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Out of harm's way?

Critical remarks on harm and the meaning of home during the 2020 Covid-19 social distancing measures

Working paper

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Executive summary

What do we know (and not know) from a review of the evidence base?

- The paper reports on a number of recent evidence reviews on the impacts of quarantine and isolation in previous epidemics. Findings included a wide range of substantial and long term negative psychological effects, including: post-traumatic stress symptoms, emotional disturbance, depression, insomnia and feelings of confusion, anger, frustration, boredom, anxiety, isolation and loneliness to which people with pre-existing mental health conditions are at greater risk.
- Notably, none of the studies in the evidence reviews focused specifically on the meaning of home, none of the measures reported were undertaken for more than 21 days and none were on the scale of the Covid-19 response.

Questions concerning the meaning of home

- The paper notes the unprecedented disruption caused by the Covid-19 social distancing measures and asks whether the widely reported psycho-social benefits of home will be compromised by them. The academic literature on the meaning of home has focused on the banal, taken for granted ordinariness of home and how, for many, it offers an ontological security; a feeling state which allows people to keep calm and carry on. The period of social distancing represents an uncomfortable quasi-experiment for researchers with an interest in the meaning of home. The paper outlines four questions which merit further consideration.
- First, in the light of the negative psychological effects reported in other studies, how might attitudes towards home be mediated by housing conditions, including the amount of living space or the presence/absence of gardens and balconies, fitness for habitation and the presence/absence of hazards, security of tenure, household types, shared living arrangements (Houses in Multiple Occupation, purpose-built student accommodation etc.) and the propinquity or fragility of the relationships within households?
- Second, how might the meaning of home change for people with no secure home? This would include those at risk of homelessness, in supported accommodation, experiencing visible street homelessness, in coercive/controlling relationships or who are experiencing, at risk of, or fleeing from situations of intimate partner violence/domestic violence?
- Third, we do not know how the intersection of mental and physical health risks (excessive consumption of alcohol, dietary restrictions, lack of exercise, feelings of anxiety, isolation and loneliness) experienced during the social distancing measures might result in a change in attitudes towards home.
- Finally, in addition to (but not completely separate from) social class inequalities, we do not know how or if the experience of being able to work from home versus the experience of being furloughed from work or a permanent loss of employment will transform previously held ideas of what home means.

Harm from home: a research agenda

- The paper sets out an agenda for further research which challenges the taken for granted association between home and its positive attributes to reveal a dark side of home as a place of harm. The paper draws on recent research on social harm to propose a geography of harm approach. Three distinctive categories of harm: physical and mental health harms; autonomy and liberty harms; and relational and reputational harms are identified.

Harms from home during Covid-19 measures

Using the geography of harm framework, the paper identifies eleven harms which may emerge during the Covid-19 social distancing measures, and in particular the instruction to stay at home and stay away from others:

1. Loneliness is associated with excess morbidity. The risk of physical harm at home as a direct result of loneliness experienced during social distancing measures is significant.
2. Poor mental health, depression, anxiety and suicide. Far from offering a respite against ontological insecurity, for many people, home is a space of mental health crisis and suicidal ideation. These risks are likely to increase during social distancing measures.
3. Intimate partner violence/Domestic violence (IPV/DV) and Adverse Childhood Experiences (ACEs) most frequently occur in the home environment. Increased exposure to these harms will occur as a result of social distancing measures.
4. Most unintentional injuries take place at home. Home is where those most at risk of death by unintentional injury; that is the very old and the very young, spend most of their time. The risks of harm from trips/falls and poisoning will increase in direct proportion to the length of time spent there.
5. Most health harming behaviours (excess alcohol consumption, smoking poor diet and lack of exercise) which are the prime cause of excess morbidity occur at home. The risks of these harms will also increase in direct proportion to the length of time spent there.
6. Loss of liberty. The paper reports on the negative effects of harms for liberty from the literature on home-detention and the limited work on "folk" ideas of cabin fever. It seems the consequences of liberty harms are significant.
7. Although coercive control is a form of domestic violence and is discussed above it also represents an liberty/autonomy harm and so is discussed separately in the paper. Under the current circumstances, prolonged exposure to controlling and coercive behaviour is likely to amplify victims' pre-existing feelings of fear and alienation from home.
8. Household-based harms may occur as a result of power relationships within the household. Thus younger people in family-based households or economically weaker people in non-familial settings may be able to exert less control and thus will experience greater autonomy/liberty harms.
9. Harms surrounding borders. There is likely to be a struggle for space between home/work, and caring/professional spaces in those households where home-working is taking place. The paper notes that there is a long standing tradition of geographical research which considers borders as places of danger.

10. Relational harms associated with sexuality and identity may be experienced during lockdown for people who are forced to conceal their sexuality.
11. The absence of emotional security for people living alone, in a couple, or in other household forms can have profound psychological impacts which are likely to be amplified under conditions of lockdown.

Conclusion

- During the Covid-19 pandemic, home might not offer the nourishing, stabilizing and comforting inoculation against uncertainty that we would ordinarily expect.
- People experiencing housing insecurity, economic precarity and lack of access to decent housing will experience the Covid-19 lockdown in very different ways to those people with access to a decent home with a garden, with more rooms than people living there, with internet access, in a mutually respectful, stable and nourishing relationship and with a pre-existing history of good physical health and wellbeing.



Introduction

The efficacy of public policy responses to the Covid-19 pandemic, their short-term effects and the longer-term consequences of both will keep a generation of social scientists busy for decades to come. Alongside the many important housing policy questions related to a global recession, are equally important and profoundly existential questions about how the dwelling as home is currently understood and how this might change during a period of “stay at home and stay away from others” or “lockdown”¹ measures.

The aim of this paper is to highlight those questions, speculate on some likely answers and set out an agenda for further research. The first part of the paper makes some preliminary remarks about home as a place of banal, taken for granted ordinariness and reflects upon how the academic literature on the subject has frequently claimed that it offers a source of ontological security. The paper then discusses the Covid-19 social distancing measures, in particular the instruction to stay at home and stay away from others and the consequences for the meaning of home in the light of recently published evidence reviews which highlight the negative psychological effects of quarantine and isolation during previous epidemics. The paper suggests that ongoing social distancing measures are likely to transform the way in which people feel about their homes, suggesting that the relentlessly positive narratives and associated psycho-social benefits home affords will come under scrutiny during social distancing measures. The paper then sets out an agenda for further research which challenges the taken for granted association between home and its positive attributes to reveal a dark side of home as a place of harm. The paper draws on recent research on social harm to argue for a focus on a geography of harm. Three distinctive categories of harm, physical and mental health, autonomy and liberty and relational and reputational are identified. The paper then applies the geography of harm perspective to identify 11 different potential harms that may occur during the Covid-19 social distancing measures before ending with some general conclusions and caveats.

The home front is now the front line

For most of us, home is a place of *ontological security*, that is to say, it is a place which affords feelings of constancy, familiarity and permanence. The term ontological security was first used by Laing (1960 pp 39-42) in a study of Schizophrenia to describe healthy patients with a clear sense of identity and autonomy, who were able, in the vernacular, to *keep calm and carry on*. Ideas of home are central to such feeling states when home is a place of contentedness and complacency. We generally don't have much reason to think about home, but instead occupy this emotive space in the “banality of the ordinary” (King 2015, p 37) and the everyday. These positive attributes are not shared equally of course, indeed one might argue that the prime aim of housing policy is to ensure that access to a secure and decent home is taken for granted by all. Regardless of their current housing situations however, millions of people are now critically re-assessing ideas about the meaning of home as a stable, safe, secure and permanent place of positive emotional, psychological and material experiences conferring liberty, autonomy and control.

Guidance published by Public Health England² on 12th March 2020 - and updated frequently since then - acknowledges that the psychological and social effects of a period of large scale and lengthy enforced isolation at home carries certain risks, thus:

“We know that staying at home for a prolonged period can be difficult, frustrating and lonely for some people and that you or other household members may feel low. It can be particularly challenging if you don't have much space or access to a garden”. (Public Health England 2020a).

¹ I use *lockdown* here as a shorthand for all non-pharmaceutical interventions (NPIs) used in the management of the Covid-19 pandemic. These measures include enforced social distancing including self-isolation, quarantine, travel restrictions, and the closure of bars, restaurants, gyms, theatres, universities and schools etc. (see Ferguson et al. 2009, Ferguson et al 2020 for an overview). In this paper I focus on the UK Government's advice on March 12th, and subsequent instruction on March 23rd, to “Stay at home and stay away from others”.

² Health, like housing in the UK is a devolved function, but the social distancing, self-isolation and shielding measures taken by Public Health England have been followed by Northern Ireland, Scotland and Wales.

Students of housing and public policy discourse will appreciate that “difficult”, “frustrating”, “lonely”, and “feeling low” are words seldom associated with home. This seems an usually direct description of what being told to “stay at home” will feel like. It suggests that home might feel more like a prison than a sanctuary from disease (Houghton 2020).

Guidance on shielding vulnerable groups, issued on 24th March is even starker in the warnings of psychological harm that might be caused by *staying at home and staying away from others*.

“Social isolation, reduction in physical activity, unpredictability and changes in routine can all contribute to increasing stress. Many people including those without existing mental health needs may feel anxious about this impact ... Understandably, you may find that shielding and distancing can be boring or frustrating. You may find your mood and feelings are affected and you may feel low, worried or have problems sleeping and you might miss being outside with other people”. (Public Health England 2020b).

Depriving people of the liberty to leave their home for the wider public good and shielding those most at risk through isolation has been at the heart of the global public health strategy to reduce the impact of the pandemic (Walker et al 2020) and this raises important ethical issues (Koch 2012) about the role of the state. However, in the global fight against Covid-19, the home front has become the front line.

The negative effects of “staying at home”

A rapid evidence review on the impact of enforced isolation and quarantine at home and in hospital settings suggests wide-ranging, substantial and long term negative psychological effects, including post-traumatic stress symptoms, confusion and anger (Brooks et al 2020). The review includes evidence on the effects of quarantine and isolation periods lasting between 2 and 21 days in recent outbreaks of SARS, H1N1 Influenza, Ebola, MERS and Equine Influenza. Although none of the studies in the review focused on the meaning of home and none of the measures reported were undertaken on the scale of the Covid-19 response, it is noteworthy that feelings of frustration, boredom, anger, anxiety, isolation and loneliness were frequently reported by those confined to home.

Notwithstanding these findings, and an earlier review (Barbisch et al 2015) we still only have a limited understanding of the psychological effects of entire populations being forced to stay at home; of how the widely researched psycho-social benefits of home might be compromised; and if the common meanings ascribed to home might change as a result. It is worth restating here that it is the unprecedented scale of disruption to the banality of the ordinary at home which is of significance for housing researchers. Indeed, as Ferguson and his co-authors remark “no public health intervention with such disruptive effects on society has been previously attempted for such a long duration of time. How populations and societies will respond remains unclear.” (Ferguson et al 2020, p 16).

We do not know for example, how the negative psychological effects reported by Brooks et al. (2020) and elsewhere (Barbisch et al 2015, Jeong et al. 2016) might be mediated by housing conditions, including the amount of living space or the presence/absence of gardens and balconies, fitness for habitation and the presence/absence of hazards, security of tenure, household types, shared living arrangements (Houses in Multiple Occupation, purpose-built student accommodation etc.) and the propinquity or fragility of the relationships within households.

Neither do we yet know about the social distancing experiences of people with no secure home, at risk of homelessness, in supported accommodation, in coercive/controlling relationships or who are experiencing, at risk of, or fleeing from situations of intimate partner violence.

Nor do we know about the likelihood of increased “health harming behaviours”³ amongst people staying at home, how the experience of loneliness might change as a consequence of prolonged or repeated periods of isolation or what the mental health outcomes for people with pre-existing conditions of anxiety or depression might be.

Finally, we do not know how staying at home, might be experienced differently by groups according to their social class, job security or protected characteristics during the lockdown. It seems likely that pre-existing social inequalities and housing precarity will have an impact here. During the week in which this paper was being written an article was published in *The Guardian* newspaper entitled *A letter to UK from Italy: this is what we know about your future*. The author predicted the significance of social class in the experience of the UK lockdown based upon her experience of the first two weeks of lockdown in Italy.

“I am writing to you from Italy, which means I am writing from your future. We are now where you will be in a few days. The epidemic’s charts show us all entwined in a parallel dance. We are but a few steps ahead of you in the path of time, just like Wuhan was a few weeks ahead of us. ... This experience will change for good how you perceive yourself as an individual part of a larger whole. Class, however, will make all the difference. Being locked up in a house with a pretty garden or in an overcrowded housing project will not be the same. Nor is being able to keep on working from home or seeing your job disappear.”

(Melandri 2020)

Certainly patterns in the ability and opportunity to work from home, to care for vulnerable people, including children unable to attend school, and exposure to loss of income will have a profound influence upon how home is experienced, but how and in what ways that might change attitudes towards the meaning of home still remains uncertain.

A quasi experiment on the meaning of home

Given these ongoing uncertainties, it is prudent to make time to critically address how the positive meanings and attributes attached to home might change under conditions of social distancing. Will a new set of negative attributes and meanings of home emerge for instance? More research is needed to answer this question, but whilst there is a well-established literature on the psycho-social benefits of home, and in particular the role of home in sustaining a sense of ontological security, stability and autonomy (see for example, Saunders 1989, Gurney 1990; Dupuis & Thorns 1998, Kearns et al 2000, Hiscock et al 2001, 2003, Evans et al. 2003, Cairney & Boyle 2004, Padget 2007, Soatia and McKee 2019), there is no mainstream counterfactual tradition which starts with home as a place of disbenefit or harm. Of course, feminist scholarship, notably within geography, sociology and law suggests that home can be a place of “confinement, vulnerability and danger” (Patai 2012, p 314) (see, for example, Oizzey 1974, Watson and Austerberry 1986, Madigan et al 1990; Munro and Madigan 1993, Darke 1994; Madigan and Munro 1996; Bowlby et al 1997; Gurney 1997; Pain 1997, Blunt and Varley 2004, Blunt 2005, Blunt and Dowling 2006, Suk 2006, Brickell 2012a, 2012b, Baxter and Brickell 2014, Zufferey et al 2016; Woodhall-Melnik et al 2017), but the most striking feature of the corpus of work on the meaning of home remains a relentless identification of attributes or properties of home which are cherished, celebrated, and afforded protective rights (of quiet enjoyment, for example). My argument here is that these properties of home may manifest themselves in ways which have negative consequences as well as positive ones. There is a dark side of home located in those undiscovered conceptual spaces neglected in favour of mapping the positive attributes of home in popular thought, academic research and policy interventions. In the shadows lurks a darker home of harm, negative experiences, counterfactual arguments and obverse properties which are

³ These behaviours include poor diet, lack of exercise, excessive use of alcohol and/or other drugs and smoking which are the prime cause of most non-communicable diseases such as diabetes, cardiovascular disease, lung disease, and cancer.

less well reported and understood. This approach is similar to that taken by McCarthy (2018) in her innovative use of Freud's notion of the *unheimlich*, but whereas as her focus was on the distinction between the homely/familiar and unhomely/strange, the focus here is on the distinction between the visible/positive and the hidden/negative. McCarthy's use of the term was applied to homelessness, whereas here the application is the identification of harm. Influenced by McCarthy's work however, I hope that this paper might make a modest contribution to "destabilizing the dominant ideologies of home" (McCarthy 2018, p 980)

Home might be a haven for many, but we should still think critically about it. We should not assume that the positive attributes of home will remedy poor mental health or that being at home is being out of harm's way.

A focus on harm and home is timely given the current extent and scale of social distancing and self-isolation measures. The policy response to the pandemic presents the opportunity for a unique but uncomfortable quasi experiment. Before considering, in the final part of this paper, how home may become a particular source of harm as a result of the duration and scale of the stay at home measures put in place to repress the spread of Covid-19, I shall briefly sketch out the contours of the home and harm perspective which I have been working on over the last year or so in a series of as yet unpublished presentations (see, for example Gurney 2019a, b). I am indebted to participants at these events for their support in helping me develop the ideas below⁴.

The meaning of harm

The *stay at home, stay away from others* measure provides an opportunity to think critically about the points and places of harm. Risks of harm are outside, in public where we rely on other people to observe social distancing conventions. Risks of harm inside, in private, at home remain significant however, as the foregoing discussion has demonstrated (see also Hopkins 2020, ScotPHO 2020). In seeking to answer the question *where is it dangerous to be?* however, we first need to develop a geography of harm. But what would such a geography of harm look like? By way of a working definition, it should, *inter alia* include a focus on the constitution of, and the relations between and within the spaces where physical, mental, social, moral and material injuries or detriments occur. Being "out of harm's way" implies a safe place, but what and where are these spaces now? Drawing on an emerging literature on social harm and critical reflections upon policy responses to health harming behaviours, I argue below that home should be a central point in any putative geography of harm.

This working definition of harm sketched out above is significant as the idea is vague and difficult to pin down in the extant literature. Pemberton remarks that "few definitions of social harm actually exist" (2016 p14) and that the terms "socially mediated harm", "social harm" and "social injury" are frequently used interchangeably. Aalbers usefully distinguishes between social harm and legal harm in arguing that "Harm is a legal term but is not exclusively a legal term [and] ... not everything that is socially considered harmful is legally considered harm" (2016 p 116). In finessing this distinction, Aalbers elects to abandon the term social harm altogether instead replacing it with a term which housing researchers are much more familiar, "social exclusion", before going on to demonstrate how housing finance creates harm through processes of red-lining and predatory lending.

Notwithstanding these limitations in how harm is defined, there is a growing literature which has emerged as part of a neo-Marxist critical criminology (See Hillyard et al 2004, Pemberton 2016, Copson forthcoming) which advocates a cross-disciplinary perspective eschewing individualised accounts of harm to develop more structural and social explanations. In this perspective, harm is defined as "events or instances where human flourishing is demonstrably compromised" (Pemberton 2016, p 9) to argue that the "non-fulfilment of specified needs leads to identifiable harms" (ibid p 19). This perspective is critical of neo-liberal ideologies in which individual agency is used to explain the presence of harm in terms of behaviours or traits and instead focuses upon the structural social contexts within which

⁴ Thanks also to Jenny Gurney, Jenny Preece, Annette Hastings, Moira Munro, Tom Simcock, Chris Foye, Ken Gibb and David Clapham for their written comments on earlier versions of this paper.

individual social harms occur. This approach owes a debt to the influential human needs theory of Doyal and Gough (1984). Doyal and Gough developed an alternative to hierarchical understandings arguments (Maslow 1943) in which the most basic needs must be satisfied before higher needs can be met (Doyal and Gough 1984 p 10). Rather, they argued that human needs are interwoven, like a web. Central to this argument - and to the subsequent development of the social harm approach - is the identification of two pairs of basic human needs which they termed survival/health and autonomy/learning (Doyal and Gough 1984 pp10-11). Pemberton's work on the mass production of social harm and on regimes of harm reduction in capitalist societies (2016 passim) draws heavily on Doyal and Gough in the identification of three categories of harm;

- Physical/mental health harms; restrictions in the ability to lead an active and successful life and the extent to which wellbeing is regarded as an individual or genetic factor rather than societal;
- Autonomy harms (to which could usefully be added rights and liberty harms); the lack of ability for self-actualisation, meaningful and productive social activity and control over decisions in everyday life.
- Relational harms; (to which could also be added reputational harms) caused by the enforced exclusion from social relationships and the symbolic injuries of misrecognition and the mobilisation of stigma (Pemberton 2016, pp 28-31).

Pemberton's approach, whilst moving the agenda forwards remains largely aspatial below the level of the nation state. A geography of harm compels us to look more closely at the multi-scalar spaces where these three categories of harm might occur and where they are resisted by individuals or ameliorated by the state. Before concluding this section on the meaning of harm, I shall briefly consider home as a key, but theoretically neglected site of harm in policy responses to health harming behaviours

Tackling the "epidemic of non-communicable diseases" (NCDs)⁵ was, until the Covid-19 pandemic, the biggest challenge facing public health professionals in the UK (Fenton 2014). Strategies to reduce the incidence of these diseases have been a priority in setting public health targets and addressing the social gradient in health (Galbraith-Armani 2013, Steel et al 2018 Public Health Wales Observatory Scottish Public Health Observatory 2020; Marmot 2020). The cause of most NCDs are "health harming behaviours" such as smoking, drinking alcohol, poor diet and lack of physical activity. The policy response has tended to focus on changing these behaviours; encouraging good choices and making bad choices more difficult. This approach is typical of the neo-liberal, individualised approach to harm reduction identified by Pemberton (2016) above and can be seen in the "nudge" techniques which have dominated the public health policy landscape (Mulderrig 2019) in recent years and which have been widely reported elsewhere (Menard 2010, Vallgård, 2011, 2012, Marteau et al 2012, Quigley 2013, Hollands et al 2016, Oliver and Ubel 2016, Arno and Thomas 2016). Examples of this approach include using commitment devices to promote smoking cessation, using smart technology to promote walking challenges and providing discounted bicycle hire schemes to promote exercise (COBIT 2010).

I would argue that policies which seek to change behaviours outside the home – by using town planning tools to tackle obesogenic environments and promote active travel or using public health legislation to denormalize smoking in public places for example - are much easier to accomplish than changing behaviours inside the home. Most health harming behaviours most often take place at home. The key geographical space which *public* health policies must conquer in reducing NCDs is the *private* space of the home. Smoking, alcohol misuse, poor dietary habits, and a lack of exercise are situated beyond the gaze of the state and the opprobrium of others outside the household. And of course, the freedom to do what you want, in your own castle, is a strong positive narrative of home. The ability of public health to get beyond the doorstep is a fruitful area for further research and it is this spatial interplay of public policy and private spaces which a geography of harm could usefully explore.

⁵ NCDs include coronary heart disease, stroke, hypertension, type 2 diabetes, kidney disease, some forms of cancer, liver and respiratory diseases, and obesity (Galbraith-Armani, 2013, p 6).

This section has outlined some working definitions of harm and a speculative geography of harm. Within this perspective I argue that home can be understood as a crucial space where harm may occur. In the final section of the paper I want explore how these ideas might provide an explanatory framework for understanding harm and/from home and the meaning of home in the context of the *stay at home and stay away from others* measures.

Harm and the meaning of home

The three categories of harm identified in the previous section; **Physical/mental health harms**, **Autonomy/liberty harms** and **Relational/reputational harms** describe the context of the different types of potential harm which may be staged at home during the *stay at home stay away from others* Covid-19 measures. They are a useful starting point for analysis, but they are far from the final word on the matter. To start with they are not mutually exclusive; loneliness for example can be conceptualised as a physical/mental health harm and as a relational/reputational harm. Similarly, intimate partner violence and domestic violence can be characterised as a physical and mental health harm but also an autonomy/liberty harm. Neither are these categories of harm exhaustive, nor of necessary ontological significance. Pemberton observes that the analyses of social harm informed by the lens of these categories must be open to the limitations of the lens itself (2016, p34). Keeping these caveats in mind, this section will consider 11 harms across all three categories.

Physical and mental health harms:

1. Loneliness

Research on the meaning of home frequently suggests that many people value home as a place to be alone, “to be yourself” a retreat, a quiet haven and a place of solitude, but this positive attribute of home also poses a significant risk of harm since social isolation and loneliness - a negative attribute of home as a place where you can be alone - is associated with excess morbidity (Lauder et al 2006, Kearns et al 2014, 2015). Being told to stay home and stay away from others, will turn millions of homes into lightning conductors for harm. The experience of the 8.2 million single person UK households during social isolation measures will be very different to that of people in larger households. These effects have significant geographical variations. 29.5% of all households in the UK contain just one person. In Scotland this figure rises to 35% whilst in London it is 23%. Approximately one half of all these households contain a person aged over 65 years (ONS 2019a).

The harms of loneliness are well documented in the UK, providing an evidence base for a raft of recent joined-up strategies to tackle loneliness and social isolation (see, for example *A connected Scotland* (Scottish Government 2018), *Connected Communities* (Welsh Government 2020) and *A connected society* (HM Government 2018)). These existing strategies highlight the importance of working with particular at-risk groups such as those aged over 75 living alone without internet access and/or family and friends nearby. Groups such as these will be disproportionately exposed to the risks of loneliness during Covid-19 measures. Systematic reviews demonstrate consistently that loneliness and social isolation are strongly associated with worse mental health and cardiovascular outcomes (see, for example

Leigh-Hunt et al 2017; Hackett et al. 2012; Valtorta et al 2015; Shankar et al 2011) with current evidence indicating that 'heightened risk for mortality from a lack of social relationships is greater than that from obesity ... with the risk from social isolation and loneliness being equivalent to the risk associated with Grades 2 and 3 obesity' (Holt Lunstad et al. 2015 p 236). The risk of physical harm at home as a direct result of loneliness experienced during social distancing measures is significant.

2. Poor mental health, depression, anxiety and suicide

These harms were already emerging as a housing research hot topic before the Covid-19 pandemic and are supported by a growing theoretical interest in well-being and housing (Barratt et al. 2015; Clapham et al 2018). Preece and Bimpson's (2019) recent work on mental health and housing insecurity in Wales is important. It identifies distinct financial, spatial and relational insecurities by which poor housing and housing infrastructure might cause symptoms of poor mental health to be exacerbated. Whilst this is an important review, and of great policy relevance, the work does not connect with the meaning of home literature which is often decontextualized from policy and practice debates anyway. It seems likely that the emotional and ontological insecurities which (the meaning of home literature suggests) home can inoculate against will now be left unchecked with profound consequences for wellbeing. As Government advice outlined at the start of this paper suggests, *staying at home* is likely to cause low mood, and to exacerbate pre-existing conditions of anxiety and depression. The growing threat of harm to mental health was sufficiently important by 29th March 2020 for Public Health England (2020c) to issue specific guidance on "looking after your mental health and wellbeing". The aforementioned rapid evidence review produced by Brooks et al (2020) reported feelings of grief, confusion and anxiety-induced insomnia, emotional exhaustion and suicidal ideation in recent research on quarantine and isolation. Moreover, another recent paper by Li et al (2020) reports a significant growth in feelings of anxiety and depression amongst 17,865 active Weibo users in the week after Covid-19 was declared on January 20th in China.

At a time of such global crisis it seems sensible to return home to a safe space, but when that return is ordered and enforced by the state rather than by choice, we might speculate that staying at home might seem more of a psychological harm rather than a benefit. Worries about the risks of contracting the virus, infecting others in the household or whether other household members might infect oneself, whilst simultaneously worrying about catastrophic income loss and a massive and dramatic contraction in the economy - when *staying at home* - seems likely to stir up a vicious and escalating circle of mental health harms. Castle walls will become prison walls. In these circumstances, it is not unreasonable to expect that people may feel as if home, this stable, secure and enriching space celebrated in homilies and aphorisms, has failed them. Here, home is harmful and hostile. This certainly resonates with my own experiences of how depression feels at home - and mimics the findings in Tucker's (2010) work on the turn to the home in mental health research.

Far from offering a respite against ontological insecurity, for many people, home is a space of mental health crisis and suicidal ideation. Staying at home and staying away from others will undoubtedly exacerbate these feelings and will cause mental health harms for many people in the coming months. There will be suicides during the *stay at home* period⁶ just as there were in the American influenza pandemic (Wasserman 1982). Data on the means of suicide in England and Wales for 2017 (ONS 2018) indicate that 77% of male and 79% of female suicides in England and Wales were by hanging or poisoning. The means to die by suicide are easily found at home. Deaths by suicide in England and Wales most frequently occur at home or within the boundaries of the dwelling (garage, garden etc.) (ONS 2019b, Gurney 2019c). It is unclear whether the increased scrutiny of being around other household members during social distancing measures might prevent a suicidal act occurring at home or, if suicidal acts might be more likely to take place outside the home.

⁶In the period 2008-2017 there were between 4500-5200 deaths by suicide annually in England and Wales which is an average of between 12-14 per day. (Gurney 2019c).

Undoubtedly, the risk of wellbeing harms at home during the coming months are stark and will remain long after social distancing measures are relaxed. Ideas of home as a retreat offering a place to recuperate and space to think, have as their obverse, a space within which depression, anxiety and suicidal ideation occur. For some people the meaning of home may never be the same again after Covid-19.

3. Intimate partner violence/Domestic violence (IPV/DV)

At the time of writing (31st March 2020) there is already evidence that rates of IPV and DV have risen during the social distancing measures associated with Covid-19. For instance, incidents of domestic violence reported to police in Jianli County, Jingzhou doubled in January 2020 compared to January 2019 and tripled in February 2020 during the period of social isolation in Hubei China. Campaigners there suggest that 90% of recent incidents are related to home isolation measures during the pandemic (Wanqing 2020). A recently published international evidence review (Fraser 2020) suggests that the risk of all forms of violence against women and girls will increase under conditions of isolation at home and that increased levels of violence in Europe, North and South America during social distancing measures are regularly being reported. Increases of up to 50% of DV/IPV have been reported in Brazil (Graham-Harrison et al 2020) whilst in Ohio, where “tempers are flaring”, support workers have reported the increasing risks of domestic violence and child abuse in home isolation (Canady 2020). Just four days after the stay at home measures were introduced in the UK, the Deputy Mayor for Policing and Crime in Manchester, reported: “I think we are beginning to see a rise in domestic abuse incidents. We anticipated this might happen in the very stressful circumstances for many families” (Parveen and Grierson 2020).

As noted above, there is a well-established literature on home as a place of harm for victims of DV/IPV. Narratives of victims feeling displaced or alienated from home have been frequently reported (Robinson 2008, Brickell, 2012a, Zeffrey et al 2016) and Woodhall-Melnick et al (2017) have sketched out theoretical and empirical connections between housing stability and ontological security for victims of home-based harm. In discussing the granting of protection orders, Suk argues that banning abusers from being inside the home recognises home “as a dangerous place where the presence of the abuser causes fear in the victim. This reflects a theory of DV as operating often without actual violence but with the terrifying and inconsistent uses of the threat of violence to control the victim” (2006, p 21). For the victims of DV/IPV and those that feel threatened by future violence, this period of staying at home will be a time during which the positive psycho-social benefits of home will seem very far away.

IPV/DV most frequently occurs at home, in private, beyond the gaze of the state. Adverse Childhood Experiences (ACEs) also predominantly take place in the home environment. The outcome of shielding grandparents who may have provided support, of a parent losing their job, struggling with debts or with their own wellbeing, of undertaking health harming behaviour or of being violent will be experienced as a physical/mental health harm which has been constituted by a particular set of circumstances; the Covid-10 response (Hopkins 2020) and place; home. One of the most cherished positive attributes of home, privacy, provides the opportunity for all forms of abuse to take place precisely because it occurs beyond scrutiny or surveillance. Unable to avoid their abusers during lockdowns, victims will suffer prolonged and sustained exposure to the risk of harm from a violent partner in constantly close proximity. Prolonged periods of time confined to the home environment exposes victims to greater risk of harm. This is likely to have deleterious consequences for victims’ mental and physical health and the meanings which they ascribe to home will, one assumes, change accordingly.

4. Unintentional injuries⁷

Most unintentional injuries take place at home. Home is where those most at risk of death by unintentional injury; that is the very old and the very young, spend most of their time. The removal of opportunities to leave the home for these groups during the Covid-19 lockdown, coupled with a swelling in numbers of people from other age groups spending more time there exposes more people to greater risk of harm over a prolonged time period. Data on unintentional injuries is now collected by devolved health bodies in each of the UK nations. At a UK wide level, a consistent and reliable source of data, ROSPA (undated) continues to report that approximately 6000 people die in the UK every year as a result of unintentional injuries sustained at home.

There is a remarkable consistency in the causes of these types of deaths over time; trips/falls and poisoning⁸ accounting for the majority, with asphyxia an additional risk for young children. Recently published data for Scotland reports that 1,138, or 45% of the 2,504 recorded deaths due to unintentional injury in 2018 were a result of injuries which occurred at home⁹ (National Statistics for Scotland 2020, Table 2). In keeping with many other health indicators in the UK, levels of risk are inversely correlated with income. Thus, in Scotland, levels of admission to hospital for unintentional injury are significantly higher for people resident in the most deprived quintile of neighbourhoods than for those in the least deprived. In the year ending 31st March 2019, the standardised discharge ratio for adults was 44% higher in the most deprived areas compared to the Scottish average and in the least deprived areas, the standardised discharge ratio was approximately 28% lower than the average (National Statistics for Scotland 2020, p 12). A less significant risk at home is death by fire. Nevertheless, across the UK approximately 300 deaths per year occurred as a result of housefires during the period 2009-2018 (Gurney 2019c). Home is frequently described as a place of security and safety in research on the meaning of home. It is also the place where deaths from unintentional injuries most frequently take place.

During the Covid-19 measures, more people will spend more time at home for a longer period of time, often in conditions in which accidents might be more likely to occur; in living conditions which are more crowded than usual, with the added distraction – for some – of trying to work from home whilst caring for children who are not in school. This might result in an increased risk of falls for children or of fires caused by unattended cooking etc. For others, worrying about loss of income and experiencing the negative psychological impacts of isolation there may be other distractions including health harming behaviours which might, of themselves lead to unintentional injury such as poisoning. The figure of 6000 deaths caused by unintentional injury each year is slightly higher than the number of suicides recorded each year in the UK. In the same way that concerns were raised about the latter earlier in this paper, so the risk of harm and loss of life due to unintentional injuries occurring at home during Covid-19 measures should not be underestimated.

5. Health harming behaviours

As noted above, the home is the site where the majority of health harming behaviours occur, in private out of public scrutiny. Perhaps it is because the social practices of alcohol consumption, smoking, unhealthy eating and sedentarism occur in private that these health behaviours become harmful? The absence of surveillance and the opprobrium of others allows us to (comfort) eat to excess (Allegri et al 2011; Finch and Tomiyama 2017; Tan and Chow 2014) and is, perhaps the final refuge of the smoker given recent legislation in England and Wales which seeks to de-normalize smoking in public places. It is also where most of us, if we drink alcohol, do most of our drinking (Foster 2012, Foster and Ferguson 2012, Blue et al. 2015).

⁷ The term 'unintentional injury' is used here rather than 'accidents' as 'accident' implies that events are unavoidable when a high proportion of these incidents are preventable.

⁸ Deaths due to poisoning have increased dramatically relative to other causes in recent years due to a doubling of drug-related deaths since 2011. (National Statistics for Scotland 2020)

⁹ Note that these figures are likely to understate the proportion of deaths caused by injury at home, since 957 – or 38% of all unintentional injury deaths were recorded as unknown/undisclosed. Figures for 2017 based on 2348 unintentional injury deaths were 47% at home and 40% unknown/undisclosed.

For most people, at a time of *staying at home staying away from others*, home will be the *only place* where health harming behaviour occurs. Indeed, for many it has felt like the Christmas holidays, with a 22% growth in alcohol off sales during March 2020, part of the biggest monthly grocery spend on record in the UK (Mileham 2020). The most recent figures available from the British Beer and Pub Association (reported by Institute for Alcohol Studies 2019) illustrate that the trend for off-sales (purchases from supermarkets etc.) to outstrip on-sales (purchases from licensed bars or pubs etc.) has steadily increased from a point of parity in the mid-1990s to a situation in 2017 where 69% of all alcohol consumed by people aged 15 or over in the UK is for drinking at home. There were 7,551 alcohol specific deaths (typically as a result of alcoholic liver disease, alcohol-induced acute or chronic pancreatitis) recorded in the UK in 2018 (ONS 2019c) at an age standardised rate of 11.9 per 100,000 population. Public Health England attribute a much larger figure, 24,202 deaths, to alcohol consumption (as a result of, for example, cancers and heart disease) and in Wales this figure was 1,500 deaths (ONS 2018).

The financial and human costs of alcohol related excess morbidity has been the chief driver for the Scottish Government and the National Assembly for Wales to introduce minimum alcohol unit pricing legislation. In addition to an extensive literature on excess morbidity, unintentional injury and excess alcohol consumption (Thomas et al 2019, Vallersnes et al 2019, Bunker et al 2016) there is also a growing theoretical interest in the practices and geographies of harmful drinking (Holloway et al 2008; Brierly-Jones et al 2014; Muhlack et al 2018). Holloway et al, for instance refer specifically to the home as both a private and an autonomous space in their work, suggesting that more work is needed to reveal how these erstwhile positive properties of home can be harmful.

“The ideological importance of the home plays a major role in obscuring hazardous/harmful domestic drinking [these drinkers] are not breaking social or legal rules by being raucous, ill or violent in public places. Rather their actions are entirely consistent with wider understandings of home. They are using it as a space to unwind, exercising their autonomy in how to do so, and are acting as good hosts by making others feel welcome in their home” (Holloway et al 2008, pp 543-544).

Based on expenditure patterns during March 2020, for many people, some of the additional time spent at home thus far has involved drinking alcohol to lighten the mood – in some cases, perhaps to health harming excess. Although home is undeniably a place to entertain, to celebrate and to relax, the co-location of health harming behaviours with home during a prolonged period of Covid-19 lockdowns reminds us of that this erstwhile convivial, and relaxing space is also where physical/mental health harms most frequently occur.

Autonomy and liberty harms

6. Loss of liberty

One of the most striking effects of the Covid-19 pandemic has been the dramatic growth in the size and reach of the state. The most obvious manifestation of this has been the instruction to stay at home and self-isolate. The extension of powers to police to fine and detain people caught outside without good reason and the routine collection of genetic data is almost unremarkable when compared to the massive changes to everyday life precipitated by enforced stay at home lockdowns. The taken for granted temporal quality of home – as a place to start the day, leave and then return to end the day has been removed and the banality of the ordinary shattered. When the liberty to come and go from your home as you please is removed a clear autonomy harm has occurred. There is little available evidence that might help us predict how this will be experienced and what long term implications it might have for the meaning of home. Some clues can be found in two distinct bodies of work, however. First, in the limited literature on social isolation, imprisonment, house arrest and home detention and second, in the even more limited consideration of “cabin fever”.

Sykes' (1958) work on the pains of incarceration continues to be influential in the literature on house arrest and home detention (George 2006, Staples et al 2010 Chamiel and Walsh 2018). He identified five "pains": the deprivation of liberty, the deprivation of goods and services, the deprivation of (hetero)sexual [parentheses added] relationships, the deprivation of autonomy, and the deprivation of security. As Chamiel and Walsh observe, many researchers have added to the list of pains since then to include a number of harms discussed elsewhere in this paper, viz. extreme loneliness, violation of sexual identity, feelings of stress and anxiety alongside other psychological difficulties (2018, p 4382). We might reasonably consider the extent to which these pains might be felt as autonomy harms during a period of self-isolation will be manifest in the way people explain their feelings about what home means to them. Staples et al (2010) work is insightful here. In research on the experience of home detention they question the extent to which dwellings of incarceration still remain homes in the traditional sense or if, instead, they become "simulacra of the private" (p 2). Using qualitative data from respondent's subject to house arrest they were able to identify juxtapositions around ideas of "home", "jail", "private" and "freedom". A jumble of contradictory meanings, feelings, and emotions were reported. The remarks of "Jesse" demonstrate these contradictions; "it's nice because I'm not in jail... and I can still live my life," but a few minutes later he declared, "It is a lot like jail because, it's all [long pause] I *have* to be home" (Staples et al, 2010, p 2).

Whilst we might reasonably expect meanings of home, particularly those tied up with autonomy, to undergo similar degrees of scrutiny during the Covid-19 measures, we are not yet clear on what incarceration at home might *feel* like. Like Jesse, though, *we have* to be at home. Responses from qualitative fieldwork in other studies provide insights from people experiencing home detention. Boredom and a loss of usual temporal routines are the most deeply felt consequences of house arrest described by "Joe" in Chamiel and Walsh's work; "I feel like heavy... I don't get out of bed. It's like I got used to this kind of life. Bedroom, living room, bathroom. Nothing else ... I wake up at 4pm, shower, computer. ..PlayStation, TV .. that's how it is until the morning. Go to bed around 5am. Don't fall asleep" (Chamiel and Walsh 2018, p 4390). The folk notion of (going) "stir crazy" is another consequence of house arrest which we might expect to be felt in self isolation. In describing the idea, Taylor (1961, p 373) identifies "the mental vacuity, dwindling memory and inability to concentrate" as part of "the bogey of deterioration" commonly associated with the social isolation of prison life" It can also be seen in the following extract. "I'm so grateful not to be in jail, but to tell the truth, sometimes the walls just close in and the last thing you want to do is sit down and have a cup of tea with the missus. That's when I think I'll go mad if I don't get out of this house" (Heggie 1999, cited in George 2006, p84). Being incarcerated under house arrest or electronic home detention (tagging) is not the same as the current experience of Covid-19 lockdown. It is as close as we're likely to get to it however in the absence of new data. Nevertheless, anecdotal reports at the time of writing (March 2020) do suggest that feelings of boredom, frustration and anger which are also reported in studies of house arrest, and even mentions of the term "stir crazy" are being articulated (Abgarian 2020).

Like "stir crazy" cabin fever" is a folk term used in everyday language. It can be traced back to the 1953 Corgi paperback adventure novel *The Wind and the Caribou* (Munsterhjelm cited in Rosenblatt et al 1984, p 44). Rosenblatt et al undertook a semantic analysis of qualitative interview data from 35 respondents who were asked what cabin fever meant to them. Although not recognised as a scientific condition or illness in the psychological or social science literature, they nevertheless found that approximately half of their respondents held remarkably similar understandings of the term, with feelings of boredom, dissatisfaction with being at home, irritability, needing a break from routine and restlessness being widely reported (1984, p 48). Respondents were even able to describe a list of cabin fever "symptoms"; feeling sluggish, dull, listless, feeling irritable, short tempered and lacking in patience. The following account from a "young woman" (sic) is typical of the reported experiences of cabin fever:

"I get very irritable, very short tempered. Particularly in dealing with my daughter I don't have the patience that I would normally have with her. I have more of a tendency, I guess, to withdraw into myself rather than being outgoing in dealing with her ... I find it very hard to motivate myself in terms of getting going and keeping busy. I guess I would probably rather sit. I know I'm bored. I know I'm getting uptight about it ... but I still can't seem to get myself out of the rut" (Rosenblatt 1984, p 49)

So even though cabin fever is a folk term with no scientific basis, it still functions as an effective shorthand for the feelings of being locked down or cooped up at home. The account above is very similar in tone and content to the anecdotal reports of people's experiences of lockdown at home in the UK, thus far and can be traced in recent trends on Twitter¹⁰. Cabin fever may be a fictional ailment but the experience of being trapped in residential accommodation unable to go out for a prolonged period of time appears to be widely understood in English speaking nations. The "symptoms" of irritability with family members and feelings of low mood which are remarkably similar to the negative effects of self-isolation and quarantine reported in evidence reviews discussed elsewhere in this paper.

7. Coercive control

Although coercive control as a form of violence is discussed earlier in this paper in relation to physical/mental health harms, IPV and DV, the possibility for autonomy harms to occur during a period of isolation at home are a separate but equally significant matter. This is particularly significant in relation to the new offence of coercive control since this represents a shift in policy and policing (Barlow et al 2020) towards a more sophisticated identification of the rights of the victim and the recognition that harm does not need bruises as an evidential base. With potential victims already isolated from emotional, material and ontological support outside the home, the potential exists for existing patterns and processes of control to be extended. Isolation, campaign groups such as Women's Aid warn, is the process by which coercive control is enacted, thus;

"This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour"
(Women's Aid undated)

The means of coercive control in the home include, for example, the use of digital surveillance technology, restrictions on internet and 'phone use, controls over money and food, verbal threats and verbal abuse including belittling and shaming. We should not lose sight of our focus on the home here by reflecting that it is the relative privacy which home affords in normal times which enables this dark side of harm at home to flourish. Under the current circumstances, prolonged exposure to controlling and coercive behaviour is likely to amplify victims' existing constant feelings of fear, of walking on eggshells and, above all of an alienation from home.

A key narrative of home for victims who flee IPV and DV is re-establishing control (Zufferey et al. 2016). Control, let us remember, is central to how we understand and experience home and is a touchstone for accounts of ontological security. Laing (1960, pp 43-51) identified three anxieties which, he argued, caused ontological **insecurity**: *engulfment* (relationships with others threaten the individual with a loss of identity) *implosion* (reality is impinged – a feeling of emptiness) and *petrification* (fear of loss of identity and subjectivity) (Gurney 2019b). These anxieties seem to capture the likely experiences of the coercive control victim during times of lockdown. As Gearing recently observed; "there is no longitudinal research on what happens when families are required by government regulation to stay at home for 6 months .. [but] ... victims and their children who live with the perpetrator will be at constant risk". One of the replies to Gearing's research questionnaire, received in March 2020 included a stark prediction:

"I'm trying to work out what to do before I end up in a body bag but that seems unavoidable right now"
(Gearing 2020).

¹⁰ Using Hashtagify to measure trends in the use of hashtags on Twitter reveals that #cabinfever has an all-time popularity score of 47/100 (these ratings are measured on a scale from 0 to 100, where 100 is the most popular hashtag on Twitter and 0 denotes no or extremely limited usage) and that there has been a 21% increase in its use in the month to 31st March 2020. This figure of 47/21 compares, for example to 47/-7 for #renting, 72/5 for #bored, 76/93 for #Covid19, 84/0 for #Trump 54/4 for #Boris 15/-1 for #meaningofhome and 4/0 for #ontologicalsecurity during the same time period. <https://hashtagify.me/hashtag/cabinfever> (Accessed on 31/03/20).

Victims like this will be living in constant fear. Through a process of ceaseless coercion, autonomy and liberty is eroded and new norms and routines which may expose the victim to further harms may emerge. Aside from the urgent need for support and intervention, further research on the psychological effects of coercion and control and the places where it occurs is needed. Alienated from home and experiencing feelings of ontological insecurity, the victims of coercive control will be thinking about home in very different ways as a result of the autonomy harms inflicted during the Covid-19 lockdown.

8. Household-based harms

A further possibility when critically thinking about the potential for autonomy/liberty harms to take place within the home concerns the structure of households and the way in which power is exercised within them. How equally shared is decision making? Are the spaces and times/tempo distributed fairly? How is domestic labour organised? There is not space in this think-piece to fully develop a perspective on household practices and home (although see Gittins 2017 and Morgan 2019) or to consider the significance of containment and isolation at home for notions of the self (although see Goffman 1961, and Davies 1989 on *Total Institutions* and the mortification of the self) but instead here, I shall make some speculative remarks on how the Covid-19 measures might lead to the reassessment of ideas of both household and home.

There will certainly be a spotlight on power relationships in households during Covid-19 measures. Relations of gender, age, length of residence, whether the household is a stable and “mature” one, or one that that is newly formed or recently (re)extended seem relevant here. Not for the first time when thinking about the experience of harm, social class, housing security, housing quality, income and job security will intersect with different household forms to exacerbate or ameliorate the threat of harm. Nevertheless, we can speculate that relationships of kin, friendship and intimacy within the household could yield very different outcomes and might cause particular types of harms in relation to the freedom to be yourself, to relax and to feel secure which we might usually associate with home. In a study of control and home within multigenerational households, Easthope et al (2015) were able to identify some important differences in this respect. Thus;

“even when multiple members of a family consider their house to be their home, their experience of the physical location (home as place) and their feelings about that place (home as an imaginary) can differ from each other. Such differences are the result of their individual experiences of the same house, which are mediated through the power relationships that exist amongst different members of the household.”
(pp 154-155)

The autonomy/liberty harms for younger children unable to negotiate space to play, or for older children returning from student accommodation seeking to resist infantilization by re-negotiating access to kitchens and private bedrooms may be significant. Struggles over privacy, lifestyle, decision-making and space symptomatic of unequal power relationships and which may have been held in obedience, might now be re-kindled as a result of the stresses and anxieties of the Covid-19 measures. One of Easthope et al’s respondents (a female “boomeranged” child in her 30s) was very clear about these struggles;

“I really had to compromise on the way that I would like to live in my own home, and how my parents would like to live, and it’s their house and they’re paying for everything, so of course I compromised on some lifestyle choices” (Easthope et al 2015, p 161).

Another, a woman in her 40s, living with her parents commented;

“There’s a great deal of territoriality ... mum does all the cooking because she insists on it. She doesn’t like me in the kitchen” (Easthope et al 2015, p 163)

Easthope et al's work provides an insight into what might happen in the coming months. The relationships between the social construction of the household, the physical construction of dwelling and the social and material constructions of home will be at the heart of how people negotiate and experience home during this period. For many, the most meaningful connections and greatest opportunity to flourish might be with on-line friends and family outside of the home. Might this subsequently lead to a reappraisal of home as a physical space of constraint and confinement in favour of a virtual mediated home of possibilities? Again, more work is needed here.

On the second day of the lockdown measures in the UK, at the daily Coronavirus press briefing, Jenny Harries, Deputy Chief Medical Officer for England offered advice to "hesitant lovers" (Casalicchio and Cooper 2020) on forming new households;

"If you're two individuals, two halves of the couple currently in separate households, ideally they should stay in their households. ...The alternative might be that for quite a significant period going forward they should *test the strength of their relationship* [emphasis added] and decide whether one wishes to be permanently resident in another household. ... What we do not want is people switching in and out of households (Casalicchio and Cooper 2020).

It is unclear whether this advice was taken up widely, taken seriously, or if there has been a degree of new household formation or churning in recent weeks. Whether these changes accelerated plans to form new households or not, negotiating such changes during a prolonged period of close physical proximity seems likely to taint the erstwhile unproblematic, positive attributes of home. The possibility for autonomy/liberty harm is at the root of this.

9. Borders between home and work

For those in jobs unaffected by social distancing measures and who are able to work from home, the struggle to renegotiate spaces of production, reproduction and care might present significant challenges and carries the risk of autonomy harm. This may occur through the bleeding of work demands into home space/time to the extent that no space and time remains for self-actualisation. Among the challenges to resolve at this time might be a balancing of home and work activities, often alongside childcare and home-schooling roles, managing expectations of surveillance and performance from managers etc. Balancing domestic labour and working from home is not new of course but the circumstances of being confined, whilst balancing these demands is different. There is a well-developed literature on home working (Dockery and Bawa 2018, Burchi 2018, Kolb 2017, Shepherd-Banigen et al 2016) which might offer some clues as to whether the balancing out of demands will change the meaning of home. Burchi's (2018) work is particularly relevant for us in her account of the contested spaces of the home as workplace for precarious workers. Her work suggests that domestic boundaries must be renegotiated. Geographical work on borders and bordering might prove fruitful in making sense of the redefinition of home in the coming weeks.

Of course, for those without jobs that can be done at home and for those who have lost their jobs or who have been furloughed there is a different challenge to face; without the distraction and routine of work, home might instead become a container of anxiety, full of the feelings associated with the other autonomy harms discussed in this section. There is no doubt that readjusting to working at home whilst caring for children will present challenges in which autonomy is sacrificed for the greater public good, but this experience will not be equal. Access to a decent taken for granted home, perhaps with access to a garden, or nearby parks, with good broadband and computer equipment and heating etc. will make the experience of self-isolation at home easier and will ensure continued job security. The potential of this harm is slight when compared to the psychological harms of loss of income, low income and poor housing and infrastructure. Academics and housing professionals in secure employment are well-advised to reflect upon how lucky we are to be able to work from home and to be faced with these challenges of renegotiating spaces and juggling demands. For others, these challenges and harms might seem self-indulgent or out of touch. Although the likelihood of working/not working from/at home seems likely to have a clear social gradient, we must not overlook that the meaning of home is liable to change for many households. Questions should still be asked.

Relational harms

10. Sexuality and identity

Amongst the potential relational harms that might occur during a period of prolonged social distancing and self-isolation at home includes the harm of misrecognition or suppression of sexual identity and sexuality. For older children returning home to stay with older family members and for younger children seeking to make sense of their sexual identity, prolonged close confinement with family members might lead to hiding or masking activities or feelings for fear of shame or reprimand. The discarded pregnancy test, the sexualised message, the browser or viewing history, for all example might need to be carefully hidden or managed. Slips and clues which might otherwise pass un-noticed will be more difficult to hide in close proximity for long periods of time. There is a growing literature linking queer theory and sexual identity to housing insecurity, and in particular homelessness (Matthews et al 2019, Ecker 2016, Valentine et al 2003) which is an important context within which to think about the relational harms which might be incurred by either performing heteronormativity at a time of lockdown, or of coming out during a time of unprecedented and destabilising change and existential anxiety. Home is often celebrated as a private place, but that privacy can be compromised with quite profound circumstances for relational harm during times of lockdown and greater scrutiny.

11. Emotional security

The word security appears repeatedly (Richards, 1990, Mallet, 2004, Easthope 2004 Kearns et al 2000) in survey data and in conceptual development of the meaning of home literature. The word is used euphemistically and sometimes without precision to refer to financial security; security of tenure; physical, or even ontological security and spatial fixity. The meaning of home is also routinely entwined with a host of positive ideas of emotional security, love and positive emotions. For those who chose to live alone, emotional security may not be found in relations in, at, or with, home. Home is often conflated with family but there are many other significant sources of emotional security which can be found in friends, community, work and in online encounters, for example. However, the absence of emotional security whether living alone, in a couple, or with friends can have profound psychological impacts which are likely to be amplified under conditions of lockdown. In his influential paper on the meanings of home and homelessness, Peter Somerville argues that homelessness can be understood as a series of deprivations. One of these deprivations is emotional deprivation which he describes as a lack of love or joy (2013, p 384). Certainly, being trapped at home without joy or love, perhaps in a failing relationship or in a place of negative associations and painful memories is likely to induce negative psychological effects. Home is not always the escape from the other, the outside, the public.

The dark side of the home, as we have already seen can be a space from which we might wish to escape. For some, the traditional positive attributes of home may be turned inside-out. In concluding the speculative application of the geography of harm lens there is a neatness in returning both to loneliness and to Pemberton;

“If people are unable to fulfil their emotional needs, such as love and emotional security, it is likely that harms such as loneliness and social isolation will result, as well as associated mental health harms such as depression. Ultimately, “being with others” is an essential facet of the human condition – people may choose different forms of association with others, yet without some meaningful contact they are likely to experience a range of harms” (Pemberton 2016, p 30).

At the time of writing the duration of the lockdown of the UK remains unclear. Whenever it ends, it seems certain that in addition to the thousands of lives lost to the Covid-19 virus there will be immeasurable harms that have been experienced, amplified and stored up in people’s homes.

Concluding remarks

In conclusion, an analytical focus on home as a space where harm occurs has shown some promise. It has enabled us to ask some critical questions about how home is understood and experienced in relation to three different categories of harm. Crucial to this endeavour is the foregrounding of the place where harms occur.

Periods of isolation and confinement are ripe for critical reflection. Home is a great place to make these reflections in normal circumstances. At a time of great anxieties over job security, fears of bereavement, infection and death one might expect that a turn to home; and the banality of the ordinary would offer some comfort, some ontological security even. But we are not living in times of politics – or indeed economics - as usual.

In these circumstances a turn to home might not offer the nourishing stabilizing and comforting inoculation against uncertainty that we seek. Home may be less than it has previously seemed.

One thing in these uncertain times is certain. Any disappointments in home will not be evenly experienced. Housing insecurity, economic precarity, lack of access to decent housing - where home is taken for granted – with no space for self-actualisation nor to flourish constitutes a bedrock of harm upon which the uncertainties of a global pandemic will be deposited much more deeply than upon those who have experienced a lockdown in a decent home with a garden, with more rooms than people living there, with internet access, in a mutually respectful and nourishing relationship whilst experiencing good physical health and wellbeing

In 1944, during the final stages of World War 2, Alfred Schütz wrote an article entitled *The Homecomer* in the *American Journal of Sociology* in which he eulogised the significance of the dwelling as home as a familiar and intimate place of routines which enabled a “community of time” to develop. The publication date was significant as Schütz speculated on the likely challenges and re-adjustments returning war veterans and the household members left behind would have to make on the former’s return. The homecomer previously held an intimate and taken for granted knowledge of home but on returning they find they have to familiarize themselves with a new set of routines in a place that now seems strange (Schütz 1944 p 369).

Like Schütz’s homecomer we will soon all look at home in a different way. As a result of a sustained and prolonged exposure to harm during which liberty was sacrificed for the greater public health good, the meanings attached to home may have changed irrevocably.

This paper is a work in progress. A working paper in the true sense of the term. It was written during the first 10 days of the Covid-19 lockdown in the UK in late March 2020. Some of the ideas developed here have been percolating for 12 to 18 months. Others have come to the surface in the last few days. Some of the observations made here will soon be out of date. There are inevitably omissions¹¹, dead ends and underdeveloped ideas, for which I alone am responsible. In the spirit of a working paper I would welcome any correspondence on the ideas presented here and hope to develop them further in future papers.

¹¹ This paper does not, for instance, consider the harms of people experiencing homelessness, at risk of homelessness nor of people receiving care at home during the Covid-19 social distancing measures.

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