


Domestic Violence During the COVID-19 Pandemic: A Systematic Review

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Abstract

Background: COVID-19 outbreak and the followed confinement measures have raised concerns to specialists worldwide regarding the imminent increase in domestic violence cases. The present systematic review aims to identify the international trends in domestic violence during the COVID-19 epidemic and to examine the possible differences among all population groups and different geographic areas worldwide. **Method:** The following databases were accessed: DOAJ, ERIC, Google Scholar, ProQuest, Pubmed, PsycNet, and SCOPUS, up to July 22, 2020. **Results:** A total of 32 studies were considered eligible. Data from North America, Europe, Asia-Pacific Area, Africa, and worldwide researches were retrieved. COVID-19 has caused an increase in domestic violence cases, especially during the first week of the COVID-19 lockdown in each country. In children, however, although the specialists' estimations suggested an increase in child maltreatment and abuse cases, the rate of police and social services' reports has declined during the COVID-19 pandemic. School closures that isolated students at home seemed to have contributed to this decrease. **Conclusions:** Domestic violence has been a considerable issue imposed by the COVID-19 epidemic to a worldwide context. The home confinement led to constant contact between perpetrators and victims, resulting in increased violence and decreased reports. In order to minimize such issues, prevention measures and supporting programs are necessary.

Keywords

COVID-19, domestic violence, confinement, intimate partner violence, child abuse

The ongoing pandemic of COVID-19 forced many countries to impose national lockdowns as a measure of protection against the virus spread. Although home confinement due to COVID-19 pandemic was a necessary measure of protection against the virus spread, it induced social, psychological, and economical consequences. One of them was the increase of domestic violence cases (United Nations, 2020). Domestic violence (or domestic abuse) includes various acts of violence—physical, sexual, and emotional—and, although it is usually referred to intimate partner violence, mostly between a male and a female partner, it can also include child, elderly, or sibling abuse (Hegarty et al., 2000). Especially for children, domestic abuse can include not only direct violence toward them but also witnessing violence against other members of their family (e.g., their mothers or siblings) and it can lead to forming violent intimate partner relationships in adulthood (Wood & Sommers, 2011). In this article, domestic violence will be used for all kinds of violence within family or domestic context, including both violence against adults (partners, elders, adult children, or adult siblings) and minors (children and adolescents) or in cases that there is not clear if the reported abuse was against partners or other member of the family (e.g.,

police reports without specific demographic data), whereas in cases of violence against partners, the term intimate partner violence will be used, and in cases of violence against children, the term child abuse will be used.

Differences in the meaning of violence are presented from culture to culture, promoting mainly the family benefit rather than the individual prosperity (Krauss, 2006). In some communities, predominance of the male point of view is considered legit and the domestic violence is justified as normal, incorporating religious laws (Fagan & Browne, 1994).

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Thus, a global prevention program is difficult to occur, due to racial, ethnic, or socioeconomic discrimination (αlhabib et al., 2010).

During periods of crisis, increased rates of intimate partner violence, child, and elderly abuse have been reported, in relation to economic instability and stressful environments (Curtis et al., 2000; Mansi et al., 2020; Parkinson & Zara, 2013; Schneider et al., 2016). This observation was made in the United States during the Great Recession (Schneider et al., 2016), and such findings spanned also more recent eras, including the European debt crisis in the 2010s (Kyriakidou et al., 2019). Concerning the COVID-19 pandemic, the risk of domestic violence could be higher, due to home confinement, limited access to social services, and supporting organizations for the victims. On the other hand, school closures isolated students at home, distancing them from their teachers, which are the professionals who more frequently submitted the reports of child abuse (20.5% of overall reports; U.S. Department of Health and Human Services et al., 2020).

Because domestic violence is an important issue, data can be derived mainly from police reports but also from helpline calls. However, police reports might describe a small part of reality, because many victims are afraid of reporting domestic violence to the authorities, due to discrimination and labeling (Gqola, 2015). Furthermore, not all police calls for domestic violence were reported or there were changes in reporting, due to lack of evidence (Beland et al., 2020). The lockdown forced the potential victims to stay close to their perpetrators, the latter monitoring any move and effort of contacting the police (Piquero et al., 2020; van Gelder et al., 2020); helplines may have given victims a better opportunity to speak out and to take the situation under control (Elman et al., 2020).

Considering the special circumstances derived from COVID-19, including home confinement and preventing measures imposed by countries worldwide, the research of the impact of domestic violence in partners, children or elderly, is highly recommended. Therefore, this systematic review aims to synthesize international findings and trends regarding domestic violence toward all population groups, examining the differences among different geographic areas during the COVID-19 epidemic.

Method

Study Design

This systematic review was performed under the recommended reference framework of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati et al., 2020). The search was conducted in the following databases: DOAJ, ERIC, Google Scholar, ProQuest, Pubmed, PsycNet, and SCOPUS, up to July 22, 2020. The algorithm used was the following: (COVID-19 OR SARS-CoV-19 OR SARS-CoV-2 OR “2019-nCoV” OR “novel

coronavirus”) AND (“domestic violence” OR “family violence” OR “intimate partner violence” OR abuse OR maltreatment OR vulnerability OR assault). Using a snowballing technique, references of eligible studies and relevant reviews were also searched.

Inclusion Criteria

All articles that examined violence within domestic settings in all ages and groups of people (children, adolescents, adult women, elder, disabled people, etc.) during the COVID-19 outbreak (started from December 2019 and continues until the time of drafting this article—July 2020) were considered eligible for this systematic review. Domestic violence is generally used for all kinds of violence within family or domestic context, including both violence against adults (partners, elders, adult children, or adult siblings) and minors (children and adolescents). In cases that it is not clear whether the reported abuse was against partners or other member of the family (e.g., police reports without specific demographic data), the term “domestic violence” was used; in cases of violence against children, the term “child abuse” was used; and in cases of violence between partners, the term “intimate partner violence” was used. Regarding study design, case reports, cohort studies, cross-sectional studies, case series, and case-control studies were selected. Data and reports from organizations for domestic abuse, human rights organizations, or police data were also used as supporting evidence. There was no language, gender, age, or other demographic restrictions. Two authors (A.K. and A.S.) working independently to each other in pairs performed the selection of studies.

Data Extraction and Analysis

A piloted data extraction form was used to extract data from eligible articles, which were reviewed simultaneously and independently from two reviewers (A.K. and A.S.). The following data were extracted for each study: name and identity of the article, name of the first author and year of publication, region/country where the survey was conducted, language, study period, study design, sample, sample size, age range, selection of sample, ascertainment and/or association with COVID-19 epidemic, outcomes, statistical analysis, and main findings, including features of intimate violence and child abuse. Discussion through reviewers and team consensus resolved any disagreement.

Quality Assessment

During the screening process, two independent reviewers (A.K. and A.S.) performed the quality assessment, evaluating the risk of bias in eligible studies, through Newcastle-Ottawa Scale for cross-sectional studies (Modesti et al., 2016) and cohort studies (Stang, 2010) accordingly.

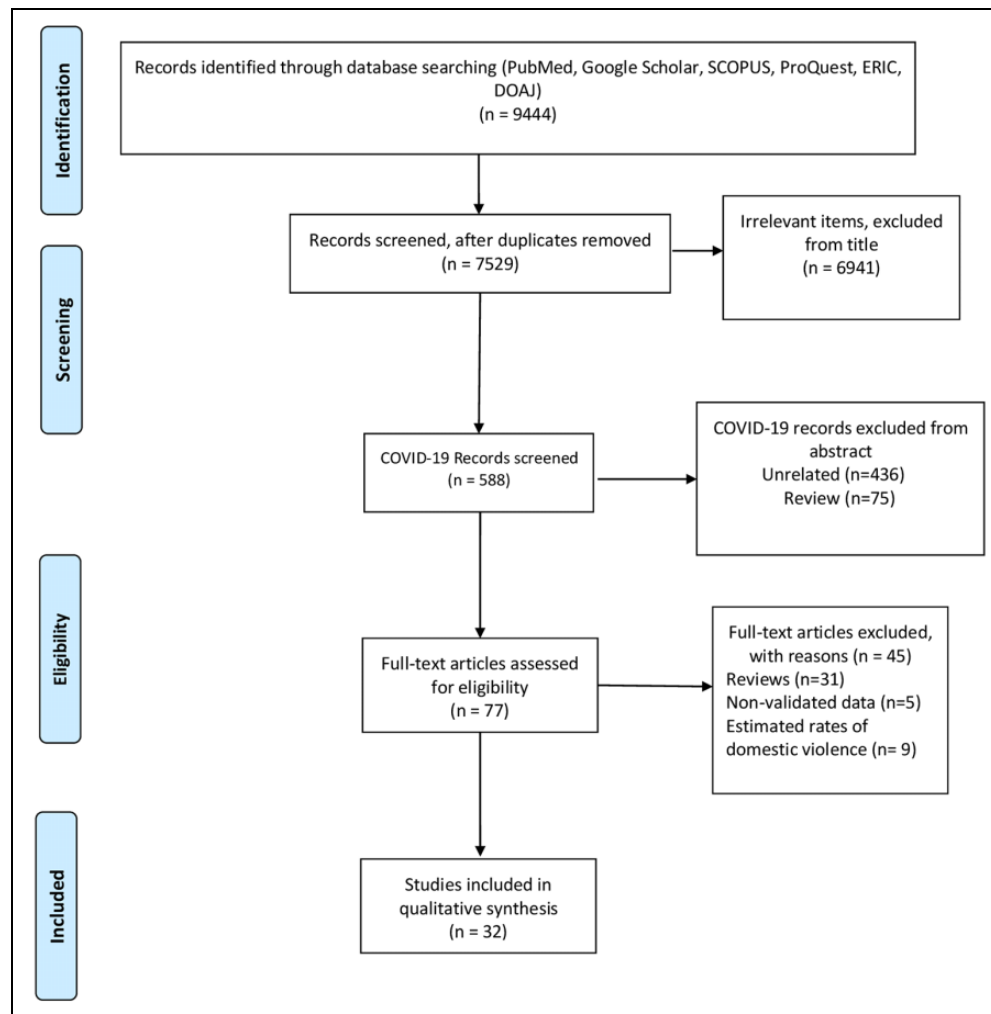


Figure 1. PRISMA flowchart.

Results

Selection of Studies

The publications retrieved from research in databases were 9,444. Of them, 2,415 were duplicates, and 6,941 were excluded by the title as irrelevant. Thus, 588 articles were screened by abstract with 436 being irrelevant while 75 were reviews. Of 77 full-text articles that were assessed for eligibility, 32 studies were finally included (Armbruster & Klotzbücher, 2020; Asiamah et al., 2021; Baron et al., 2020; Beland et al., 2020; Biddle et al., 2020; Boserup et al., 2020; Brown et al., 2020; Brühlhart & Lalive, 2020; Davis et al., 2020; Foster & Fletcher, 2020; Frank et al., 2020; Halford et al., 2020; Huber, 2020; Iob et al., 2020; Jung et al., 2020; Knipe et al., 2020; Leslie & Wilson, 2020; McLay, 2021; Mohler et al., 2020; Nduna & Oyama, 2020; Nguyen et al., 2020; Payne et al., 2020; Pfitzner et al., 2020; Piquero et al., 2020; Roca et al., 2020; Sanga & McCrary, 2020; Sibley et al., 2020; Sidpra et al., 2020; Silverio-Murillo et al., 2020; Stiegler & Bouchad, 2020; Wright et al., 2020a, 2020b; Figure 1, flowchart; Table 1). Among them, two presented data from various countries worldwide (Argentina,

Bosnia and Herzegovina, Brazil, Chile, Cyprus, France, India, Lebanon, Mexico, Montenegro, Singapore, Spain, United States, United Kingdom, Italy, and worldwide estimation of child abuse violence based on data from previous years), 11 referred to North America countries (United States: $n = 9$, Canada: $n = 1$, and Mexico: $n = 1$), 10 to Europe (United Kingdom: $n = 6$, Germany: $n = 2$, Switzerland: $n = 1$, and Spain: $n = 1$), six to the Asia-Pacific region (Australia: $n = 5$ and New Zealand: $n = 1$), and the remaining three reported data from Africa (South Africa: $n = 2$ and Ghana: $n = 1$). The majority ($n = 26$) were cross-sectional studies and six were cohort studies (Table 1).

Descriptive Characteristics

The descriptive characteristics of the eligible studies are presented in Table 1. The majority of studies were conducted during COVID-19 lockdown (Asiamah et al., 2021; Beland et al., 2020; Biddle et al., 2020; Brown et al., 2020; Brühlhart & Lalive, 2020; Davis et al., 2020; Frank et al., 2020; Halford et al., 2020; Iob et al., 2020; Jung et al., 2020; Leslie & Wilson, 2020; Nduna & Oyama, 2020; Payne et al., 2020; Pfitzner et al., 2020; Roca

Table 1. Descriptive Characteristics of Included Studies.

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Huber (2020)	Argentina, Bosnia, Herzegovina, Brazil, Chile, Cyprus, France, India, Lebanon, Mexico, Montenegro, Singapore, Spain, and United States	English	NR	Cross-sectional study	NR	NR	NR	People who called to SOS hotline for domestic violence during COVID-19	COVID-19 outbreak	NR	NR
Armbruster & Klotzbücher (2020)	Germany	English	January 1, 2019–April 28, 2020	Cross-sectional study	Users of online telephone counseling hotline "TelefonSeelsorge"	715,227 (68.3% female, 31.5% male, 0.2% other of 697,929)	10–80+	People who used online and telephone counseling hotline "TelefonSeelsorge" during COVID-19 (91 help centers)	COVID-19 outbreak and lockdown	Email, chat, and telephone contacts	Kernel-weighted local polynomial regression
Asiamah et al. (2021)	Ghana	English	April 4, 20–April 16, 2020	Cross-sectional study	General population, 18+ socially isolated due to the mandatory lockdown	643 (35% female; 65% male)	18–64	Residents of three cities under mandatory lockdown (City 1, City 2, and City 3), who participated in an online survey	COVID-19 lockdown	Online survey-questionnaire (23 multiple-choice questions and a question introducing the mental health measure)	Descriptive statistics and multiple linear regression analysis, with a sensitivity analysis selecting potential covariates for the final regression model
Beland et al. (2020)	Canada	English	March 29, 2020–April 3, 2020	Cross-sectional study	Canadians who participated in the online survey (the Canadian Perspective Survey Series)	4,627 (2,433 women)	35–55+	Accessed via email	COVID-19 lockdown	Online survey	NR
Biddle et al. (2020)	Australia	English	April–May 2020	Cross-sectional study	Adult Australians	2,984 in April and 3,249 in May	18–75+	Sample from Life in Australia TM panel	COVID-19 lockdown	Online survey	Regression analysis
Sanga & McCrary (2020)	United States	English	January 1, 202–April 24, 2020	Cross-sectional study	People in America who call 911	Approximately 50 million calls (not people)	NR	911 Calls	COVID-19 outbreak and lockdown	Reports to the police	NR
Boserup et al. (2020)	United States	English	March 2020	Cross-sectional study	Police Reports	NR	NR	Data from police departments	COVID-19 outbreak	Reports to the police	Cursor analysis
Brown et al. (2020)	Rocky Mountain, USA	English	April 21, 20–May 9, 2020	Cross-sectional study	Parents over 18 with a child under 18	183	18–55	Child- and family-serving agencies and educational settings	COVID-19 lockdown	Online survey	Analysis of variance (ANOVA) analyses and multiple regression analyses
Brühlhart & Lalive (2020)	Switzerland	English	February 28, 2019–May 6, 2019 and February 28, 2020–May 6, 2020	Cross-sectional study	Adults, mainly German-speaking residents of Switzerland	63,639 (for 2019 and 2020)	NR	Helpline calls, mainly in German	COVID-19 lockdown	Reports to helpline	Regression analysis

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Table 1. (continued)

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Davis et al. (2020)	United States	English	March 17, 2020–May 1, 2020	Cross-sectional study	U.S. residents over 18+	2,045	18–91	Participants recruited via a survey company	COVID-19 lockdown	Jellinek inventory for assessing partner violence (intimate partner violence [IPV])	Descriptive statistics, Spearman nonparametric correlation analyses, four binary logistic regressions, and univariate analysis
Frank et al. (2020)	United Kingdom	English	March 21, 2020–April 2, 2020	Cross-sectional study	Vulnerable individuals in the United Kingdom	51,417 (female 51.1%)	18+	Participants recruited via the COVID-19 Social Study	COVID-19 lockdown	Patient Health Questionnaire (PHQ-9); +participants indicated whether during the last week they had been “physically harmed or hurt by someone else” or “bullied, controlled, intimidated, or psychologically hurt by someone else”, using a 4-point Likert-type scale and stating if they have been abused more than once during this period)	Mixture modeling and multivariate logistic regression models
Foster & Fletcher (2020)	Australia (New South Wales)	English	March 2020	Cross-sectional study	Frontline workers and service providers	80	NR	NR	COVID-19 outbreak	Survey	Trend, daily effects and weather effects were removed by applying separate linear regressions for each effect. A piecewise linear model approach was adopted which allowed trends to be analyzed sequentially. The resulting residuals from the detrended and deseasoned models were analyzed with auto regressive integrated moving average (ARIMA) time series models. The resulting ARIMA model was used, along with the daily effect, the weather effect and trend, to produce a forecast value for each crime type with an associated 95% confidence interval

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Table 1. (continued)

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Halford et al. (2020)	United Kingdom	English	March 8, 2020–April 2, 2020	Cross-sectional study	Crime reports	NR	NR	NR	COVID-19 lockdown	Police data	NR
lob et al. (2020)	United Kingdom	English	March 21, 2020–April 20, 2020	Cross-sectional study	Adults in the United Kingdom	44,775	18+	COVID-19 Social Study	COVID-19 lockdown	PHQ-9 (+ Participants indicated whether during the last week they had been "physically harmed or hurt by someone else" or "bullied, controlled, intimidated, or psychologically hurt by someone else", using a 4-point Likert-type scale and stating if they have been abused more than once during this period)	Regression analysis
Jung et al. (2020)	Germany	English	April 1, 2020–April 15, 2020	Cross-sectional study	NR	3,545 (83.1% female)	NR	Online survey	COVID-19 lockdown	PHQ-9	Descriptive statistics
Knipe et al. (2020)	Italy, Spain, United States, United Kingdom, and worldwide	English	January 1, 2020–March 30, 2020	Cross-sectional study	Google trends	NA	NA	Google searches	COVID-19 outbreak	Google search	Correlation analysis
Leslie & Wilson (2020)	United States (Baltimore, MD; Chandler, AZ; Cincinnati, OH; Detroit, MI; Los Angeles, CA; Mesa, AZ; Montgomery County, MD; New Orleans, LA; Phoenix, AZ; Sacramento, CA; Salt Lake City, UT; Seattle, WA; Tucson, AZ; and Virginia Beach, VA)	English	January 1, 2019–May 31, 2019, and January 6, 2020–May 31, 2020	Cross-sectional study	Calls for reporting domestic violence in the United States	NR	NR	Domestic violence service calls	COVID-19 lockdown	Police data	Difference-in-differences and event study methods
Baron et al. (2020)	United States: Florida	English	January 2015–April 2020	Cross-sectional study	Child abuse reports in Florida	13,132 by month observations	NR	Child abuse reports	COVID-19 outbreak	Child abuse hotline data	Regression analysis
McLay (2021)	United States: Chicago	English	March 2019 and March 2020	Cross-sectional study	Domestic violence reports in Chicago	4,618 reports	NR	Domestic violence police reports	COVID-19 outbreak	Domestic violence police reports	Logistic regression models
Mohler et al. (2020)	United States: Indianapolis, Los Angeles	English	January 2, 2020–April 22, 2020	Cross-sectional study	Domestic violence reports Indianapolis and Los Angeles	NR	NR	Crime police data	COVID-19 outbreak	Calls-for-service and reports to the police	Regression analysis

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Table 1. (continued)

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Nduna & Oyana (2020)	South Africa	English	March 27, 2020–April 16, 2020	Cross-sectional study	People who call to gender-based violence command center call	NR	NR	NR	COVID-19 lockdown	Rapid assessment was used to gather context specific data in response to the COVID-19 lockdown	NR
Nguyen et al. (2020)	Australia	English	March 23, 2020–April 2, 2020	Cross-sectional study	Women, men, boys, and girls in Australia	209 reports	NR	Existing secondary data	COVID-19 outbreak	Rapid gender analysis	NR
Payne et al (2020)	Queensland, Australia	English	February 2014–2020 (March–April 2020)	Cohort study	Queensland population	Statewide monthly offense rates per 100,000	NR	Queensland government's open data portal	COVID-19 lockdown	ARIMA model	Statistical assessment of the presence of a unit-root (nonstationarity). To explore stationarity, the Augmented Dickey-Fuller (ADF) test is used. The null-hypothesis of the ADF test is that raw series is nonstationary (i.e., includes unit-root). Failure to reject the null-hypothesis at $p < .05$ indicates the presence of a unit root and necessitates its removal
Pfitzner et al. (2020)	Victoria, Australia	English	April 23 2020–May 24 2020	Cross-sectional study	Victorian practitioners	166	NR	Online anonymous survey through social media outlets (including Twitter and LinkedIn), through the Momash Gender and Family Violence Prevention Centre network, and by providing information about the research and survey directly to relevant organizations and agencies in Victoria	COVID-19 lockdown	A series of short demographic questions with a rating scale and open-ended questions	Univariate analyses

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Table 1. (continued)

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Piquero et al. (2020)	Dallas, TX, USA	English	January 1, 2020 and April 27, 2020	Cross-sectional study	Incidents of domestic violence	NR	NR	Dallas police records	COVID-19 outbreak	Family violence incident list includes misdemeanor and felony domestic violence, child abuse, elderly abuse, and sexual assault for offenses	A Dickey-Fuller test for nonstationarity and a correlogram plot to determine whether lagged values are autocorrelated with the domestic violence data series were used, multiple ordinary least squares and Poisson regression models, ARIMA forecast model
Roca et al. (2020)	Valencia and Murcia, Spain	English	March 18, 2020–April 10, 2020	Cross-sectional study	Principals, teachers, and school counselors of nine schools	10 Members of the school staff	31–50	Nine schools (preprimary, primary, secondary, and special education)	COVID-19 lockdown	WhatsApp group with the members of the communicative focus group (CFG) and a collaborative Excel sheet shared through Drive with a register of the actions that the teachers entered and three sessions were conducted with the same CFG and interviews with a communicative approach	Dialogic recreation of knowledge
Sibley et al. (2020)	New Zealand	English	October–December, 2019 and March, 2020	Cohort study	New Zealanders	Nprelockdown = 1,003 and Nlockdown = 1,003	Prelockdown (mean age = 51.7), lockdown (mean age = 51.5)	New Zealand Attitudes and Values Study (NZAVS), propensity score matching	Prelockdown and lockdown	New Zealanders answered the survey during the first 18 days of lockdown. Comparing their responses with those of a propensity-matched control sample who completed the NZAVS late in 2019 (before the pandemic emerged)	A multivariate ANOVA was conducted to assess whether the linear combination of all outcome variables, Levene's tests of equality of variances, paired-sample t tests

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Table 1. (continued)

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Sidpra et al. (2020)	United Kingdom	English	March, 23, 2020–April, 23, 2020, with same period over the previous 3 years	Cohort study	Children	10 (six boys, four girls) with mean cases at the same period over the previous 3 years	Mean age 192 days	Medical records of Great Ormond Street Hospital For Children National Health Service Foundation Trust, London	COVID-19 lockdown	A review of the incidence of suspected abusive head trauma in submitting children during lockdown with records of the previous 3 years. Demographic data and clinical findings were recorded, including parental vulnerabilities and socioeconomic and indexing by the index of multiple deprivation	NR
Silverio-Murillo & Balmori de la Miyar (2020)	Mexico city	English	February, March, April, and the rest 2 weeks of May, for 2019 and 2020	Cohort study	Calls from women who were married or cohabiting	Number of calls per week for domestic violence per 100,000 inhabitants	NR	Linea Mujeres call-center service records	COVID-19 lockdown	Data on calls related to IPV. Population data come from the National Population Council. Data were used from the 16 municipalities of Mexico City. Week 7 was used as a cutoff reference to analyze the effects of the COVID-19 lockdown. "Control" refers to the six weeks prior to the lockdown, while "treatment" refers to the 8 weeks during the lockdown	A weekly event study model
Sriegler & Bouchad (2020)	South Africa	English	April 24, 2020	Quick assessment (cross-sectional study)	People from different backgrounds and residing in different areas of the country	32	20–75	NR	COVID-19 lockdown	Six questions, sent via email or text messages	NR

(continued)

Table 1. (continued)

First Author (Year)	Region, Country	Language	Study Period	Study Design	Sample	Sample Size	Age Range	Selection of Sample	Phase of COVID-19 Pandemic	Outcomes, Way/Questionnaires for Measurement	Statistical Analysis
Wright et al. (2020b)	United Kingdom	English	April 1, 2020–May 12, 2020	Longitudinal cohort study	UK adults	41,909	18–65	COVID-19 social study	COVID-19 outbreak	PHQ-9, Generalized Anxiety Disorder assessment, six categories of adversity, each measured weekly, including COVID-19 illness, financial difficulty, loss of paid work, difficulties acquiring medication, and difficulties accessing food and threats to personal safety.	Fixed-effects regression
Wright et al. (2020a)	United Kingdom	English	April 1, 2020–May 12, 2020	Longitudinal cohort study	UK adults	46,284	18–65	COVID-19 social study	COVID-19 outbreak	Six categories of adversity, each measured weekly, including COVID-19 illness, financial difficulty, loss of paid work, difficulties acquiring medication, difficulties accessing food, and threats to personal safety. Single item on quality of sleep. Social support with four separate variables for loneliness, perceived social support, social network size, and living alone. Three-item UCLA-3 loneliness, six-item short form of Perceived Social Support Questionnaire (F-SozLU K-6), psychiatric illness as reporting a clinically diagnosed mental health problem in interview	Random-effect within-between models

Note. NA = not applicable; NR = not reported.

et al., 2020; Sibley et al., 2020; Sidpra et al., 2020; Silverio-Murillo et al., 2020; Stiegler & Bouchad, 2020), approximately between March and May 2020, while a few were conducted during COVID-19 outbreak (Armbruster & Klotzbücher, 2020; Baron et al., 2020; Boserup et al., 2020; Foster & Fletcher, 2020; Huber, 2020; Knipe et al., 2020; McLay, 2021; Mohler et al., 2020; Nguyen et al., 2020; Piquero et al., 2020; Sanga & McCrary, 2020; Wright et al., 2020a, 2020b). Moreover, many studies included data from police or helplines reports (eight studies based on police records (Boserup et al., 2020; Halford et al., 2020; Leslie & Wilson, 2020; McLay, 2021; Mohler et al., 2020; Payne et al., 2020; Piquero et al., 2020; Sanga & McCrary, 2020), five studies based on helplines data (Armbruster & Klotzbücher, 2020; Brühlhart & Lalive, 2020; Huber, 2020; Nduna & Oyama, 2020; Silverio-Murillo et al., 2020), and two studies that used data stated as domestic abuse reports without clarifying whether they were from police reports or domestic abuse services' reports (Baron et al., 2020; Nguyen et al., 2020) or data retrieved through online surveys (12 studies), due to the COVID-19 restrictions (Asiamah et al., 2021; Beland et al., 2020; Biddle et al., 2020; Brown et al., 2020; Davis et al., 2020; Frank et al., 2020; Iob et al., 2020; Jung et al., 2020; Pfitzner et al., 2020; Stiegler & Bouchad, 2020; Wright et al., 2020a, 2020b). As a rule, subgroups of domestic violence (intimate partner violence, child abuse, elder abuse, or other kind of abuse) were not provided; some studies though gave specific results for one or more specific subgroups (Halford et al., 2020; Huber, 2020).

North America

Main Findings

Several studies in North America revealed an increase in domestic violence. Multiple studies were conducted in the United States using police data or helpline reports, reporting an increase in domestic violence during the COVID-19 pandemic. More specifically, domestic violence report rates increased, by 12% on average and 20% during working hours of potential abusers; an increase in first-time abuse (16% on average, 23% during working hours) was also noted (Sanga & McCrary, 2020—study was conducted during the COVID-19 outbreak and lockdown—Table 1). Leslie and Wilson (2020), at their research in several cities and different states across the United States (Baltimore, MD; Chandler, AZ; Cincinnati, OH; Detroit, MI; Los Angeles, CA; Mesa, AZ; Montgomery County, MD; New Orleans, LA; Phoenix, AZ; Sacramento, CA; Salt Lake City, UT; Seattle, WA; Tucson, AZ; and Virginia Beach, VA) during COVID-19 lockdown also suggested that there was a 7.5% increase in domestic violence service calls during the 12 weeks of social distancing comparing with previous periods (January–May 31; Tables 1 and 2). Police data reports from Dallas (TX) implied that the trend in domestic violence changed twice; it increased after March 24, 2020, and decreased after April 7, 2020, suggesting that there was an increase in domestic violence in the first 2 weeks after the stay-at-home order, but then a decrease was observed (Piquero et al., 2020; Table 2). Furthermore, the study by Mohler et al. (2020)

revealed an interesting fact. Even though there was a significant increase in domestic violence calls-for-service, eventually it did not lead to an increase in reported assaults during the COVID-19 outbreak (January–April 2020)

On the other hand, in Chicago, IL, a slight decrease in domestic violence cases seemed to occur, compared with those of the previous year (2,251 cases in March 2020 during the COVID-19 outbreak compared to 2,367 cases in March 2019; McLay, 2021). Similarly, no significant differences in domestic violence cases between 2019 and 2020 were recorded in Mexico City and Canada (Silverio-Murillo et al., 2020), although there was a correlation between family stress and violence and financial difficulties as well as difficulties in maintaining social ties (for women) in the COVID-19 lockdown in Canada (Beland et al., 2020; Table 2).

Intimate Partner Violence

Boserup et al. (2020) highlighted that domestic violence is often synonymous to intimate partner violence and indicated that there was an increase in several states in the United States at the first months of the pandemic outbreak (March 2020). In Jefferson (Alabama), a 27% increase in domestic intimate partner violence was reported, in Portland (Oregon) a 22%, in San Antonio (Texas) 18%, while in New York City, there was a 10% increase in domestic violence reports (Table 2). Moreover, in Davis et al. (2020), online survey was pointed out that people diagnosed with COVID-19 or with symptoms similar to those of COVID-19 were more likely to suffer from domestic violence, which was considered as an additional factor that raises the risk of domestic violence during the pandemic and especially during the lockdown (Table 2).

Child Abuse

According to reports deriving from Chicago, IL, the cases of domestic violence involving child victims during March 2020 were 67% less than in March 2019 (McLay, 2021; Table 2). On the other hand, Baron et al. (2020), supported that in Florida, USA, reported allegations for child maltreatment were approximately 15,000 lower than expected, probably due to school closure. A similar decrease was noted in the past year during December, June, and July, on school breaks. However, Brown et al. (2020) highlighted that COVID-19-related disruptions, such as high anxiety and depressive symptoms, were associated with child abuse potential during the time of the lockdown (Table 2).

Europe

Main Findings

Data from European studies are also in accordance with the data from North America, with a correlation recorded between COVID-19 and domestic violence incidents (Table 2). Most European studies derived from the United Kingdom (Frank et al., 2020; Halford et al., 2020; Iob et al., 2020; Sidpra et al., 2020; Wright et al., 2020a, 2020b), using data which

Table 2. Main Findings Concerning Domestic Violence, Intimate Partner Violence (IPV), and Child Abuse During the COVID-19 Epidemic.

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Huber (2020)	Argentina, Bosnia, Herzegovina, Brazil, Chile, Cyprus, France, India, Lebanon, Mexico, Montenegro, Singapore, Spain, United States (domestic violence in general), and worldwide (estimation of child abuse violence)	NR	NR	NR	Increase in calls to domestic violence hotlines: Argentina 25%, Bosnia and Herzegovina 22%, Brazil 18%, Chile 75%, Cyprus 47%, France 30%, India 32%, Lebanon 50%, Mexico 25%, Montenegro 27%, Singapore 33%, Spain 12%, and United States 21.50%. Increase in calls to domestic violence hotlines: 32%. Estimation of increase in violence against children: 264,694,111 (3-month average number of children ages 2–17 exposed to any violence or severe violence), 52,938,822 (a 20% increase), and 84,702,116 (a 32% increase). Stricter states experienced a stronger increase in helpline calls compared to less strict states	NR	Estimation of increase in violence against children: Africa: (3-month average number of children ages 2–17 exposed to any violence or severe violence) 57,440,932; (a 20% increase) 11,488,186; (a 32% increase) 18,381,098. Asia: (3-month average number of children ages 2–17 exposed to any violence or severe violence) 17,889,193; (a 20% increase) 3,577,839; (a 32% increase) 5,724,542. Latin America: (3-month average number of children ages 2–17 exposed to any violence or severe violence) 14,607,329; (a 20% increase) 2,921,466; (a 32% increase) 4,674,345. Europe: (3-month average number of children ages 2–17 exposed to any violence or severe violence) 3,798,000; (a 20% increase) 759,600; (a 32% increase) 1,215,360. Northern America: (3-month average number of children ages 2–17 exposed to any violence or severe violence) 10,048,608; (a 20% increase) 2,009,722; (a 32% increase) 3,215,554. Oceania: (3-month average number of children ages 2–17 exposed to any violence or severe violence) 160,049; (a 20% increase) 32,010; (a 32% increase) 51,216
Armbruster & Klotzbücher (2020)	Germany	Users of online telephone counseling hotline "TelefonSeelsorge"	715,227 (68.3% female, 31.5% male, 0.2% other of 697,929)	10–80+	Physical and sexual violence were highly increased in the first week after the lockdown and they gradually decreased (physical violence: 1.8% of 702,351; sexual violence: 1.2%)	NR	NR
Asiamah et al. (2021)	Ghana	General population, 18+ socially isolated due to the mandatory lockdown	643 (35% female; 65% male)	18–64	8% of participants (n = 50) faced higher risk of domestic violence	NR	NR

(continued)

Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Beland et al. (2020)	Canada	Canadians who participated in the online survey (the Canadian Perspective Survey Series)	4,627 (2,433 women)	35–55+	There was no correlation between family stress and violence and COVID-19 outbreak. There was correlation between family stress and violence, and financial difficulties as well as difficulties in maintaining social ties (for women). 3% of respondents reported being “extremely” concerned about violence in the home. About 5% of respondents were “very concerned,” 8% are “somewhat” concerned	NR	NR
Biddle et al. (2020)	Australia	Adult Australians	2,984 in April and 3,249 in May	18–75+	9.5% had fear of their partner being violate	9.5% had fear of their partner being violate. There has no statistical significance between two sexes. Highest rate: 25–34, lowest rate: 65+	NR
Sanga & McCrary (2020)	United States	People in America who call 911	Approximately 50 million calls (not people)	NR	Increase of domestic violence 12% on average and 20% during working hours. Increase of first-time abuse (16% on average, 23% during working hours)	NR	NR
Boserup et al. (2020)	United States	Police reports	NR	NR	27% increase of domestic violence in Jefferson, AL, 22% in Portland, OR, 18% in San Antonio, TX, and 10% in New York City	NR	NR
Brown et al. (2020)	Rocky Mountain, USA	Parents over 18 with a child under 18	183	18–55	Greater COVID-19-related disruptions, high anxiety, and depressive symptoms were associated with child abuse potential	NR	Demographics ($p < .01$), financial assistance ($p < .01$), anxiety symptoms ($p < .05$), depressive symptoms ($p < .01$), and perceived stress ($p < .01$) were significantly and positively associated with child abuse potential
Bridlhart & Lalive (2020)	Switzerland	Adults, mainly German-speaking residents of Switzerland	63,639 (for 2019 and 2020)	NR	–25% calls due to domestic violence compared to the same period in 2019	NR	NR

(continued)

Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Davis et al. (2020)	United States	U.S. residents over 18+	2,045	18–91	People having symptoms similar to COVID-19 or diagnosed with COVID-19 were more likely to face IPV (psychological or physical)	People reporting COVID-19 positive were approximately 3.5 times more likely to experience psychological IPV (Exp[B] = 3.77, [1.36, 10.42], $p < .05$) and 2.5 times more likely to experience physical IPV (Exp[B] = 2.77, [1.04, 7.36], $p < .05$). People who lost their job during COVID-19 outbreak were 2.5–3 times more likely to face IPV (psychological: Exp[B] = 2.56, [1.26, 5.18], $p < .01$; physical: Exp[B] = 3.21, [1.67, 6.58], $p < .01$). People who were tested for COVID-19 but were negative were twice as likely to face intimate psychological or physical partner violence (Exp[B] = 2.09, [1.23, 3.57], $p < .01$; Exp[B] = 2.20, [1.26, 3.86], $p < .01$). Men were two times more likely to use physical violence in comparison to women (Exp[B] = 2.16, [1.31, 3.56], $p < .01$)	NR
Frank et al. (2020)	United Kingdom	Vulnerable individuals in the United Kingdom	51,417 (female 51.1%)	18+	11.3% of the participants had experienced psychological or physical abuse on at least one occasion since lockdown began, the odd ratio (OR) of moderate depressive symptoms was 5.34 (5.15; 5.54) for participants who had experienced abuse, the OR of severe depressive symptoms associated with abuse was 13.16 (12.95; 13.37)	NR	NR
Foster & Fletcher (2020)	Australia (New South Wales)	Frontline workers and service providers	80	NR	65.2% identified insufficient service availability, 49.2% identified women prioritizing material needs and concerns over their own safety, 44.9% identified escalating and worsening violence, 36.2% identified that women were reporting violence and abuse related to the COVID-19 crisis (e.g., financial pressures or other stresses), and 15.9% identified violence beginning to occur for the first time	NR	NR
Halford et al. (2020)	United Kingdom	Crime reports	NR	NR	Domestic abuse was decreased by 45% and vulnerable child offences decreased by 41%	Vulnerable child offenses decreased by 41%	NR

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Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Iob et al. (2020)	United Kingdom	Adults in the United Kingdom	44,775	18+	Overall, 4,121 participants (9%) surveyed reported experiencing psychological or physical abuse, 7,984 participants (18%) reported experiencing thoughts of suicide or self-harm in the first month of lockdown, and 2,174 participants (5%) reported harming themselves at least once since the start of the UK's lockdown. Around 50% of participants experiencing psychological or physical abuse had experienced thoughts of suicide or self-harm and 25% of them had engaged in self-harm behaviors during the previous week	NR	NR
Jung et al. (2020)	Germany	NR	3,545 (83.1% female)	NR	5% of the participants experienced interpersonal violence, verbal (98.4%), physical (41.9%), or sexual (30.2%). In case of verbal violence, 77.3% reported experiencing more verbal violence lately. In case of physical violence, 19.5% reported experiencing increased levels, and in case of sexual violence, more people reported experiencing increased sexual violence lately (11.1%)	NR	NR
Knipe et al. (2020)	Italy, Spain, United States, United Kingdom, and Worldwide	Google trends	NA	NA	Abuse related searches remained stable in the United Kingdom, United States, and Spain.	NR	NR
Leslie & Wilson (2020)	United States (Baltimore, MD; Chandler, AZ; Cincinnati, OH; Detroit, MI; Los Angeles, CA; Mesa, AZ; Montgomery County, MD; New Orleans, LA; Phoenix, AZ; Sacramento, CA; Salt Lake City, UT; Seattle, WA; Tucson, AZ; and Virginia Beach, VA)	Calls for reporting domestic violence in the United States	NR	NR	There was a 7.5% increase in domestic violence service calls during the 12 weeks after social distancing began	NR	NR
Baron et al. (2020)	United States: Florida	Child abuse reports in Florida	13,132 by month observations	NR	Reported allegations for child maltreatment were approximately 15,000 lower than expected	NR	Reported allegations for child maltreatment were approximately 15,000 lower than expected
McLay (2021)	United States: Chicago	Domestic violence reports in Chicago	4,618 reports	NR	The number of total cases was slightly lower during March 2020 (70.32% [n = 1,583] of cases took place prior to the shelter in-place and 29.68% [n = 668] of cases took place after) than during March 2019. March 2020 overall: 2.84% cases with sex crimes, 14.83% weapon use, 20.23% arrests, 2.97% child victims involved, and 77.85% residential locations	NR	Cases with child victims were 67% less likely to have occurred

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Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Mohler et al. (2020)	United States: Indianapolis, Los Angeles	Domestic violence reports Indianapolis and Los Angeles	NR	NR	Although there was a significant increase in domestic violence calls-for-service, it did not lead to the increase of reported assaults	Volume of calls per day for domestic violence: Los Angeles ($\Delta y = 13.55$) and Indianapolis ($\Delta y = 15.22$)	NR
Nduna & Oyama (2020)	South Africa	People who call to gender-based violence command center call	NR	NR	Received 12,779 calls of them 442 gender-based violence-related, including abandoned children, assault, bullying, child neglect, child pornography, elderly neglect, emotional abuse, hate speech, human trafficking, indecent assault, molestation, verbal abuse or intimidation, rape, sexual harassment, and physical violence. South African news reported that police statistics for the first week of lockdown showed that more than 2,300 complaints of gender-based violence were recorded. Google also shared that there had been a 64% spike in online searches for the words "domestic violence shelters"	Up to 40% of women who normally would not seek help may have reported with the hope that police help will be dispatched sooner	NR
Nguyen et al. (2020)	Australia	Women, men, boys, and girls in Australia	209 reports	NR	Early reports indicated that there had been an increase in family violence with an increase in support requests from 120 per-week to 209 in the last week (as of March 29, 2020). Cases reported to included perpetrators using COVID-19 as a means of further controlling their partner's movements and preventing them from leaving home or threatening to infect women with COVID-19. There were reports of perpetrators using COVID-19 as a form of abuse by telling their partner's that they (the partners) had the virus; therefore, they could not leave the house or inviting people into the house where the woman was self-isolating and saying to her that the visitor had COVID-19 and they were going to infect them. Becoming infected with the virus may also prevent women from seeking help, as they were forced to self-quarantine and thereby unable to access walk-in support services	NR	NR

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Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Payne et al. (2020)	Queensland, Australia	Queensland population	Statewide monthly offense rates per 100,000	NR	The observed domestic violence orders (DVO) breach rate in March 2020 was 57.5 per 100,000 which was higher than in the previous month (55.2 per 100,000) and higher than it was in March of the previous year (52.0 per 100,000). As for the observed breach rate of DVO in March 2020, the rate (57.5 per 100,000) was lower than forecast by the model (59.2 per 100,000) but well within the range (54.9 to 63.4 per 100,000) of plausible values given the history of the series. In April, the DVO breach rate declined slightly, although not as much as was forecast and remained within the confidence interval. There was insufficient evidence to suggest that breaches of domestic violence orders increased or decreased in the context of COVID-19	NR	NR
Pfizner et al. (2020)	Victoria, Australia	Victorian practitioners	166	NR	Just under half of the practitioners surveyed (42%, $n = 105$) reported that the COVID-19 pandemic had resulted in an increase in first time family violence reporting by women	More than half of the respondents reported that the COVID-19 pandemic had led to an increase in the frequency (59%, $n = 94$) and severity of violence against women (50%, $n = 102$). New forms of intimate partner women, including enhanced tactics to achieve social isolation and forms of violence specifically relating to the threat and risk of COVID-19 infection	NR
Piquero et al. (2020)	Dallas, TX, USA	Incidents of domestic violence	NR	NR	There was statistically significant evidence that the trend in domestic violence changed twice: It increased after March 24 and decreased after April 7, there appeared to be an increase in domestic violence in the first 2 weeks after the stay-at-home order was implemented but then a decrease thereafter	NR	NR

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Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Roca et al. (2020)	Valencia and Murcia, Spain	Principals, teachers, and school counselors of nine schools	10 members of the school staff	31–50	Six actions had been implemented with the goal of “opening doors” to foster supportive relationships and a safe environment to prevent child abuse during COVID-19 confinement: dialogic workspaces, dialogic gatherings with students, class assemblies or mentoring, dialogic pedagogical gatherings with teachers and community, mixed committees and community networks, and social network dynamization with preventive messages and the creation of a sense of community	NR	All the schools that participated in the study knew very well that communication through social networks contributed to “open doors” and promoted a sense of community despite confinement. All these schools actively communicated through social networks such as Facebook, Twitter, WhatsApp, and Telegram. In these communications, messages promoted supportive relationships and a sense of community. In addition, they were disseminating messages through social networks for the prevention of child abuse and violence. These actions included elements on elective school-based programs to prevent child abuse and encouraged the preventive socialization of violence. In the online dialogic workspaces created in four of the participating schools, the main action had been to “open doors” to break physical isolation by maintaining supportive relationships. Creating trusted environments involved not only small online workspaces but also their extension to the community by engaging families, fostering the responsibility of society to ensure the safety of children. Five of the schools had promoted solidarity networks through mixed committees formed by teachers, families, and other community members. Class assemblies were among the actions that many of these schools were taking prior to confinement. Five of the schools had maintained these activities during confinement. The assembly was perhaps most specifically where children’s knowledge and skills to prevent abuse and violence were directly addressed

(continued)

Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Sibley et al. (2020)	New Zealand	New Zealanders	Nprelockdown = 1,003, Nlockdown = 1,003	Prelockdown (mean age = 51.7), lockdown (mean age = 51.5)	Returning to the main analyses, the postlockdown group reported higher levels of support for investment in reducing domestic violence than did the prelockdown group	NR	NR
Sidpra et al. (2020)	United Kingdom	Children	10 (six boys, four girls) with mean cases at the same period over the previous 3 years	Mean age = 192 days	A significant increase in the number of patients presenting with suspected abusive head trauma (AHT) during the lockdown phase of the SARS-CoV-2 pandemic	NR	Ten children with suspected AHT were seen during this time in comparison with a mean of 0.67 cases per month in the same period over the previous 3 years. This equates to a 1,493% increase in cases of AHT. Age did not vary significantly between years (range = 0.5–13 months). Clinical examination revealed retinal hemorrhages (50%), extensive bruising (50%), scalp swelling (50%), and excoriations marks (10%). Radiological findings included subdural hemorrhage (60%), cerebral edema (40%), parenchymal contusion (40%), skull fractures (40%), subarachnoid hemorrhage (30%), and extracranial fractures (30%)
Silverio-Murillo et al. (2020)	Mexico city	Calls from women who were married or cohabiting	Number of calls per week for domestic violence per 100,000 inhabitants	NR	In 2019, there was no difference between "treatment" (0.32) and "control" (0.33). IPV-calls increase from 0.32 in 2019 to 0.70 in 2020 for the "treatment" period. Yet, there was no statistically significant difference between "treatment" (0.70) and "control" (0.73) for 2020. This result suggests that IPV-calls did not increase during the confinement	NR	NR
Stiegler & Bouchad (2020)	South Africa	People from different backgrounds and residing in different areas of the country	32	20–75	Concerning domestic violence, respondents generally agreed that thanks to the ban of alcoholic beverages, domestic violence seemed to have decreased, and this especially in poorer areas	NR	NR

(continued)

Table 2. (continued)

First Author (Year)	Region, Country	Sample	Sample Size	Age Range	Main Findings	Main Findings Regarding IPV	Main Findings Regarding Child Abuse
Wright et al. (2020b)	United Kingdom	UK adults	41,909	18–65	Experiences of adversities relating to accessing food, accessing medication, and personal safety were also associated with higher levels of generalized anxiety disorder assessment and Patient Health Questionnaire-9 scores. Experience of harm was more strongly related to mental health than worry about personal safety. Worries were more strongly related to mental health than experiences for employment and finances, but less for personal safety and catching COVID-19. Adversities relating to personal safety were much more strongly linked with mental health than worries about personal safety and had the strongest link with mental health out of all adversities assessed, which echoes research on the strong negative mental health impact of domestic abuse and violence	NR	NR
Wright et al. (2020a)	United Kingdom	UK adults	46,284	18–65	Worries were significantly related to poorer quality sleep in every category of adversity, with the largest effects found for worries about personal safety (OR = 1.43 [1.35, 1.53]). Experiencing adversities relating to personal safety such as abuse were also related to poor quality sleep (OR = 1.29 [1.14, 1.47])	NR	NR

Note. NA = not applicable; NR = nonreferred.

were retrieved from University College of London (UCL) COVID-19 Social Study in the adult population (Frank et al., 2020; Job et al., 2020; Wright et al., 2020a, 2020b). In the United Kingdom (Halford et al., 2020) and Switzerland (Brühlhart & Lalive, 2020), an overall decrease in domestic violence police reports or helpline calls was noted during the lockdown. This might be explained by the fact that the lockdown measures inhibited access to alcohol, and consequently, its consumption has decreased (Halford et al., 2020). It is, however, more likely that the real numbers of domestic violence cases did not decline, but victims did not report their abuse (Halford et al., 2020). In fact, data from 715,227 reports in helplines across Germany suggested a highly significant increase in physical and sexual violence during the first week of the lockdown, which gradually decreased (Armbruster & Klotzbücher, 2020; Table 2).

Intimate Partner Violence

According to Frank et al. (United Kingdom—data retrieved from UCL -University College London- COVID-19 Social Study, 2020), 11.3% of participants had experienced psychological or physical abuse on at least one occasion since lockdown began (Table 2). The odds ratio (*OR*) of moderate depressive symptoms was 5.34 (95% CI [5.15, 5.54]) for participants who had experienced abuse, and the *OR* of severe depressive symptoms associated with abuse was 13.16 (95% CI [12.95, 13.37]; Frank et al., 2020). Furthermore, Job et al. using data from the same survey, indicated that 9% of participants experienced psychological or physical abuse during lockdown, while 50% of them had suicidal or self-harm thoughts and 25% of them had self-harm behaviors during the week before the survey (Table 2).

Moreover, COVID-19 lockdown raised worries about personal safety (i.e., abuse) which were associated with higher levels of anxiety and depressive symptoms and also led to poor quality of sleep (Wright et al., 2020a, 2020b). In fact, worries about personal safety had the largest effect size in sleep quality (*OR* = 1.43; 95% CI [1.35, 1.53]) among all types of adversities (personal safety, access to medication employment, access to food, finances, and contracting COVID-19; Table 2). In Germany, data retrieved during the lockdown (April 1–15, 2020) implied that 5% of participants experienced interpersonal violence in verbal (98.4%), physical (41.9%), and/or sexual (30.2%) level (Jung et al., 2020). Furthermore, 77.3% of participants experienced more verbal violence than before, 19.5% more physical violence, and 11.1% more sexual violence (Table 2).

Child Abuse

In the United Kingdom, a 41% decrease in vulnerable child offense police reports was reported (Halford et al., 2020). In Valencia and Murcia, Spain, teachers participated in an online program in order to support their vulnerable students and prevent child abuse during the months of the lockdown (Roca

et al., 2020). The teachers implemented six web-based actions, including dialogic workspaces, dialogic gatherings, class assemblies, dialogic pedagogical gatherings with teachers, mixed committees, and dynamization of social networks with preventive messages and the creation of a sense of community (Table 2). The program was considered successful and contributed to the prevention of child abuse. On the other hand, health care practitioners in London, UK, recorded a significant increase in the number of children that were diagnosed with abusive head trauma during COVID-19 lockdown compared to the previous 3 years (Sidpra et al., 2020; Table 2).

Asia-Pacific Region

Main Findings

The eligible studies from the Asia-Pacific region came from Australia and New Zealand (Biddle et al., 2020; Foster & Fletcher, 2020; Nguyen et al., 2020; Payne et al., 2020; Pfitzner et al., 2020; Sibley et al., 2020; Table 2). As far as Australia is concerned, the domestic violence rate in March 2020 was 57.5 per 100,000 people, and in April 2020, it slightly decreased, with the corresponding rates for March and April 2019, to be presented as elevated compared to the previous years (2014–2018; 2014 26 per 100,000; and 2020 57.5 per 100,000 of population; Payne et al., 2020). Early reports in domestic violence cases presented an increase in the pandemic outbreak, as stated in another Australian study (Nguyen et al., 2020; Table 2).

Frontline workers and service providers in New South Wales, Australia, highlighted that domestic violence victims may face several difficulties: 65.2% of them were concerned regarding insufficient service availability, 49.2% supported that women prioritized material needs and concerns over their own safety, 44.9% noticed an escalation in domestic violence, 36.2% identified that there was an increase in women's reports which was related to the COVID-19 crisis (e.g., financial difficulties), and 15.9% indicated that first-time violence incidents were noted during the COVID-19 pandemic (Foster & Fletcher, 2020; Table 2). The study was conducted at the first months of the outbreak of the pandemic (March 2020—Table 1).

Intimate Partner Violence

Intimate partner violence during COVID-19 lockdown was salient to practitioners who were working with women; 59% of them recorded an increase in the frequency and 50% an increase in the severity of intimate partner violence during this period, respectively, in Victoria, Australia (Pfitzner et al., 2020; Table 2). As a matter of fact, the fear of partner abuse was highly observed in Australian women, particularly between 25 and 34 years old at the first months of the lockdown (Biddle et al., 2020). Surprisingly enough, the same survey concluded that men had the same fear as well. The impact of COVID-19 lockdown was also reflected by the fact that people in New Zealand were more positive toward enhancing support

services for reducing and/or preventing domestic violence than they were before the lockdown (Sibley et al., 2020). Moreover, aboriginal females were more likely to face gender-based violence and be restricted by their partners or to be threatened by COVID-19 infection, making it impossible for them to reach help services, a fact that was observed from the first months of the pandemic (Nguyen et al., 2020; Table 2).

Africa

The findings regarding domestic violence in Africa during COVID-19 pandemic were limited and contradictory; in South Africa, overall violence during lockdown decreased due to a reduction in alcohol consumption, especially in poorer areas, whereas there was an increase in gender-based violence during the third week of the lockdown (Stiegler & Bouchard, 2020; Table 2). On the other hand, in Ghana, 8% of the participants in an online survey stated that they faced a higher risk of domestic violence during the lockdown (Asiamah et al., 2021—April 2020), while another study in South Africa (Nduna & Oyama, 2020) reported that between March 27 and April 16 (months of lockdown), a total of 442 gender-based violence related calls were received by Gender-Based Violence Command Center Call, in accordance with the general surge of gender-based violence during the national lockdown. Although alcohol intoxication was not easily recorded, it was considered a risk factor for intimate partner abuse in remote areas, with the police reporting more than 2,300 complaints of gender-based violence (Nduna & Oyama, 2020).

Multinational Studies

Main Findings

The report of World Vision (Huber, 2020) regarding calls to SOS hotlines for domestic violence during COVID-19 pandemic outbreak is quite revealing: There was an increase in domestic violence cases all over the world; more specifically, in Argentina, 25%; in Bosnia and Herzegovina, 22%; in Brazil, 18%; in Chile, 75%; in Cyprus, 47%; in France, 30%; in India, 32%; in Lebanon, 50%; in Mexico, 25%; in Montenegro, 27%; in Singapore, 33%; in Spain, 12%; and in the United States, 21.5% (Table 2). These cases were mostly referred to intimate partner violence. However, there was no significant change in Google search trends regarding abuse or domestic violence during COVID-19 confinement compared to the trends of 2019 (Knipe et al., 2020).

Child Abuse

Bearing in mind the increase in calls regarding domestic violence in SOS helplines during COVID-19 confinement, World Vision's estimations (Huber, 2020) about the increase in the number of underaged victims (2–17 years old) exposed to any violence or severe violence are terrifying: in Africa, 11,488,186–18,381,098 more victims of child/adolescent abuse; in Asia, 3,577,839–5,724,542; in Latin America,

2,921,466–4,674,345; in Europe, 759,600–1,215,360; in North America, 2,009,722–3,215,554; and in Oceania, 32,010–51,216 (Table 2).

Risk of Bias

Concerning the cross-sectional studies, the majority of them scored intermediate scores ($n = 14$) in the Newcastle-Ottawa Scale, while the others scored either high ($n = 6$) or low ($n = 6$). In some cases, the selection of the sample was not detailed. Accordingly, the nonresponder rate was not justified, although the tool (online questionnaires, helpline calls, and police reports) provided was described in detail but not validated. In most studies, the control of confounding factors was conducted through appropriate statistical analysis, but the assessment of the outcome suffered mainly from self-reporting. Furthermore, the six cohort studies provided good ($n = 5$) and fair quality ($n = 1$; Online Supplementary eTable 1).

Discussion

During the COVID-19 pandemic, people faced new challenges, affecting them not only physically but also mentally and financially. Although home confinement gave the opportunity for families to be united, an increase in domestic violence was noted globally, during the first week of lockdown, according to this systematic review (Armbruster & Klotzbücher, 2020; Asiamah et al., 2021; Boserup et al., 2020; Foster & Fletcher, 2020; Frank et al., 2020; Huber, 2020; Jung et al., 2020; Leslie & Wilson, 2020; Mohler et al., 2020; Nguyen et al., 2020; Payne et al., 2020; Pfitzner et al., 2020; Piquero et al., 2020; Sanga & McCrary, 2020; Sidpra et al., 2020; Wright et al., 2020a, 2020b). Many factors contributed in the appearance of domestic violence through the years, with political, legal, economical, and cultural to be most frequent (Heise et al., 1999; Sokoloff & Pratt, 2005). The COVID-19 epidemic emerged as an aggravating factor to domestic violence, enhancing the pre-existing problem. The “shadow pandemic” of violence against women became evident not only in fragile economic states and regions but also in strong ones (Desmidt & Neat, 2020). Rates seemed to decrease, as the pandemic continued, people adapted to the new reality and addressed for help (Brühlhart & Lalive, 2020; Halford et al., 2020; Mclay, 2021; Sibley et al., 2020; Silverio-Murillo et al., 2020).

The appearance of DV through the years was enhanced by many factors with political, legal, economic, and cultural to be most frequent (Heise et al., 1999; Sokoloff & Pratt, 2005). In a multicountry study in 2006 including data from 15 countries around the world, the rates of physical and sexual abuse were from 4% to 54% with countries such as Thailand, Bangladesh, or Ethiopia to report sexual abuse more frequent (Garcia-Moreno et al., 2006). Those findings incorporate the cultural and religious laws, which consider acceptable from husbands to control or chastise their wives. Moreover, according to previous data, in Latin America and United States, women faced

simultaneously physical and sexual abuse or physical abuse only. Differences in domestic violence may appear in countries which are industrialized. Thus, the rates of DV were lower concerning countries that are not mainly due to better information and preventing measures (Garcia-Moreno et al., 2006; Tjaden & Thoennes, 2000). During periods of crisis, such as the Great Recession in the United States (Schneider et al., 2016) and European debt crisis in 2010 and after (Kyriakidou et al., 2019), an increase of intimate partner violence was noted, due to mainly economic instability and stressful environments (Curtis et al., 2000; Mansi et al., 2020; Parkinson & Zara, 2013; Schneider et al., 2016). Although the data including DV are enlightening, they describe only a small part of this issue, due to the lack of reporting or discrimination and labeling (Gqola, 2015).

Intimate violence may occur in many forms; verbal abuse seemed to be the most frequent, as stated in this systematic review (Frank et al., 2020; Jung et al., 2020). Not only an increase in intimate partner violence was noted but also depressive symptoms with suicidal, self-harm thoughts, and sleep disorders were observed (Ammerman et al., 2021; Asiamah et al., 2021; Boserup et al., 2020; Gao et al., 2020; Job et al., 2020; Pfitzner et al., 2020; Stiegler & Bouchard, 2020; Wang et al., 2020; Wright et al., 2020a, Xiang et al., 2020). Fear of personal safety was diffusible in both genders, with women to be more restricted by their partners (Davis et al., 2020; Nguyen et al., 2020); women were even threatened with COVID-19 infection by their partners if they did not obey (Nguyen et al., 2020). During the lockdown, women were burdened with more responsibilities, when schools closed and had to take care of the more fragile members of the family (Wenham et al., 2020). The lack of access to health services and support organizations inhibited many people to ask for help. The use of telehealth and helplines gave them the opportunity to speak out for their problems (van Gelder et al., 2020). However, the alertness and training of health providers, in order to recognize early signs of abuse, is of great importance (McCloskey et al., 2007; Sanchez et al., 2020).

Children could not be unaffected by the new reality with school closure to transform their everyday activities. According to this systematic review, individual studies reported a decrease in child abuse during the COVID-19 pandemic (Baron et al., 2020; Halford et al., 2020), but Huber (2020) estimated increased child abuse rates. The school was considered to be a protective environment for many children, with educational personnel to be the first ones to complain about abuse (Souza Marques et al., 2020). Thus, those decreased rates may be misleading. The home confinement created the “behind closed doors” phenomenon, where children had to face changes in their home due to changes in their parents’ behavior (Roje Dapic et al., 2020). Practitioners during the COVID-19 lockdown observed that there was an increase in abusive head traumas in children (Sidpra et al., 2020) which was similarly reported during the economic crisis in 2009 in the United

States, in relation to the “shaken baby syndrome” (Berger et al., 2011).

Moreover, although traditionally there is a correlation between domestic violence and homicide cases (Iratzoqui & McCutcheon, 2018), during the COVID-19 confinement measures, there was a reduction in homicide, especially in women (Byard, 2021; Calderon-Anyosa & Kaufman, 2020), despite the increase of intimate partner violence and domestic violence in general. This may be explained due to the fact that in general in most cases where the victim is a woman, their body is found in public places—where the access now is limited due to COVID-19 measures—rather than at home (Calderon-Anyosa & Kaufman, 2020). A closer look, however, reveals that femicide rate (homicide by men against women because of their sex) seems to have increased. In the United Kingdom, for example, in March 2020, the cases of confirmed femicide were three times more compared to the average cases of the same period during the last 10 years, while in Argentina, Spain, and Turkey, the number of femicide cases are worrisome (Weil, 2020).

Domestic violence is an issue facing methodological limitations because of its context. In this systematic review, data were derived mainly from police and helpline reports, which are susceptible to bias due to human factors, as self-report statements. People calling in helplines may report different issues (such mental or health issues), including domestic violence. So, discrimination between the occurrence of domestic violence during COVID-19 pandemic and a preexisting condition could not be controlled. Furthermore, in many cases, there was no clarification whether domestic violence referred to intimate partner violence or child abuse with no distinction between age ranges. However, police reports might describe a small part of reality, because many victims are afraid of reporting domestic violence to the authorities, due to discrimination and labeling (Gqola, 2015). Furthermore, not all police calls for domestic violence were reported or there were changes in reporting, due to lack of evidence (Beland et al., 2020).

Due to racial, ethnic, or socioeconomic discrimination, a global prevention program is difficult to occur, but some interventions can be implemented (Alhabib et al., 2010). Although the COVID-19 restriction measures limited access to help, the use of international code “mask-19” from victims triggered the immediate response of pharmacists for assistance (Bukhari et al., 2020). The use of technology, not only for entertainment or health issues, promoted in the emergence of apps and phone numbers specifically used from domestic violence victims (Gasparikova & Djurickovic, 2020; Tandon & Swaminathan, 2020). Furthermore, several campaigns via television or social media have been fostered by world organizations, nongovernmental organizations, or via state funding, raising public awareness in domestic violence victims, professionals, and in every individual in general (e.g., Council of Europe campaign, hotlines in various countries).

There were, however, minimal data for domestic violence among queer, transgender, and bisexual people during the COVID-19 pandemic, reflecting the limited data in domestic

violence in these groups in general (Konnoth, 2020). While the “same-sex” violence in gay and lesbian couples had been addressed in the past, the nonheterosexual people were unrepresented (Kaschak, 2001). In conclusion, to our knowledge, this is the first article that systematically reviews and provides summaries on the global trends of domestic violence and highlights the fact that domestic violence is a considerable issue imposed by the COVID-19 epidemic to a worldwide context. The home confinement isolated victims with their perpetrators, resulting in increased violence but also decreased reports. Children were left alone in cases of violence as the school’s closure interrupted direct contact with their teachers. The fact that there is an increase in reports of domestic violence in many countries must be taken in serious consideration as it seems that many victims remained “hidden.” Prevention measures and supporting programs should be established in order to minimize such issues in the future.

Critical Findings

- Domestic violence is a considerable issue imposed by COVID-19 epidemic to a worldwide context
- The home confinement led to constant contact between perpetrators and victims, resulting in increased violence but also decreased reports
- School closures isolated students at home and probably contributed to the decrease of child abuse reports
- An increase was observed in helplines calls

Implications

- Prevention measures and supporting programs should be established in order to protect domestic violence victims during the pandemic
- School closures should be considered a factor which leads to child abuse increase
- Helplines need to increase and strengthen
- There is a need for helplines addressed especially to domestic violence
- Domestic violence in many countries must be taken in serious consideration as it seems that many victims remained “hidden”

Authors’ Note

Anastasia Kourti and Androniki Stavridou contributed equally to this article as first authors. Additionally the senior authors Theodoros N. Sargentanis and Artemis Tsitsika contributed equally to this article.


Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Supplemental Material

The supplemental material for this article is available online.

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