

Intimate partner violence during the COVID-19 pandemic: A scoping review on
the associated risk factors and interventions for victims

Master Thesis

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Abstract

Background and objective: Intimate partner violence (IPV) represents a worldwide prevalent public health problem, including “physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse” (Emezue & Bloom, 2020). This public health problem has been exacerbated by the current coronavirus pandemic, as millions of people around the globe had to make massive changes in their daily lives including mandatory lockdown, social distancing, quarantine, as well as self-isolation. (Moreira & Pinto da Costa, 2020). Worldwide, the incidents of IPV and violence against women have increased (UN Women, 2020) and according to the Secretary-General of the United Nations, the stay-at-home orders have led to “horrific global surge” in IPV. Due to the alarming numbers, it became apparently important to investigate *the COVID-19 related risk and (lack of protective factors) that have led to an increase in intimate partner abuse, and which online interventions can be used to help victims/survivors of partner abuse during the COVID-19 pandemic.*

Method: In the current literature review 19 empirical studies concerning the topic of IPV and COVID-19 were analyzed. To find these research papers, a search was conducted in the scientific search engine “Google Scholar”.

Results: The risk factors that were detected were isolation, lack of usual support systems, financial stressors, substance abuse, the presence of young children, and personal vulnerability factors. It has shown that existing online tools, such specific online intervention (i.e. iCAN, myplan app, etc.) may be promising tools to help victims of IPV, especially during the pandemic when the usual support systems, such as shelters and social services, are not available

Conclusion: Online interventions for victims of IPV are helpful tools, but it is important that victims are aware of the numerous possibilities of online interventions, (myPlan app, I-DECIDE, iCAN, etc). Until now, only little empirical research that was specifically focused on interventions that could be used specifically during the COVID-19 pandemic was conducted, but it is increasingly important for research to look into this topic and tackle the risk factors of IPV during the pandemic, such as isolation, closing of shelters, financial worries, substance abuse, and internal factors.

Keywords: Scoping review, partner violence, partner abuse, COVID-19, coronavirus

Introduction

Intimate partner violence (IPV) represents a worldwide prevalent public health problem. IPV is a form of domestic violence (DV), including “physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse regardless of sexual intimacy, relationship type, gender, or sexual identity” (Emezue & Bloom, 2020). Although in some countries the national laws assessing intimate partner violence as a crime can differ, the definition in the literature includes any act of psychological, physical, or sexual abuse committed within an intimate relationship (Miller & McCaw, 2019). The prevalence contains all demographic groups, sexualities, and genders, while women within heterosexual relationships display the majority of victims (Miller & McCaw, 2019).

This public health problem has been exacerbated by the current coronavirus pandemic, as millions of people around the globe had to make massive changes in their daily lives including mandatory lockdown, social distancing, quarantine, as well as self-isolation. (Moreira & Pinto da Costa, 2020; Perez-Vincent et al., 2020). During humanitarian crises and emergencies, such as epidemics and natural disasters, the general occurrence of violence increases, including IPV (Moreira & Pinto da Costa, 2020). Furthermore, from past research, it is known that disease outbreaks in general impact the wellbeing and health of IPV victims and also exacerbated the risk factors associated with IPV and victimization (Kaukinen, 2020). In the case of the COVID-19 pandemic, this might be due to the consequences of the disease outbreaks, which include economic instability, social isolation, and increasing relationship conflicts (Kaukinen, 2020).

In general, research data suggests that IPV, and overall violence, increases during humanitarian emergencies and crises (WHO, 2020). Before the coronavirus pandemic, 243 million women and girls (or 1 in 3), experienced violence by their partner within their intimate relationship (WHO, 2020). The global emerging statistics confirm that also during

the COVID-19 pandemic numbers of IPV are increasing. Statistics present an exponential increase in the incidents of domestic violence (DV) in the US since 2020, with numbers up to thrice the prevalence of domestic violence cases, compared to the incidents of the previous year (Emezue, 2020). Also, the overall crisis calls to IPV hotlines and law enforcement have increased since the first week of lockdown (Emezue, 2020). Worldwide, the incidents of IPV and violence against women have increased (UN Women, 2020) and according to the Secretary-General of the United Nations, the stay-at-home orders have led to a “horrificing global surge” in IPV, placing many people in greater danger (Zero & Geary, 2020). Furthermore, in the Chinese social media, the hashtag #antidomesticviolence was searched more than 3000 times (Moutafis, 2020). However, although a general increase of IPV against women has been reported, some researchers, such as Barbara et al., (2020) have reported a reduction in the actual number of victims seeking help during the COVID-19 related lockdowns. These findings are alarming as it might be the case that perpetrators have used the restrictive measures to increase their control and power over their victims (Barbara et al., 2020).

There may be various explanations for the rise of IPV during the pandemic. First, isolation is often used by abusive partners to exert control and power over their victims and to keep family problems secret. Notably, social isolation is an actively promoted tactic to prevent the transmission of the coronavirus. In addition to this, isolation reduces the chances of victims to reach out for help since they have to stay at home (Evans, 2020). Second, social isolation is regarded as a risk factor for victimization under normal circumstances, meaning without the context of a worldwide pandemic. Due to the mandated social isolation and mandated stay-at-home orders, social isolation is exacerbated during the COVID-19 pandemic. Furthermore, unemployment, low income, economic stress, depression, and emotional insecurity are classified as risk factors for victimization under normal circumstances (Evans, 2020). In addition to this, stay-at-home mandates and social distancing

might amplify pre-existing mental health issues, such as depression, anxiety, and suicidal ideation (Emezue, 2020).

Another factor that might increase the risks for IPV during the pandemic is the fact that the new policies have resulted in a lack of the usual support systems and existing aid to help victims of IPV or DV were no longer available (Kaukinen, 2020; Tierolf, Geurts & Steketee, 2020). In order to complement the modalities that are no longer available to IPV survivors, the literature recommends the use of digital (technology-based) interventions (Emezue & Bloom, 2020). Indeed, during the lockdowns, digital, free, around-the-clock solutions such as 24/7 hotlines have become an important resource for helping victims of IPV (Emezue & Bloom, 2020).

Objective of This Systematic Research

Literature reviews have the main purpose to give an overview of the already existing research and literature concerning a topic of interest (Brien, Lorenzetti, Lewis, Kennedy, & Ghali, 2010). Due to the novelty of the coronavirus, there is a gap of knowledge about which risk factors of IPV are exacerbated during the pandemic and what are the possibilities for victims of IPV to receive support. Due to the fact that many of the usual support systems, such as shelters, are closed and victims cannot access them during the pandemic, the current review only focused on online interventions.

Until now, no systematic literature review has been conducted that incorporates a detailed look on the risk factors of IPV that are exacerbated during the COVID-19 pandemic and investigated the possibilities and effectiveness of online interventions for victims of IPV. Therefore, the aim of this integrative literature review is to identify the COVID-19 related risk factors and/or lack of protective factors that have led to an increase in intimate partner abuse and to give an overview of effective online interventions that might be valuable resources for victims during the COVID-19 crisis. On the basis of this, two research questions arose: *what*

are the COVID-19 related risk and (lack of protective factors) that have led to an increase in intimate partner abuse, and which online interventions can be used to help victims/survivors of partner abuse during the COVID-19 pandemic?

Method

Search strategy

In order to answer the two aforementioned research questions, a scoping literature review was conducted, in which several studies concerning the topic of IPV and COVID-19 were analyzed. In order to find these research papers, two searches were conducted in scientific search engines. First, the two following search strings were used on “Pubmed” and “PsyInfo”, where they generated no results. Therefore, the scientific database Google Scholar was used to answer the two research questions.

Research question 1

To answer the first research question, the following search string was used on Google Scholar where it led to a total number of 490 articles.

("Covid-19" OR "coronavirus") AND ("partner abuse" OR "partner violence" OR "partner aggression") AND ("risk factors" OR "vulnerability factors" OR "predictors") AND ("DOI") AND (“Corresponding Author”) AND (“Keywords”)

The main key search terms of the first search string are (1) corona (2) intimate partner violence (3) risk factors. The last keywords, namely “doi”, “corresponding author” and “keywords”, have been included after an initial search was conducted that showed too many results on Google Scholar. Moreover, it helped to ensure that only published papers displayed as results on Google Scholar. Within the staples, the keywords were combined by the Boolean operator AND, whereas between the staples the Boolean operator OR was used. Based on the fact that the World Health Organization declared COVID-19 as a pandemic on March 11, 2020, only papers from 2020 on are included to answer the first research question. Thereupon, the abstracts of the research papers were scanned for relevance and the inclusion and exclusion criteria (described below), have been applied, which resulted in a final article pool

of 10 studies for RQ1. Each of those selected studies described some risk factors of IPV under the COVID-19 pandemic. Overall, five qualitative studies, two quantitative studies and three mixed method designed studies were included, comprising mixed method designs, cross-sectional designs and randomized control trials.

Research question 2

To answer the second research question, the following search string, which generated 484 results on Google Scholar, was used.

("partner abuse" OR "partner violence" OR "partner aggression") AND ("digital intervention" OR "virtual intervention" OR "online intervention") AND ("intervention" OR "tool" OR "technology")

The main key search terms for the second string are (1) partner abuse (2) online intervention and (3) technology. These keywords were connected with the Boolean operator AND, within the brackets, and OR inside the brackets. The keywords "covid-19" was not included since the second research question focused on finding effective online interventions in general, that also can be used during the COVID-19 pandemic. Thereupon, the abstracts of the research papers were scanned for relevance and the inclusion and exclusion criteria (described below), have been applied, which resulted in a final article pool of 9 studies for research question 2.

Inclusion and Exclusion Criteria

Six exclusion criteria have been applied, which are shown in Figure 1. Namely, (1) papers were excluded that did not incorporate the important variables in their titles or abstracts, such as 'COVID-19' or 'coronavirus', 'partner abuse', 'partner violence' or 'partner aggression' for RQ1. For RQ2 the important variables that had to be present were 'digital/virtual/online intervention' in the context of IPV. (2) Moreover, all search results that belonged to a book were excluded, based on the fact that book chapters also often cover the findings of empirical studies and then the information could be doubled. Also, (3) papers that were written in another language than English had to be excluded. Based on the fact that the World Health

Organization declared COVID-19 as a pandemic on March 11, 2020, (4) only papers from 2020 on are included to answer the first research question. (5) For both research questions, only empirical studies, or more specially, quantitative, qualitative and mixed method designs, were included, meaning all literature reviews were excluded. Lastly, (6) only journal articles that were peer-reviewed were included into the current review, meaning the articles were written by experts and reviewed by several other experts in this field in order to ensure the quality of the article. The main focus of the scoping review is on victims of IPV. When an article fulfilled the inclusion criteria and provided information to answer the research questions, it was included into the review.

Data extraction

For RQ1, an initial pool of 490 articles was generated, as presented below in Figure 1. The titles and abstracts were screened quickly, whereby 419 articles were excluded. In the following, the full texts of the remaining 71 papers were assessed for eligibility. On the basis of this, 61 articles were excluded based on their full text, which resulted in a total number of 10 studies to answer RQ1.

For RQ2 an initial pool of 484 articles was generated, as presented in Figure 2. The titles and abstracts were screened for eligibility and 402 studies were excluded. The remaining 82 papers were assessed for eligibility. On the basis of that, 73 articles were excluded, which resulted in a final article pool of 9 articles.

The remaining articles for both research questions were sorted alphabetically in two tables, based on the first name of the author. Information about the study designs, country, study population, measured constructs, and outcomes are given in both tables. In order to answer the two research questions '*what are the COVID-19 related risk and (lack of protective factors) that have led to an increase in intimate partner abuse?*' and '*which online interventions can be used to help victims/survivors of partner abuse during the*

COVID-19 pandemic?' the method, result and discussion sections, as well as the included tables of the articles were analyzed.

Figure 1.

PRISMA Flow diagram of selection of studies for RQ 1

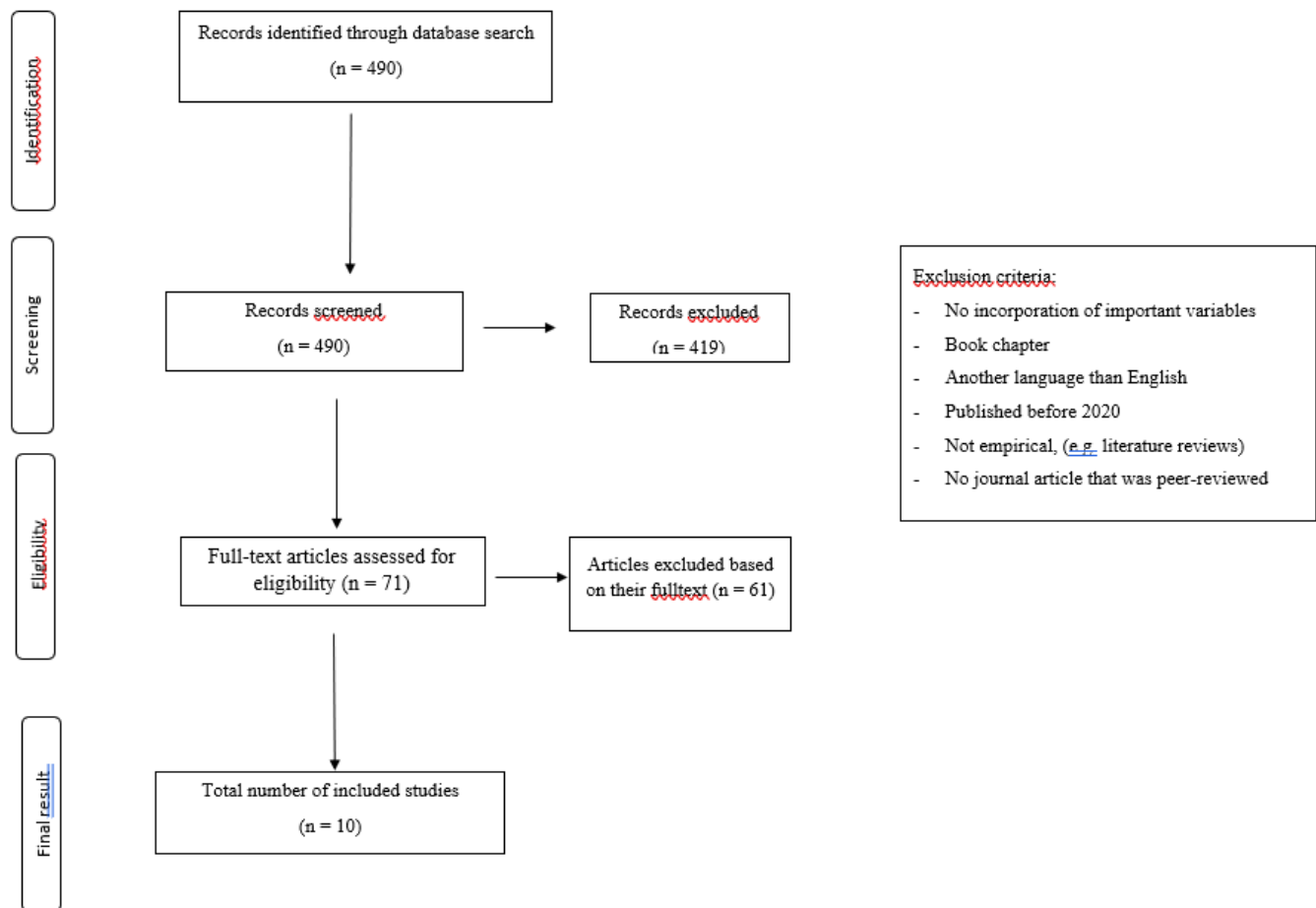
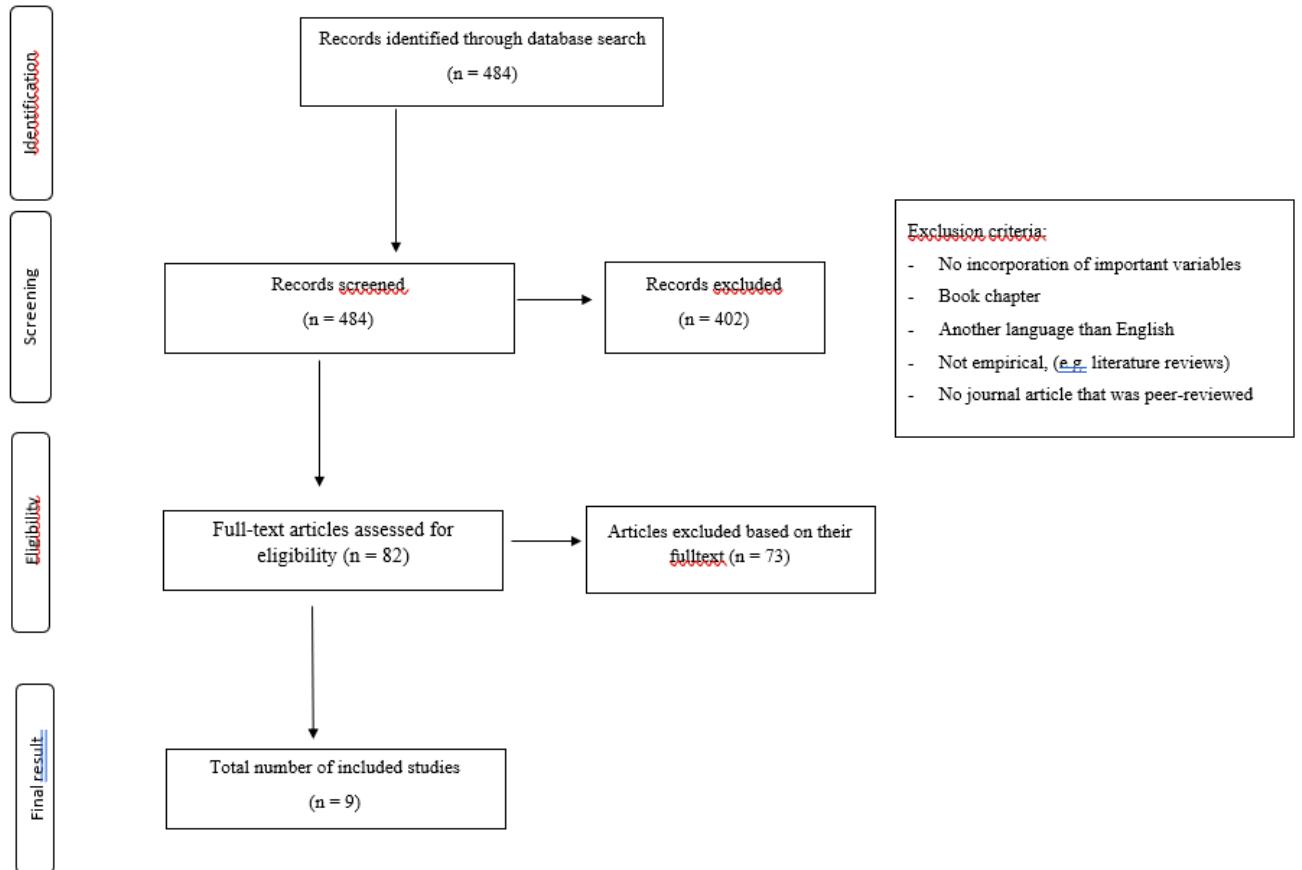


Figure 2.

PRISMA Flow diagram of selection of studies for RQ 2



Results

Research question 1: what are the COVID-19 related risk and (lack of protective factors) that have led to an increase in intimate partner abuse?

The aforementioned first search string RQ 1 resulted in 490 results in Google Scholar, from which 10 studies were included into the review. Each of those selected studies described some risk factors of IPV under the COVID-19 pandemic. Overall, qualitative and quantitative studies were included, comprising mixed method designs, cross-sectional designs and randomized control trials. All of the included studies reported increased numbers of IPV during the pandemic lockdowns, except for the study of Tierolf, Geurts, & Steketee (2020), who found no difference of violence in families that were already known to social services, before and after the lockdown. For example, the study of Perez-Vincent et al. (2020), who have examined the evolution of crisis calls to a partner violence hotline. They have found an increase up to 47% after the beginning of the lockdown regulations, whereby the number of calls were relatively stable during the years before the restrictions. The pandemic related risk factors that were found were isolation, lack of usual support systems, financial stressors, substance abuse, the presence of young children, and personal vulnerability factors.

Isolation

All of the ten studies that were included into the review have reported that isolation was a pandemic related risk factor for victims of IPV. Three of those studies concluded that being isolated at home with abusive partners prevents victims from seeking help (Barbara et al., 2020; Nessrin et al, 2021; Xue et al., 2020).

Due to the mechanisms to stop the virus outbreak, such as social isolation, stay-at-home orders, social distancing, quarantine and the closure of nonessential business, the current COVID-19 pandemic has worsened the situation for IPV victims (Barbara et al, 2020; Xue et al., 2020). Isolation locks victims in unsafe home environments, and with the

mandated stay at home orders, many victims were left with their abusers isolated at home (Xue et al., 2020). Moreover, partners spent more time together often accompanied by additional pressure, such as limited physical space, childcare responsibilities and the isolation from usual support systems (Ebert & Steinert, 2021). The study of Lyons and Brewer (2021) has analyzed postings on the online forum “Reddit” that were related to experiences of IPV during the COVID-19 pandemic. They have found that one of the factors that were described by victims to increase abuse, was increased time with the abuser (Lyons & Brewer, 2021). Moreover, the increased time together due to quarantine and social isolation seemed challenging for many victims, whereby victims described to feel like prisoners in their own homes, whereby the mandated isolation exacerbated general feelings of distress (Lyons & Brewer, 2021). The feeling of being socially disconnected due to the mandated stay-at-home orders was found to be associated to increase the risk for IPV victimization in the study of Gresham et al. (2021).

Due to the mandated stay-at-home orders, the social contact to others was limited and many victims that are left alone with their abusers were unable to access support systems (Xue et al., 2020). The study of Barbara et al., (2020) has suggested that the COVID-19 restrictions reduced the possibilities for women to seek help. They have indicated that perpetrators use the mandated social isolation of the government to exert more power or control over their victims. Therefore, victims had less chances to reach out for help by service hotlines or extended family members and co-workers (Barbara et al., 2020). Therefore, especially during quarantining, or mandatory stay-at-home orders, family isolation can be regarded as risk factors that increased the risk of IPV (Ebert & Steiner, 2021; Barbara et al., 2020).

Lack of usual support systems

Another factor that affects IPV during the COVID-19 pandemic, is the fact that the new policies have resulted in a lack of the usual support systems, such as shelters, and existing aid

to help victims of IPV, were no longer available. Five of the ten included studies stressed out that a lack of the usual support systems was highly problematic and impose risks for victims of IPV during the COVID-19 pandemic (Barbara et al., 2020; Lyons & Brewer, 2021; Tierolf, Geurts & Steketee, 2020; Workman, Kruger & Dune 2020; Xue et al., 2020). Hereby, it is important to mention, that the pandemic restrictions also exacerbated already existing gaps of social service delivery for IPV victims, such as service provider funding and policing training, which was found in the study of Workman, Kruger & Dune (2020). They stressed out in their study that the COVID-19 pandemic created multiple layers of victimization, and that the places victims can escape to have drastically diminished, which creates more challenges for victims where they can live safely. Also, that many IPV experiences may not get reported due to the fact that many victims don't know where to go based on the closing of the usual support systems (Workman, Kruger & Dune, 2020)

Financial stressors

Another risk factor for IPV concerns financial stressors. Five of the ten included studies have reported that financial stressors were a risk factor for the occurrence of violence in romantic relationships during the pandemic (Ebert & Steinert, 2021; Gresham et al., 2021; Lyons & Brewer; Nessrin et al., 2021; Schokkenbroek, Anrijs, Ponnet & Hardyns, 2021). The pandemic has increased rates of unemployment or reduced working hours and therefore, pushed many households into poverty (Lyons & Brewer, 2021). Research has indicated the link between financial stressors and the occurrence of IPV in the past (Lyons & Brewer, 2021). This link was supported by several studies. The study of Ebert and Steinert (2021) has found financial worries, such as unemployment or insufficient income in families, to be an important risk factor in terms of physical violence for victimization and perpetration. Also, the study of Schokkenbroek, Anrijs, Ponnet and Hardyns (2021) found that unemployment in general (long-term unemployment), as well as unemployment that was due to the COVID-19 pandemic, were significantly related to the occurrence of IPV. This assumption was also

further indicated by the findings of the study of Gresham et al., (2021), which analyzed different COVID-19 stressors and vulnerabilities and their association to IPV victimization and found that financial anxiety increases the risk of IPV victimization (Gresham et al., 2021). Also, the study of Nessrin et al. (2021) found that family income, especially when it is affected by job loss of the partner, has an influence on the occurrence of IPV.

Substance abuse

Another risk factor concerning IPV in the COVID-19 pandemic concerns substance abuse. Three studies have reported that substance abuse was a risk factor for the occurrence of violence in romantic relationships during the COVID-19 pandemic (Gresham et al., 2021; Lyons & Brewer, 2021; Xue et al., 2020). For example, in the study of Gresham et al. (2020), substance use was significantly related with greater IPV victimization. This corresponds to the finding of the study of Xue et al. (2020), who have analyzed Tweets related to family violence during the COVID-19 pandemic. They have found that substance abuse, such as alcohol and drug abuse, continues to be a risk factor for the occurrence of IPV, especially during stressful events, such as the COVID-19 pandemic. Also, the study of Lyons and Brewer (2021) reported that substance abuse constitute a risk for the occurrence of violence in romantic relationships.

Presence of young children

Also, the presence of young children in the home seemed to be a risk factor for the occurrence of verbal and physical conflict, as well as emotional forms of violence during the pandemic (Ebert & Steiner, 2021). This was reported by two studies that were included into the review (Ebert & Steiner, 2021; Schokkenbroek, Anrijs, Ponnet & Hardyns, 2021). The study of Schokkenbroek, Anrijs, Ponnet and Hardyns (2021) found that especially the presence of children that are younger than 18 years old and lived at home during the pandemic was found to be significantly associated to the occurrence of more verbal partner

violence, while the study of Ebert and Steinert (2021) reported that the presence of young children (<10) was a risk factor for the occurrence of partner violence during the pandemic.

Personal vulnerability factors

A risk factor, which was found to increase the probability of the occurrence of violence in victims as well as in perpetrators was poor mental health, such as depression and anxiety. This was reported by two studies that were included into the current review (Ebert & Steinert, 2021; Gresham et al., 2021). The study of Ebert and Steinert (2021) found, that women who scored high on depression and anxiety scales reported more frequently verbal and physical violence during the COVID-19 pandemic. At the same time, perpetrators who were high on depression and anxiety were more likely to use physical violence and emotional abuse (Ebert & Steiner, 2021). Furthermore, the study of Gresham et al. (2021) analyzed personal vulnerability factors that might increase the risk for IPV victimization. They found that the exposure of past adverse childhood experiences, including a history of family abuse and dysfunctional childhood relationships experienced during the first 18 years of life, increase the risk for IPV victimization during the pandemic (Gresham et al., 2021).

Additionally, they found that attachment styles of individuals are also meaningful factors to evaluate the risk for IPV victimization. More precisely, individuals who score high on attachment anxiety (e.g. excessive need for approval, preoccupation with romantic partner) as well as individuals who score high on attachment avoidance (e.g. distrust of others, discomfort with emotional closeness, chronic self-reliance) have a higher risk for IPV victimization (Gresham et al., 2021). The researchers indicated that individuals scoring high on attachment anxiety may find it difficult to leave abusive relationships based on their negative self-view and fear of abandonment, while individuals who are in abusive relationships and score high on attachment avoidance may be unlikely to seek help and may erroneously believe that they are immune to the (psychological) abuse of their partner (Gresham et al., 2021).

Risk factors

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#	Author	Title	Study Design	Country	Study population	Measured construct(s)	Outcome measure – result
1.	Barbara, G., Facchin, F., Micci, L., Rendiniello, M., Giulini, P., Cattaneo, C., ... & Kustermann, 10. (2020).	COVID-19, lockdown, and intimate partner violence: Some data from an Italian service and suggestions for future approaches	Mixed method analysis	Italia	Victims of IPV and/or DV who called the public Italian referral center for sexual and domestic violence	DV and IPV	The data showed a decrease in help seeking of IPV victims. The researchers have suggested that the COVID-19 restrictions reduced the possibilities for women to seek help
2.	Ebert, C. & Steinert, J.	Prevalence and risk factors of violence against women and children during COVID-19, Germany	Quantitative analysis	Germany	xx	Violence against women and children	<ul style="list-style-type: none"> - Women reported verbal and physical conflict with partner - Women are exposed to emotional abuse (felt threatened by partner, were confined in their homes, were controlled in terms of restricted contact with outside - The risk of abuse was doubled in households that were under quarantine; quarantine also linked to higher risk for emotional abuse in terms of being controlled or confined

							<ul style="list-style-type: none"> - Biggest risk factor: financial concerns -Also: women with depression and anxiety more frequently experienced verbal and physical conflict, and all types of abuse with partner - Similarly, higher risk of violence from predators who suffer from depression or anxiety - Presence of young children as a risk factor for IPV → more verbal and physical conflict and emotional forms of violence (e.g. being confined at home) -Awareness of help services was low and usage of such services was also low - COVID-19 stressors (financial anxiety, social disconnection, health anxiety, COVID-19 specific stress) related with increased IPV victimization - IPV victimization during pandemic linked to higher levels of substance use
3.	Gresham, A. M., Peters, B. J., Karantzas, G., Cameron, L. D., & Simpson, J. A. (2021).	Examining associations between COVID-19 stressors, intimate partner violence, health, and health behaviors.	Qualitative analysis with a cross-sectional design	United States	Individuals who were in a romantic relationship for at least 4 months and living together with their partner	IPV	
4.	Lyons, M., & Brewer, G. (2021).	Experiences of intimate partner	Qualitative analysis		Users that posted on	DV and IPV during corona	Themes relating to experiences of IPV during the COVID-19

violence during
lockdown and the
COVID-19
pandemic.

online forum
“Reddit”
→ Users are
anonym

pandemic:
-Perpetrators incorporated
pandemic into abuse to control
victims
-Service disruption of specialist
DV services (shelters) and
associated support (counselling);
“Support services often became
unavailable, exacerbating the
impact of the IPV”
-Previous preparations to leave
disrupted by pandemic
-Factors that increased abuse:
“financial stress, increased time
together, increased alcohol/drug
use, pre-existing health issues of
the victim or the abuser, and the
presence of vulnerable others”
- The increased time together
due to quarantine and social
isolation seemed challenging for
many, “resulting in the victim
feeling like a prisoner” →
Isolation exacerbated distress
- Fewer financial resources:
perpetrators become more
stressed, abusive and
unpredictable; victims become
more financially dependent due
to less financial resources

5.	Nessrin, A., Mamdouh, H. M., Ramadan, A., El Saeh, H. M., & Shata, Z. N. (2021).	Intimate partner violence among Arab women before and during the COVID-19 lockdown.	Quantitative study with a cross-sectional study design	-	Arab women aged 18 years and above, who lived together with partner	IPV	<ul style="list-style-type: none"> - IPV increased during the COVID-19 lockdown (psychological, physical and sexual violence) - Factors that were associated with IPV during lockdown: level of education, family income, partner who lost his job, region of residence
6.	Perez-Vincent, Carreras, Gibbons, Murphy & Rossi, (2020).	COVID-19 lockdowns and domestic violence: evidence from two studies in Argentina.	Mixed method design	Argentina	DV and IPV victims	DV and IPV -Evolution of calls to DV hotlines	<p>Tested the impact of COVID-lockdowns:</p> <p>They examined the evolution of calls to DV hotline and found an increase of calls caused by the lockdown restrictions</p> <p>Thus, they found a positive link between the lockdown restrictions and IPV</p>
7.	Schokkenbroek, J. M., Anrijs, S., Ponnet, K., & Hardyns, W. (2021).	Locked Down Together: Determinants of Verbal Partner Violence During the COVID-19 Pandemic.	Qualitative design	Belgium	Individuals who lived together with their partner during the lockdown	Verbal IPV	<p>IPV during the lockdown particularly among:</p> <ul style="list-style-type: none"> - Women - Younger age groups; students; - Partners who were long-term unemployed or (temporarily) unemployed due to the pandemic - Parents of children younger than 18 years - Also: higher levels of stress concerning the pandemic itself

							and lower levels of stress were associated with more partner violence during lockdown
8.	Tierolf, B., Geurts, E. & Steketee M. (2020).	Domestic violence in families in the Netherlands during the coronavirus crisis: A mixed method study.	A mixed method study: Quantitative study and a qualitative study	The Netherlands	Telephone interviews with families who were already known to social services	DV and IPV	No difference of violence in the families before and after the lockdown. But they highlight that isolation remains a risk factor for DV.
9.	Workman, A., Kruger, E., & Dune, T. (2021).	Policing victims of partner violence during COVID-19: a qualitative content study on Australian grey literature.	Qualitative content analysis	Australia	Women	IPV and DV in the context of “grey literature” (newspaper)	<ul style="list-style-type: none"> - The restrictions exacerbated already existing gaps of social service delivery for IPV victims, e.g. service provider funding and policing training - Create multiple layers of victimization, and how these experiences may not go reported due to the virus - Due to COVID-19, places victims can escape to have diminished → more challenges for where they can live safely. - The use of substances such as alcohol exacerbate already existing violence experienced by victims
10.	Xue J, Chen J,	The Hidden	Qualitative	-	Twitter users	Family	Rising rates of IPV were

Chen C, Hu R,
Zhu T. (2020)

Pandemic of
Family Violence
During COVID-
19: Unsupervised
Learning of
Tweets.

analysis,

violence

associated with “COVID-19
related” (eg, lockdown, stuck
home, quarantine” and “financial
constraints” (eg, job loss, loss
income), “alcohol and drug
abuse,” “guns,” “trafficking,”

Research question 2: Which interventions (or strategies) can be used to help victims/survivors of partner abuse during the Covid-19 pandemic?

Each of the selected studies to answer the second research question are shown in Table 2 and describe strategies or interventions that can be used by victims of IPV during the COVID-19 pandemic. Nine studies were included in order to answer the second research question.

The aforementioned amplification of risk factors for victims of IPV leaves many victims feeling less safe at their homes during the COVID-19 restrictions (Wood et al., 2021). The study of Wood et al. found out that the three most common strategies victims use to feel safer at home are using social media in order to connect with others, trying to avoid the aggressor at home, and staying in another room than the abuser. The closure of government and social service offices resulted in victim's concerns to get help and not knowing where they could go for support anymore (Wood et al., 2021). But although the help options for victims of IPV are reduced and are more limited than usual, there are still options for those victims isolated at home. These options will be described in the following.

In the study of Wood et al., (2021) the majority of participants have reported that emotional or financial support during the times of the pandemic would increase their feeling of safety at home. But only around 42% have used online devices, such as online counseling at a violence prevention agency. The experiences of those using such online helping tools were mixed, whereby some participants reported that they prefer the online counseling, while others reported that services were "better in person" (Wood et al., 2021).

For example, the study of Glass et al., (2017) have tested an online intervention that was modelled by the "Foundational work in empowerment" by Mary Ann Dutton, which addresses three key factors: (1) protection by increasing safety for victims; (2) enhancing decision making on the basis of safety; (3) reducing the exposure to violence. Safety planning

is an empowerment-and evidence-based intervention aiming to enhance decision making around several safety issues for victims of IPV. The intervention is typically provided within formal services, such as crisis services and healthcare settings (Glass et al., 2017). Results have shown that participants found the safety plans helpful, reported a decrease of violence and improvements concerning symptoms of depression and PTSD, and were more likely to leave their abusive partner after taking part in the intervention.

Generally, M-Health apps have been developed and serve to educate about IPV, victims can find information about shelters and hotlines, different tools may help to develop safety plans and journals for document incidents of IPV (Glass et al., 2020). A more specific example for such a smartphone app, is the myPlan app, with a strength-based, empowering approach, supporting victims primarily as a decision aid, helping them to make informed decisions about their own safety and well-being (Glass et al., 2020). The developers of the app suggest that the use would increase agency and autonomy of victims. Furthermore, similar to most digital DV interventions, the myPlan app aims to educate on fatality risks by using an assessment component and relationship red flags and, based on the estimated level of danger, the app provides a tailored safety plan (Glass et al., 2020). The aim is that survivors are connected to meaningful support if needed. A 12-month follow-up study in the US showed that the use of the app significantly increased survivors feelings of being supported ($P=.01$), a reduced decisional conflict ($P=.01$), and the increased likelihood to make a safety plan (Glass et al., 2020).

In the study of Ford-Gilboe et al. (2020) the online intervention iCAN was tested. Women were randomly assigned to receive either a tailored online safety intervention or a untailored, brief and static version of the intervention. Women that were in the tailored intervention group engaged in interactive activities intended to raise their awareness of safety risks and

their plans regarding their relationship and own priorities in life. On the basis of their responses to background questions, participants received a detailed and personalized action plan including strategies concerning their safety and health concerns. In contrast, the non-tailored group received more general information regarding the risk factors for IPV and the importance of priorities when making decisions. The action plan they received was also brief and standardized with the main focus on emergency safety planning (Ford-Gilboe et al., 2020). However, women in both groups significantly improved over time concerning their experiences of coercive control, the helpfulness of safety strategies, confidence in making safety plans and social support. Also, both groups showed improved scores over time on the depression and PTSD scales. Some women in the survey indicated that the intervention had been “life changing”, strengthened their self-confidence and raised their awareness of risks. However, the tailored intervention showed a greater positive effect and was perceived as significantly more helpful (Ford-Gilboe et al., 2020).

Another relevant study that showed that online interventions might be a promising tool and can deliver many elements of face-to-face support was the study of Tarzia, Cornelio, Forsdike and Hegarty (2018). The qualitative study explored the contrasting experiences of women that either received face-to-face support from a general practitioner or support via the online intervention I-DECIDE. The online intervention consists of three modules, namely a healthy relationship tool, a safety module, and a priority-setting exercise. After finishing the three modules, the online intervention provides users with motivational interviewing, problem-solving exercises, and an individualized plan for action (Tarzia et al., 2018). Furthermore, the intervention provided personalized feedback messages, but women in the study indicated that it was already the process of completing the questions that raised their self-awareness and facilitated self-reflection. The findings showed that online interventions

such as I-DECIDE may have a great potential in helping victims of IPV and addressing important safety issues (Tarzia, Cornelio, Forsdike & Hegarty, 2018).

Another study that showed the potential of online interventions is the study of Constantino et al. (2015), which investigated the usefulness of the HELPP online intervention in comparison to face-to-face interventions for women experiencing IPV. Participants of both groups, meaning women who received online intervention or face-to-face intervention, reported an increase in the perception of personal and social support and decrease in feelings of anger, anxiety, and depression. However, significant improvements were stronger in the online group. The findings strongly suggest that online interventions are capable to provide victims with a protected environment in which they control the pace and degree of disclosure. In addition to this, the fear of judgment, devaluation or rejection that is feared by victims within face-to-face settings is minimized (Constantino et al., 2015).

Also, the study of Tarzia et al. (2017) indicated that victims of IPV might prefer using online interventions, since they felt that seeking help anonymously via an app or the Internet was easier than face-to-face. Participants reported that they felt embarrassed about revealing that they were in unhealthy relationships and uncomfortable to open themselves up based on potentially negative reactions. They believed that online interventions have potential benefits and felt that they could be more open in the virtual space since they did not have to worry about the potential negative reactions. Furthermore, participants reported that they were unsure about their own ability to assess their relationship and felt that the online intervention was capable to provide neutral feedback (Tarzia et al., 2017).

Table 2.*Online interventions*

Numb er	Author	Title	Country	Study population	Study design	Measured construct(s)	Findings/results
1.	Clemons, Y. (2021).	Safety Planning: Self-Management Approaches for Intimate Partner Violence in Ohio.	United States	Women affected by IPV	Qualitative study - Interviews with open ended questions	IPV	Found 5 themes: (1) Develop safety plan with a counselor (2) Therapy facilitated behavioral changes, accountability, and helped with negative consequences of IPV (3) Law enforcement helps connecting with services (4) Lack of public awareness campaigns concerning IPV; (5) Behavioral health workers promoted usage of self-management techniques
2.	Constantino, R. E., Braxter, B., Ren, D., Burroughs, J. D., Doswell, W. M., Wu, L., ... & Greene, W. B. (2015).	Comparing online with face-to-face HELPP intervention in women experiencing intimate partner violence.		Women who have experienced IPV during last 18 months	A sequential, transformative mixed-methods design	IPV	The online HELPP intervention helped victims of IPV to decrease their feelings of anxiety, depression and anger. Participants also felt an increased social and personal support

3.	Ford-Gilboe, M., Varcoe, C., Scott-Storey, K., Perrin, N., Wuest, J., Wathen, C. N., ... & Glass, N. (2020).	Longitudinal impacts of an online safety and health intervention for women experiencing intimate partner violence: randomized controlled trial.	Canada	Adult women who experienced IPV recently	Double blind randomized control trial	IPV	After taking part in intervention iCAN: - Women improved on primary outcomes of depression and PTSD scales Women in both groups reported high levels of benefit, safety and accessibility of the online interventions
4.	Glass, N., Clough, A., Case, J., Hanson, G., Barnes-Hoyt, J., Waterbury, A., ... & Perrin, N. (2015).	A safety app to respond to dating violence for college women and their friends: the MyPlan study randomized controlled trial protocol.	United States	Abused college women	Randomized control trial	Effectiveness of an interactive safety decision aid web-based and smartphone application	Aim: evaluate the effectiveness of an interactive and personalized app (myPlan). → Free app and password-protected - Safety strategies - Decisional conflict after intervention - IPV exposure - Mental health → The myPlan app is found to be effective
5.	Glass N.E., Perrin N. A., Hanson G. C., Bloom T. L.,	The longitudinal impact of an internet safety	United States	Abused women	Randomized control trial	IPV	The intervention: a tailored online safety decision aid After using the intervention:

	Messing J.T., Clough A.S., Campbell J.C., Gielen A.C., Case J. & Eden K.B. (2017)	decision aid for abused women					<ul style="list-style-type: none"> - After one use: participants experienced less decisional conflict, greater increase in safety behaviors, and were more likely to leave the abuser - Participants found half of the safety behaviors helpful - Participants reported decrease of violence - Groups reported improvements in depression and PTSD symptoms - Participants who took part in intervention were significantly more likely to leave abusive relationship
6.	Tarzia, L., Cornelio, R., Forsdike, K., & Hegarty, K. (2018).	Women's experiences receiving support online for intimate partner violence: how does it compare to face-to-face support from a health professional?	Australia	Women who experienced IPV within last six months	Qualitative analysis	IPV	<p>Findings on online intervention <i>I-DECIDE</i>:</p> <ul style="list-style-type: none"> - Many elements of face-to-face support can also be delivered effectively online - However: a trusting relationship with the practitioner can be perceived as very helpful to some and is difficult to replicate online. - Preference might vary depending on whether a woman values trust or control in her help-seeking journey. - Both online and face-to-face interventions for IPV should focus

							on providing individualized support that raises awareness, lessens isolation and considers women's own unique needs and circumstances
7.	Tarzia, L., Iyer, D., Thrower, E., & Hegarty, K. (2017).	Technology doesn't judge you": Young Australian women's views on using the internet and smartphones to address intimate partner violence.	Australia	Women who experienced fear of a partner in previous six months	Qualitative analysis	IPV	Findings highlight the potential for technological interventions to be a valuable resource of help available victims of IPV - Women found it easier to seek help anonymously online than face-to-face
8.	Tseng, E., Freed, D., Engel, K., Ristenpart, T., & Dell, N. (2021).	A Digital Safety Dilemma: Analysis of Computer-Mediated Computer Security Interventions for Intimate Partner Violence During COVID-19.	United States	IPV survivors and consultants	Qualitative analysis	IPV	3 fundamental challenges: (1) safety for survivors and consultants (2) assessing device security over a remote connection (3) navigating new burdens for consultants, including emotional labor Consultants struggle with safety of clients, since consultations are from inside the homes and abusers might have access to devices → consultants began to rely on emails
9.	Wood, L., Baumler, E., Schrag, R. V.,	"Don't know where to go for	United States	"People with safety concerns of	Mixed method - Quantitative	IPV	- Majority of victims feel less safe at home during pandemic

Guillot-Wright, S.,
Hairston, D.,
Temple, J., & Torres,
E. (2021).
help”: Safety and
economic needs
among violence
survivors during
the COVID-19
pandemic.

IPV. Participants
recruited from
IPV and sexual
assault-focused
agencies, state
coalitions, and
social media”

analysis
- Qualitative
analysis

- 3 most common strategies to feel
safe: (1) ”using social media to
connect with others” (2) “trying to
avoid people I live with” (3)
“staying in another room from
people I live with”
- Victims challenged with stress
from economic instability,
difficulties of staying safe and
having access to support and
resources.
- Most common safety approaches
used: social media and avoidance
strategies
-Mixed experiences with virtual
services for participants
→ To meet survivors needs,
increasing access and availability of
services, especially chat, text,
phone and video support and
housing and financial support, is
important during quarantine

Discussion

This scoping literature review was conducted to answer the two research questions *what are the COVID-19 related risk and (lack of protective factors) that have led to an increase in intimate partner abuse, and which online interventions can be used to help victims/survivors of partner abuse during the COVID-19 pandemic?*

Regarding the first research question the results have shown that the COVID-19 pandemic resulted in increased distress for many people and has amplified the factors that made victims more vulnerable to IPV. The current study shows that quite a lot of factors influence the occurrence of IPV during the pandemic. The risk factors that were detected were isolation, lack of usual support systems, financial stressors, substance abuse, the presence of young children, and personal vulnerability factors.

Although all of these factors should be regarded as crucial when estimating the risk for victims of IPV, it seems to be the case that especially isolation seems to be an important risk factor for the occurrence of violence in romantic relationships during the COVID-19 pandemic, since all of the included studies have stressed out that social isolation imposes increased risk for victims. This coincides with the findings of past research on IPV, which has also identified social isolation as an enormous risk factor for IPV, while social support is regarded as a protective factor (Capaldi, Knoble, Shortt, & Kim, 2012).

Furthermore, the closing of shelters was stressed out to impose dangerous risks for victims of IPV, since they do not know where to go for help anymore. Also, financial stressors were identified as crucial risk factors for the occurrence of IPV during the COVID-19 pandemic. This conforms to the findings of previous literature reviews, such as the study of Jarnecke and Flanagan (2020), who have reported that financial insecurity might increase the risk of IPV during the pandemic, or the literature review of Kaukinen (2020), which described the various problems that come with the closing of shelters during the COVID-19

pandemic. Another commonality regards the risk factor of substance abuse, which was also described to increase the risk for the occurrence of IPV, especially during the COVID-19 pandemic.

Overall, all studies have reported higher rates of IPV, except for the study of Tierolf, Geurts, & Steketee (2020), which found no difference in violence within families. Hereby it should be mentioned that the study population were families that were already known to social services and within the support systems of social services, and received continued service during the pandemic, for example in the forms of video calls. The continued delivery of care and service to those families could explain why the violence did not increase in their study and shows how important social support might be for victims of IPV or DV.

To answer the second research questions (“Which interventions are currently used to help victims/survivors of partner abuse during the COVID-19 pandemic?”), five explicit online interventions were described. These were the (1) safety planning online intervention (Glass et al., 2017), (2), myPlan app (Glass et al., 2015), (3) iCAN app (Ford-Gilboe et al., 2020); (4) I-DECIDE (Tarzia, Cornelio, Forsdike, & Hegarty, 2018); and the (5) HELPP intervention (Constantino et al., 2015). All of these online interventions were found to be effective for victims of IPV and decreased their feelings of anxiety and depression. Furthermore, participants reported that they felt increased personal and social support after using those online interventions. A component all of these interventions had in common was that they provide their users with safety or action plans and that they generally aimed to raise victim’s self-awareness.

However, since online counseling should occur in a private and safe space, it might be rather difficult and/or problematic for some IPV victims to make use of these online interventions, for instance, if they have to use the same computer as their partner or due to the mere presence of their abusive partner during the online sessions (Barbara, et al., 2020).

Therefore, the need for very discrete options to access help services for IPV victims has increased (Barbara et al., 2020).

The study of Barbara et al. (2020), also presented the use of code words that can be used by victims of IPV, for instance in pharmacies. This might be a valuable tool during the COVID-19 pandemic (Barbara, et al., 2020).

In conclusion, it can be stated that this scoping review has shown that existing online interventions, (i.e. iCAN, myplan app, etc.), may be promising tools to help victims of IPV, especially during the pandemic when the usual support systems, such as shelters and social services, are not available.

Practical implications

It became apparent that the risk factors that already existed before the pandemic were amplified during the pandemic, but also that the mandatory restrictions, such as lockdowns and social isolations, impose new challenges for victims of IPV, for instance, that victims don't know where to go for help anymore based on the closure of the usual support systems.

It is important to tackle the identified risk factors in future pandemics. In order to do this, it seems to be the case that online interventions might be a promising tool to approach some of these risk factors. For example, all participants have reported that they felt more personal and/or social support after using the above-described online interventions. Moreover, all of the mentioned online interventions showed to be effective, and it appears that they might be as effective as face-to-face interventions (Tarzia et al., 2018). However, it emerged that the awareness about the various online options needs to increase.

However, it emerged that it might be the case that many affected victims of IPV do not use such online tools and are not aware of the various online options they have, as was shown in the study of Wood et al. (2021), which reported that only around 42% have used online devices, such as online counseling (Wood et al., 2021). Therefore, the general awareness

about the various online options for victims of IPV needs to increase. This could be done for example in TV advertisements or advertisements within social media. Also, service providers that could only provide disrupted service during the pandemic could make victims aware of the various online options.

Moreover, it emerged that the governments and policymakers have no clearly defined policies to help IPV victims in such situations, and also the education about the different possibilities is lacking. Therefore, it becomes apparently important that there are clearly defined policies and/or regulations for victims of IPV in humanitarian emergencies, such as in the current corona pandemic.

Limitations and strengths

In this scoping literature review, a total of 19 studies were included and compared. Only one database, namely Google Scholar, was used to answer the two research questions, although an initial search was conducted in psycInfo and Pubmed. Moreover, COVID-19 emerged in 2020 and is, therefore, a rather novel topic, it might be the case that a number of applicable and/or relevant studies, which were conducted after the data extraction of the current review, were missed. Moreover, the decision concerning inclusion and exclusion criteria, as well as the assessment of eligibility to be included into the current review, was only done by one person, which may have caused mistakes concerning the judgment of eligibility.

Another limitation concerns the lack of empirical research on the specific topic of IPV in the COVID-19 pandemic. Due to the fact that the onset of the pandemic was 2020, and therefore the COVID-19 pandemic is a completely novel situation, not much empirical research was found on that topic and actual data on the consequences of COVID-19 on IPV is lacking. Therefore, the current literature review could only gave an overview of what is known to this point.

However, compared to the already existing literature reviews on the topic of IPV and the COVID-19 pandemic, the current scoping review has some novel aspects and unique strengths that will be described in the following. First, only empirical research papers that analyzed the specific risk factor under the circumstance of the corona pandemic were included to answer the first research question. Whereas previously published reviews recalled the already known risk factors that are applicable under normal circumstances and applied them to the pandemic context (Gulati & Kelly, 2020; Jarnecke & Flanagan, 2020).

Furthermore, another strength of this review is that it showed various effective online interventions that can be used by victims of IPV during the pandemic, whereas most existing literature reviews mainly recalled one or two interventions, for instance, the systematic literature review of Emezue and Bloom (2020), who reported only about the myPlan app. Therefore, a unique strength of the current scoping literature review is that it provides an overview of the risk factors of IPV in the context of the COVID-19 pandemic and gives an overview of the existing, effective interventions that can be used by victims of IPV during the pandemic

Conclusion and Recommendations

Online interventions and applications for victims of IPV have the potential to make life safer at one's own home for victims of IPV, for example, due to safety planning and/or the education of relationship red flags. It might be helpful for victims affected by IPV to know that they can reach out and be connected to meaningful support if needed, such as in the iCAN or the myPlan app. Research has also shown the positive effect of these apps, which were increased likelihood to make a safety plan, an increased perception of social and personal support, as well as decreased feelings of anxiety and depression of victims (Glass et al., 2020). However, it became apparent that it might be the case that many affected victims of IPV do not use such online tools, as was shown in the study of Wood et al. (2021), which

reported that only around 42% have used online devices, such as online counseling (Wood et al., 2021). It is important that victims of IPV become more aware of the numerous promising online interventions that exist. The awareness of these online options could be increased for example by advertisement.

Moreover, based on the fact that only little empirical studies about interventions within the context of the COVID-19 pandemic exist, it is increasingly important for researchers to look into this topic and for example, investigate and/or concentrate even more on the effectiveness and willingness of victims to use such (online) interventions, and examine the various options for victims further, for example when the abusive partner is also at home. More empirical research concerning the influence of COVID-19 on IPV and possibilities for victims in such humanitarian disasters is urgently needed.

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