal of formal workers and guarantee part of their income. In addition to preserving jobs, these measures reduce the odds of companies' bankruptcy and costs associated to rehiring workers. The central idea here is to make companies 'hibernate' during the peak of the pandemic (Saez and Zucman, 2020). A possible pathway is to do this directly, with the government subsidizing workers' wages up to a limit. In Brazil, if reductions in salary or suspension of employment contracts were authorized, the government would have to compensate losses. Since the fall in income levels will be relatively high for many workers, there could be a temporary increase in the jobseekers' allowance (*seguro-desemprego*). This would reduce negative impacts for formal workers and create incentives for dismissed workers to stay home instead of going out to search for another job.

Another possible pathway is through more indirect channels. For instance, the Central Bank of Brazil created a program to support small- and medium-sized companies so they could pay their employees, conditioned on companies' commitment to transfer money directly to employees – up to a limit of two minimum wages per month and for two months. Other alternatives are tax exemptions; loans for purposes other than paying employees; credit guarantee for companies affected by covid-19; and government support for restructuring debts with public or private banks.

These policies should, of course, benefit especially low-income people. Otherwise, they might further their vulnerability and engender feelings of injustice. Social psychology literature demonstrates how perceptions of injustice produce negative feelings, increasing the likelihood of protests, emotional exhaustion, and moral and physical disgust (Lind, 2019; Frenkel, Li and Restubog, 2012; Hillebrandt and Barclay, 2017; Vermunt et al., 1996; Skarlicki et al., 2013), whose combined effect increases the chances of violent social conflict.

6. Available at: <<https://www.worldbank.org/en/news/statement/2020/03/27/world-bank-group-president-david-malpass-remarks-to-the-international-monetary-and-financial-committee>>.

7. Available at: <https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/WCMS_739048/lang--en/index.htm>.

8. Available at: <<https://www.oecd.org/berlin/publikationen/Interim-Economic-Assessment-2-March-2020.pdf>>.

5 SIDE EFFECTS OF SOCIAL DISTANCING MEASURES

Restricting people's mobility may cause high levels of stress and impact people's physical and mental health. The literature is conclusive that reducing social interactions and restricting mobility increases stress. Pressman et al. (2005) found a high correlation between social isolation and physical and mental health degradation, including negative impacts on sleep and increased cortisol levels. Baumeister and Leary (1995) demonstrated that the need for social interaction and a feeling of belonging rise in periods of crisis. In other words, strict social distancing measures aggravate a situation already prone to cause mental health problems. In a study on the effects of lockdowns during the SARS outbreak in Canada, Sim and Chua (2004) identified that 29% of people had post-traumatic stress disorder and 31% depression.

The Centers for Disease Control and Prevention (CDC) of the United States point out that lockdowns have several consequences, including: anxiety, fear, irritability, changes in appetite, sleep disorders, and increased consumption of alcohol, tobacco, and illicit drugs.⁹ Some of the recommendations made by the CDC and UK National Health Service (NHS) are: keeping online connections with friends and family, exercising, eating healthy, adopting or keeping a hobby, and practicing relaxation techniques.¹⁰ CDC¹¹ also recommends that people should share helpful information from trusted agencies, thereby helping others to reduce their stress levels. Finally, the stress experienced by adults is commonly reflected in children, increasing the importance of a focus on mental health in times of crisis (Lazarus, Jimerson and Brock, 2002; 2003a; 2003b).

However, those living in small spaces with a high number of people or few resources struggle to adopt several of these recommendations. Middle- and upper-class individuals can stay entertained during a lockdown period in a way that poor people cannot: poor people have less access to devices, apps, or broadband internet connection; and less space at home to relax, do fun activities, and exercise. In a context of lockdown, this situation is likely to cause a proportionately higher deterioration of mental health conditions among poor people, reducing their incentives to practice social distancing. To minimize this problem, it is crucial to ensure not only a basic income for them but also the supply of electricity so that people can keep in touch with friends and family, as well as do other online activities.

Moreover, recommendations aimed at maintaining a good mental health should be disseminated widely on radio and television channels, social media, or other means, including messages for specific audiences (the elderly, people with a history of mental health problems, in situation of poverty, etc.). It is also possible to help local governments to implement support groups for people in situation of vulnerability. Organizations with expertise in mental health could receive emergency resources to perform this function.

9. Available at: <<https://emergency.cdc.gov/coping/selfcare.asp>>.

10. Available at: <<https://www.nhs.uk/every-mind-matters/coronavirus/mental-wellbeing-while-staying-at-home/>>.

11. Available at: <<https://bit.ly/3UvXocq>>.

BOX 2

Lockdowns and domestic violence

There is probably a relationship between lockdowns and episodes of domestic violence against women and children. Although there is little information in literature about the relationship between these two phenomena, at least three factors create a fertile ground for this to happen: i) the various stressors caused by the epidemic (mentioned above); ii) the greater number of hours spent with potential abusers; and iii) the difficulty of accessing state agencies and NGOs providing support. Cases of domestic violence seem to have increased in several countries, including Brazil, China, Italy, Germany, Portugal, Spain and the United States (Vitale, 2020; Graham-Harrison et al., 2020; Dorn, 2020; Santos, 2020).

In order to deal with this problem, governments should maintain easily accessible channels through which people can ask for help. Chats or similar services can be useful in cases where the victim cannot speak due to proximity of the abuser. This issue should also be part of governments' communication about the pandemic, as occurred in Italy (Vitale, 2020). Recommendations of this type were also made by Dubravka Simonovic, United Nations special rapporteur on violence against women and girls (Relatora..., 2020).

Author's elaboration.

6 CONFUSION CAUSED BY CONFLICTING OR INACCURATE INFORMATION

Inaccurate or conflicting information about the pandemic and about how the government is tackling the pandemic causes confusion, increases stress, and reduces the impact of policies. These problems are caused by 1) rumors, and 2) contradictory messages from government agencies. Concerning the first point, the problem was called 'infodemic' by Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO). 'Infodemic' is a situation in which rumors spread rapidly (just like a virus), creating a cacophony of conflicting information. It is thus necessary to 'immunize' the population from this 'infodemic' so they can distinguish fake from real news. Regarding the second point, contradictory information from governmental agencies decreases people's trust in public agencies, increases stress, and increases the chances that people will believe in rumors.

In addition, there is a fine line between not creating panic and hiding the severity of the epidemic from the public. As highlighted in Sandman (2009), hiding information decreases trust in authorities and increase the chances of panic episodes. Shortly before the swine flu spread to the United States, for example, the CDC opted not to suppress 'alarming' information and not to belittle people's fear (Sandman, 2009).

Government policies must be conveyed with clarity, coherence, agility, and transparency. This is valid not only for governments but also for other institutions (e.g., companies, schools, churches), which may be an essential source of reliable information for their members (Lasky, 2007). Different audiences in Brazil should be targeted differently: specific communication for children, parents, and the elderly, for instance, are better than one-size-fits-all messages and forms of communication.

7 THINKING ABOUT AN EXIT STRATEGY

We must begin to develop an exit strategy from strict social distancing measures. In a situation where people knew the duration of these measures, they would be better able to make plans concerning how they use the available resources (e.g., savings). However, this was not the case in this pandemic.

Even if setting specific deadlines to end social distancing measures is not possible, exit strategies should be formulated and communicated to people to reduce the chances of an uncontrolled and chaotic exit, largely carried out by people themselves and without due consideration for health impacts. An action plan should, therefore, begin to be formulated, observing initially what other countries are doing and what the literature recommends.

As soon as epidemiological data are available, these plans could indicate which groups or areas would return first. As a reference, Ichino et al. (2020) suggest that young workers (20 to 49 years old) and not at high risk from covid-19 could gradually return to work voluntarily. For that, the health system should not be overstretched and these workers should not have contact with people at high risk from covid-19. When selecting people and areas that would return to work, objective criteria are essential: for example, how important a sector is in terms of wealth and jobs created. In addition, a sample of workers should be tested frequently for covid-19.

Another strategy is to identify geographical areas where the number of cases is low – which requires testing, of course. These areas could progressively return to a relative normality. Such approach could use the idea of commuting *zones*, that is, the geographical areas where there is great mobility within but little mobility to/from the outside (Monras, 2020; Tolbert and Sizer, 1996).

Regardless of the format adopted, testing is essential. Without data, it is hard to estimate when it is safe to lift social distancing measures. Also, it is challenging to convince people that returning to work and using public transport is safe. The trust that must be recovered is not that of the 2008-2009 financial crisis – in which it was necessary to know if a counterpart was insolvent – but rather the trust that leads people to overcome the fear that a co-worker, seller, or customer is infected (Dewatripont et al., 2020).

Data from covid-19 tests and demographic information can be used to monitor the dynamics of the pandemic, a measure widely adopted in China, Singapore, and South Korea (Hao, 2020). In the latter, an app is used to monitor (by GPS) individuals who should not leave a designated geographical area and report twice a day about their health condition. If they leave the delimited area, the app sends a message to them and to a social worker (Kim, 2020). However, using this app is not mandatory. Although there is a trade-off between privacy and public health, the urgency to contain the epidemic and resume economic activities reduces – in the short-term – the relevance of privacy issues.

8 CONCLUSIONS AND POLICY RECOMMENDATIONS

In summary, the pandemic and measures to tackle it produced or aggravated a set of stressors for the population, especially for the poorest and those most at risk of getting infected. Consequently, measures must be adopted or maintained to protect the most vulnerable and reduce the chances of violent social conflict. These measures might also decrease the chances of non-violent events such as protests and motorcades. While under normal circumstances these events could be legitimate, during the pandemic they reduce the positive effects from social distancing measures.

I propose the following recommendations, some of which have already been adopted by the government, but that, in any case, should be maintained and could be improved.

8.1 Recommendations

- Guaranteeing a minimum income for workers in the informal economy. This must be done urgently and universally.
- Reducing incentives for the dismissal of formal workers and creating incentives for guaranteeing part of their income. There could be a temporary increase in jobseekers' allowance, which was done in the United States, for example, minimizing negative impacts of the pandemic on lower-income people and creating incentives for people to stay home.

- Adopting policies that do not sacrifice the income of low-income people, which would produce feelings of injustice and thus increase the chances of violent social conflict.
- Adopting policies that make private companies and jobs ‘hibernate’.
- Guaranteeing electricity and water supply.
- Expanding activities aimed at improving people’s mental health.
- Conveying information with clarity, coherence, agility, and transparency, considering that different audiences need tailor-made messages.
- Fighting against the spread of rumors. Government agencies can do this directly or by encouraging the press and the population to pay attention to the *sources* of information, and forward to others only information from reliable sources.
- Promoting protocols and training for all professionals working on the ‘frontline’, especially the police, firefighters, and health and cleaning workers.
- Elaborating an exit strategy, considering scenarios in which certain economic activities or groups of people would return to work first.

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