COVID-19 Impact on Intimate Partner Violence and Child Maltreatment

This report was updated on March 30, 2021.

To produce this report, CADTH used a modified approach to the selection, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.
Authors: Holly Gunn, Suzanne McCormack


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Funding: CADTH receives funding from Canada’s federal, provincial, and territorial governments, with the exception of Quebec.
Research Questions

1. What has been the impact of the COVID-19 pandemic and its associated public health restrictions on outcomes related to intimate partner violence and child maltreatment?

2. What has been the impact of the COVID-19 pandemic on risk factors for violence (e.g., substance use; food insecurity; unemployment)?

3. What has been the impact of the COVID-19 pandemic on access to support for those at risk of intimate partner violence and child maltreatment (e.g., access to prevention services; social support; health care, support phone lines)?

4. What measures were introduced to mitigate the risk of child maltreatment and intimate partner violence during periods of public health restrictions during the COVID-19 pandemic?

Key Findings

- Based on limited evidence, results suggest that the COVID-19 pandemic may have resulted in an increase in risk factors for violence, such as substance abuse, parental stress, financial stress, and social pressures.

- It is unknown whether the rates of violence are increasing as a result of the pandemic.

- Those at risk of intimate partner violence and child maltreatment have sometimes been unable to receive support services because the pandemic has made it difficult to provide and access these services.

- Adjustments could be made to the way support services are provided that might help reduce the risk of child maltreatment and intimate partner violence. These include offering telehealth support and remote delivery of services, the development of smartphone applications, increasing awareness and education, addressing privacy concerns in domestic violence situations, and integrating family services with other essential services that have remained open during the pandemic.

Methods

This report was produced at the request of the Public Health Agency of Canada.

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were COVID-19 and domestic violence. No filters were applied to limit retrieval by study type. The search was also limited to English language documents published between January 1, 2019 and October 26, 2020. Internet links were provided, where available.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were reviewed. The Summary of Evidence was based on information available...
in the full-text version of selected publications. The methodological quality of the included studies was not assessed and is not discussed in this report.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>General population</th>
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<tr>
<td>Phenomenon of interest</td>
<td>COVID-19 pandemic</td>
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</table>
| Research questions  | Q1: Outcomes on intimate partner violence and child maltreatment  
|                     | Q2: Risk factors for violence (e.g., substance use; food insecurity; unemployment)  
|                     | Q3: Access to support for risk of intimate partner violence and child maltreatment  
|                     | Q4: Measures to mitigate risk of intimate partner violence and child maltreatment |
| Study designs       | Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies |

Exclusion Criteria

Articles were excluded if they did not meet the selection criteria outlined in Table 1, they were duplicate publications, were not offered in English, or were published prior to 2020. Specifically, articles were excluded if they did not outline results specific to the COVID-19 pandemic, or were assumptions based off past pandemics. Systematic reviews in which all relevant studies were captured in other more recent or more comprehensive systematic reviews were excluded. Primary studies retrieved by the search were excluded if they were captured in one or more included systematic reviews. Primary clinical studies conducted in countries with a health care context comparable to Canada’s will be eligible for inclusion. Therefore, inclusion will be restricted to studies conducted in Australia, Canada, New Zealand, the US, the UK, or a member of the European Economic Area. Articles that did not meet the inclusion criteria but were of potential interest can be found in Appendix 2.

Results

A total of 223 citations were identified in the literature search. Following screening of titles and abstracts, 189 citations were excluded and 34 potentially relevant reports from the electronic search were retrieved for full-text review. Twenty-one potentially relevant publications were retrieved from the grey literature search for full-text review. Of these potentially relevant articles, 30 publications were excluded for various reasons, and 25 publications met the inclusion criteria and were included in this report. These comprised one systematic review and 24 non-randomized studies. Appendix 3 presents the PRISMA1 flowchart of the study selection.

The 25 publications included in this report can be further broken down as:

- Seventeen non-randomized studies were identified regarding the impact of the COVID-19 pandemic and its associated public health restrictions on outcomes related to intimate partner violence and child maltreatment (Research Question 1)
- One non-randomized study was identified regarding the impact of the COVID-19 pandemic on risk factors for violence (e.g., substance use; food insecurity; unemployment) (Research Question 2)
- One non-randomized study was identified regarding the impact of the COVID-19 pandemic on access to support for those at risk of intimate partner violence and child maltreatment (e.g., access to prevention services; social support; health care, support phone lines) (Research Question 3)
• One non-randomized study was identified regarding measures introduced to mitigate the risk of intimate partner violence and child maltreatment during periods of public restrictions (during COVID-19) (Research Question 4).

• One systematic review and four non-randomized studies were identified that addressed more than one of the research questions.

Summary of Evidence

Below are brief summaries of the findings specific to each research question. A more detailed expansion on the findings from each publication can be found in Appendix 1, Table 2.

1. What has been the impact of the COVID-19 pandemic and its associated public health restrictions on outcomes related to intimate partner violence and child maltreatment?

Twenty-one non-randomized studies2-18,23-26 and one systematic review22 met the inclusion criteria specific to this research question, with 18 addressing intimate partner violence2-15,22,24-26 and 4 addressing child maltreatment.16-18,23 Of the non-randomized studies, 17 used quantitative methods,2-7,9-18,23 2 used qualitative methods,24,26 and 2 used mixed methods.8,25 Fourteen of the studies took place in the US,2-5,7-10,13,14,16,18,23,26 three took place in the UK,6,11,17 one took place in Mexico15 and two took place in Australia.12,25 The systematic review included studies from multiple locations including the US, England, Poland, and China.

Overall, the evidence regarding the impact of the COVID-19 pandemic and its associated public health restrictions on outcomes related to intimate partner violence and child maltreatment is inconclusive. Regarding intimate partner violence, seven publications found evidence suggesting an increase,3,7,9,10,12,25,26 3 publications found evidence suggesting a decrease,6,11,22 2 publications found evidence suggesting there was no change,4,24 and 6 publications found mixed results.2,5,8,13-15 Regarding child maltreatment, one publication found evidence suggesting an increase18 and three publications found evidence suggesting a decrease.16,17,23 Of the studies reporting decreases or mixed outcomes related to intimate partner violence and child maltreatment, many hypothesized that the reduction in reported intimate partner violence and child maltreatment outcomes may not be reflective of what is occurring, and rather a reflection of the difficulty and dangers associated with accessing support services during the COVID-19 pandemic.2,5,6,8,14,15

2. What has been the impact of the COVID-19 pandemic on risk factors for violence (e.g., substance use; food insecurity; unemployment)?

Two non-randomized studies19,24 and one systematic review22 met the inclusion criteria specific to this research question. Of the non-randomized studies, one used mixed methods19 and one had qualitative methods.24 One of the studies took place in the United States19 and one took place in Canada.24 The systematic review22 included studies from multiple locations including the US, England, Poland, and China.

All the publications identified that addressed the impact of the COVID-19 pandemic on risk factors for violence reported an increase in the risk factors assessed, such as substance abuse,22 parental stress,20 financial stress,24 and social pressures.24 The evidence...
demonstrated an association between the risk factors assessed and an increased potential for intimate partner violence\textsuperscript{22,24} and child maltreatment.\textsuperscript{20}

3. What has been the impact of the COVID-19 pandemic on access to support for those at risk of intimate partner violence and child maltreatment (e.g., access to prevention services; social support; health care, support phone lines)?

Four non-randomized studies\textsuperscript{20,23,25,26} met the inclusion criteria specific to this research question. Of the studies included, two used qualitative methods,\textsuperscript{20,26} one used quantitative methods,\textsuperscript{23} and one used mixed methods.\textsuperscript{25} One of the studies took place in Switzerland,\textsuperscript{20} two took place in the United States\textsuperscript{23,26} and one took place in Australia.\textsuperscript{25}

These four studies reported difficulties in the provision and access of a range of services.\textsuperscript{20,23,25,26} These services included addressing the role that school personnel play in identifying child maltreatment cases,\textsuperscript{23} difficulties providing counselling,\textsuperscript{20} difficulties providing economic assistance,\textsuperscript{20} difficulties providing child protection services,\textsuperscript{20} and the restricted ability to use community,\textsuperscript{26} online,\textsuperscript{25,26} and telephone resources\textsuperscript{25,26} safely.

4. What measures were introduced to mitigate the risk of intimate partner violence and child maltreatment during periods of public restrictions (during COVID-19)?

Two non-randomized studies\textsuperscript{21,25} met the inclusion criteria specific to this research question. One of the studies used qualitative methods\textsuperscript{21} and the other used mixed methods.\textsuperscript{25} One of the studies took place in the United States\textsuperscript{21} and one took place in Australia.\textsuperscript{25}

Evidence was found regarding a variety of service adjustments to mitigate the risk of child maltreatment and intimate partner violence. The services identified included: telehealth support and remote delivery,\textsuperscript{21,25} increased awareness and education through fact sheets, social media and other communication platforms,\textsuperscript{21} smartphone applications,\textsuperscript{21} attempts to address privacy concerns in domestic violence situations,\textsuperscript{21,25} and the integration of family services into the essential services still open in the area.\textsuperscript{25} The effectiveness of these measures was not assessed.

Limitations

The findings of this report present a broad overview of the evidence regarding the impact of the COVID-19 pandemic and its associated public health restrictions on outcomes related to intimate partner violence and child maltreatment. The findings are based on a focused literature review, which was screened and selected by a single reviewer. A fully comprehensive and systematic review was not conducted. While efforts were made to restrict the included studies to those with similar health care contexts to Canada, only one study was actually conducted in Canada, therefore there remains uncertainty whether findings are truly generalizable to the Canadian setting. Furthermore, the quality of included studies is uncertain. Given the rapid methods used and the type of literature identified, a critical appraisal of the literature was not conducted. The majority of studies were based on database counts and survey data, which are generally considered to be low-quality evidence. Given these limitations along with the recency of the evidence found and the continual development of the COVID-19 pandemic, findings should be interpreted with caution.
Conclusions

Overall, the evidence found in this limited search suggests that the impact of the COVID-19 pandemic on intimate partner violence and child maltreatment is still unknown. Other reports that may be of interest but did not meet inclusion criteria are reported in Appendix 2.

Regarding intimate partner violence, seven publications found evidence suggesting an increase, three publications found evidence suggesting a decrease, two publications found evidence suggesting there was no change, and six publications found mixed results.

Regarding child maltreatment, one publication found evidence suggesting an increase and three publications found evidence suggesting a decrease during the COVID-19 pandemic. Many of the studies hypothesized that the reduction in reported intimate partner violence and child maltreatment outcomes may not be reflective of what is occurring, and rather a reflection of the difficulty and dangers associated with accessing support services during the COVID-19 pandemic.

The evidence reviewed suggests an increase in risk factors for violence throughout the COVID-19 pandemic, as well as an association between those risk factors and an increased potential for intimate partner violence and child maltreatment. Furthermore, the evidence was consistent in reporting difficulties in the provision and access to services for those at risk of intimate partner violence and child maltreatment. These difficulties included the inability of school personnel to initiate child maltreatment cases, difficulties providing counselling, difficulties providing economic assistance, difficulties providing child protection services, and the restricted ability to use community, online, and telephone resources safely.

There was evidence found of measures already undertaken to try to mitigate the risk of intimate partner violence and child maltreatment. The services identified included: telehealth support and remote delivery, increased awareness and education through fact sheets, social media and other communication platforms, smartphone applications, attempts to address privacy concerns in domestic violence situations, and the integration of family services into the essential services still open in the area. The effectiveness of these measures was not assessed.

Given the limitations identified in this report with respect to study quality and generalizability, additional research is needed to assess the ongoing and long-term impact of the COVID-19 pandemic on intimate partner violence and child maltreatment.
References


Impact of COVID-19 on Intimate Partner Violence and Child Maltreatment

Intimate Partner Violence


**Child Maltreatment**


**Impact of COVID-19 on Risk Factors for Violence**


**Impact of COVID-19 on Access to Support**

Measures Introduced to Mitigate the Risk of Intimate Partner Violence and Child Maltreatment


Addresses Multiple Questions


## Appendix 1: Summary of Included Studies

### Table 2: Summary of Included Studies

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Reference (Authors and Year)</th>
<th>Population</th>
<th>Methods$^a$</th>
<th>Data</th>
<th>Relevant Outcomes Assessed</th>
<th>Author’s Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What has been the impact of the COVID-19 pandemic and its associated public health restrictions on outcomes related to intimate partner violence and child maltreatment?</td>
<td>Ashby, M. 2020$^2$</td>
<td>Residents in 8 large cities across the US: Austin, TX; Baltimore, MD; Dallas, TX; Los Angeles, CA; Louisville KY; Montgomery County, MD; Nashville, TNN; Phoenix, AZ.</td>
<td>Quantitative – SARIMA modelling</td>
<td>Police-recorded open crime data</td>
<td>Frequency of crime change between estimated 2020 rates without the pandemic and observed rates in the first few months.</td>
<td>The authors concluded that there was an increase in serious assaults in residences in five cities and a decrease in three cities.</td>
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<td></td>
<td>Boman JH, Gallupe O. 2020$^3$</td>
<td>Individuals in the Maumee Police Department precinct in Maumee, Ohio, US.</td>
<td>Quantitative – Observational</td>
<td>Calls regarding crime to law enforcement</td>
<td>Frequency of calls regarding crime in the year 2019 compared to those during the COVID-19 pandemic, up until May 26, 2020.</td>
<td>The authors concluded that calls regarding intimate partner violence increased during the COVID-19 pandemic, observing 73 incidents in 2020 compared to 55 for the same time period in 2019.</td>
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<td></td>
<td>Campedelli GM, Aziani A, Favarin S. 2020$^4$</td>
<td>Individuals in the Los Angeles Police Department precinct in Los Angeles, California, US.</td>
<td>Quantitative – Bayesian structural time series</td>
<td>Los Angeles Open Data portal for data on crimes reported by the Los Angeles Police Department</td>
<td>Number of crime incident reports reported from 2017 to 2019 compared to those reported from January 1 to March 30, 2020.</td>
<td>The authors concluded that COVID-19 containment policies did not have a significant effect on the number of intimate partner violence reports.</td>
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<td></td>
<td>Gosangi B, Park H, Thomas R, et al. 2020$^5$</td>
<td>Participants in an intimate partner violence intervention and prevention program at Northeast US. In the 2020</td>
<td>Quantitative - Observational</td>
<td>Intimate partner violence (IPV) reports from an internal intimate partner violence</td>
<td>The a) incidence of IPV and b) incidence of severe and very severe physical IPV March 11, 2020 to</td>
<td>The authors found an overall decrease in the total number of IPV reports in their program during the pandemic (62 in 2020; 104</td>
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<td>Research Question</td>
<td>Reference (Authors and Year)</td>
<td>Population</td>
<td>Methods*</td>
<td>Data</td>
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<td>in 2019; 106 in 2018; and 146 in 2017). However, the author’s found the incidence of physical IPV and severity of injuries was greater during the pandemic, with an incidence of 42% in 2020 vs. 12% in 2017-2019 and number of victims with severe injuries 10 in 2020 vs 7 in 2017-2019.</td>
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<tr>
<td></td>
<td>Halford E, Dixon A, Farrell G, Malleson N, Tilley N. 2020&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Individuals served by a UK police force covering 5000 square kilometres and a population of 1.5 million in 2020.</td>
<td>Quantitative – ARIMA time series</td>
<td>Police services reported crime data</td>
<td>Crimes reported between March 8 and April 2, 2020 were compared to the crime rates in the same period for the previous four years.</td>
<td>The authors observed a 40% decline in recorded domestic abuse during the COVID-19 pandemic.</td>
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<td></td>
<td>Hassan K, Prescher H, Wang F, Chang DW, Reid RR. 2020&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Patients reporting facial and hand trauma to the University of Chicago Medical Centre in Chicago, Illinois, US. After the stay-at-home orders, the average age of the patients was 32.4, 73% were male, 27% were female, 81% were African American, 13% were Caucasian, and 6% were Hispanic.</td>
<td>Quantitative – Observational</td>
<td>Chart review of plastic surgery emergencies at the University of Chicago Medical Centre and the Comer Children’s Hospital</td>
<td>Presence of domestic abuse recorded on charts from March 1, 2020 to April 11, 2020, reflective of 3 weeks before and after stay-at-home orders.</td>
<td>The authors observed an increase in the percentage of traumatic injuries resulting from domestic disputes from 2.3% to 8.1% in the 3-weeks after the stay-at-home orders were implemented.</td>
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<tr>
<td></td>
<td>Jetelina KK, Knell G, Molsberry RJ. 2020&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Participants were over the age of 18 and residing in the US.</td>
<td>Quantitative - Cross-sectional analysis using a survey</td>
<td>Survey distributed through social media and email distribution lists</td>
<td>Presence of IPV and COVID-related IPV severity</td>
<td>The authors reported that 18% of respondents screened positive for IPV (n=1759); 54% of those stating that the</td>
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<tr>
<td>Research Question</td>
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<td>Leslie E, Wilson R. 2020⁹</td>
<td>Individuals in 14 large metropolitan cities in the US: 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; Virginia Beach, VA</td>
<td>Quantitative – Difference-in-differences and event study methods</td>
<td>Police call centre data</td>
<td>Number of domestic violence calls in 2020 within a given city before and after the social distancing measures were implemented, as well as the number in the same time period in 2019.</td>
<td>The authors found that the COVID-19 pandemic was associated with a 7.5% increase in domestic violence service calls during the 12 weeks after the social distancing measures were implemented.</td>
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<td></td>
<td>Mohler G, Bertozzi AL, Carter J, et al. 2020¹⁰</td>
<td>Individuals in Los Angeles, California and Indianapolis, Indiana. US</td>
<td>Quantitative – Observational</td>
<td>Police call centres data</td>
<td>Daily counts of calls for service from January 2, 2020 to April 18, 2020 in the two cities with treatment time period reflective of when stay-at-home orders were implemented.</td>
<td>The authors found that in both cities the number of calls related to domestic violence increased marginally after the stay-at-home orders were implemented.</td>
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<td></td>
<td>Olding J, Zisman S, Olding C, Fan K. 2020¹¹</td>
<td>Patients at King’s College Hospital, South London, UK. In 2020, 3 out of 30 patients were female with a mean age of 30.6 years.</td>
<td>Quantitative - Observational</td>
<td>Internal data collection</td>
<td>Number of trauma patients between March 23 and April 29, 2020, reflective of the first five weeks of the COVID-19</td>
<td>The authors found a decrease in the number of IPV violence patients, with 19 in 2020, 41 in 2019, and 46 in 2018.</td>
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<td>Research Question</td>
<td>Reference (Authors and Year)</td>
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<td>Data</td>
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<td></td>
<td>Payne JL, Morgan A, Piquero AR. 202012</td>
<td>Individuals in Queensland, Australia.</td>
<td>Quantitative – ARIMA</td>
<td>Queensland Government’s Open Data Portal</td>
<td>Predicted domestic violence order breaches compared to observed rates in the months of March and April 2020</td>
<td>The authors found the domestic violence orders breach rate increased between March and April 2020, which was also higher than the rate in March 2019.</td>
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<td></td>
<td>Piquero AR, Riddell JR, Bishopp SA, Narvey C, Reid JA, Piquero NL. 202013</td>
<td>Individuals in the Dallas Police Department precinct in Dallas, Texas.</td>
<td>Quantitative - ARIMA</td>
<td>Dallas Texas Police Department data</td>
<td>Incidents of domestic violence from March 3 to April 14, 2020</td>
<td>The authors found that the incidence of domestic violence calls fluctuated, with a significant increase two weeks after the stay-at-home orders, March 24, and a decrease after April 7.</td>
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<td></td>
<td>Rhodes HX, Petersen K, Lunsford L, Biswas S. 202014</td>
<td>Patients at a rural American College of Surgeons level one trauma center, South Carolina, US.</td>
<td>Quantitative - Observational Chart Review</td>
<td></td>
<td>Number of patients identified with assaults from March 16, 2020 to April 30, 2020 compared to the same time frame in the previous year.</td>
<td>The authors found a significant increase in domestic violence assaults after the school closure mandates, but when separated by perpetrator, assaults decreased if it was a husband compared to a male partner or unspecified nonfamily member.</td>
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<td></td>
<td>Silverio-Murillo A, Balmori de la Miyar J. 202015</td>
<td>Women in Mexico City, Mexico who were married or cohabitating.</td>
<td>Quantitative – Event study design</td>
<td>Data from Linea Mujeres call centre, a centre providing advice to women for a variety of</td>
<td>Number of calls per week for domestic violence from February to mid-May 2020 and 2019.</td>
<td>The authors found mixed results, with an increase in the number of calls regarding psychological services for IPV and a</td>
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<td>Research Question</td>
<td>Reference (Authors and Year)</td>
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<td><strong>Child Maltreatment</strong></td>
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<td><strong>Non-Randomized Studies</strong></td>
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<td>Barboza GE, Schiamberg LB, Pachl L. 2020</td>
<td>Children under 18 years old reported to the Los Angeles Police Department for child abuse and neglect in Los Angeles, California, US.</td>
<td>Quantitative – Observational</td>
<td>Police department reports regarding children under 18; obtained from the Los Angeles Open Data Portal</td>
<td>Daily counts of reports regarding child abuse and neglect 181 days before and during the COVID-19 pandemic.</td>
<td>The authors found that there was a 7.95% decrease in the number of reports regarding child abuse and neglect during the COVID-19 pandemic. Furthermore, the authors found fewer cases being reported in single family dwellings, but four times as many cases reported on sidewalks during the pandemic compared to before.</td>
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<td>Garstang J, Debelle G, Anand I, et al. 2020</td>
<td>Children under 18 attending child protection medical examination in Birmingham Community, England.</td>
<td>Quantitative - Observational</td>
<td>Child protection medical examination reports in the Birmingham Community Healthcare NHS Trust</td>
<td>Number of referrals for a child protection medical examination (CPME) between February to late June in the years 2018-2020</td>
<td>The authors found that there were 78 CPME referrals in 2018, 75 in 2019, and 47 in 2020. The authors concluded that there was a 39.7% reduction in referrals from 2018 to 2020, and a 37.2% reduction from 2019 to 2020. The authors also noted that the number of referrals initiated by school staff was significantly less in 2020, 12, compared to 2018 and 2019, 36 and 38, respectively.</td>
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<td>Research Question</td>
<td>Reference (Authors and Year)</td>
<td>Population</td>
<td>Methods*</td>
<td>Data</td>
<td>Relevant Outcomes Assessed</td>
<td>Author’s Conclusions</td>
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<td>2. What has been the impact of the COVID-19 pandemic on risk factors for violence (e.g., substance use; food insecurity; unemployment)?</td>
<td>Kovler ML, Ziegfeld S, Ryan LM, et al. 2020&lt;sup&gt;18&lt;/sup&gt;</td>
<td>Patients under the age of 15 at a level 1 pediatric trauma centre in Maryland, US.</td>
<td>Quantitative – Observational</td>
<td>Internal chart review</td>
<td>Proportion of patients at the centre with physical child abuse injuries in the month following the closure of childcare facilities compared to the same time period in 2019 and 2018.</td>
<td>The authors reported an increase in traumatic injuries caused by physical child abuse during the COVID-19 pandemic compared to 2019 and 2018, with 8 in 2002, 4 in 2019, and 3 in 2018.</td>
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<td>Brown SM, Doom JR, Lechuga-Pena S, Watamura SE, Koppels T. 2020&lt;sup&gt;19&lt;/sup&gt;</td>
<td>Parents with a child under the age of 18 years in western US.</td>
<td>Mixed methods - Survey</td>
<td>Families recruited from child- and family-serving agencies and educational settings in the Rocky Mountain region of the US.</td>
<td>Impact of COVID-19 in relation to parental perceived stress and child abuse potential.</td>
<td>The authors found an that COVID-19 related stressors, anxiety, and depressive symptoms were related to higher parental stress. The authors also concluded that receipt of financial assistance, high anxiety or high depressive symptoms during the pandemic were associated with a higher child abuse potential.</td>
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<td>3. What has been the impact of the COVID-19 pandemic on access to support for those at risk of intimate partner violence and child maltreatment (e.g., access to prevention services; social support; health care, support phone lines)?</td>
<td>Lätsh D, Eberitzsch S, Brink IO. 2020&lt;sup&gt;20&lt;/sup&gt;</td>
<td>169 professionals in Switzerland. The majority worked at municipal social services (63.3%) with the remainder working at regional services.</td>
<td>Qualitative - Survey</td>
<td>Survey distributed to 169 professionals.</td>
<td>How social services have been impacted by COVID-19 during the first four weeks of lockdown, mid-March to mid-April 2020.</td>
<td>The authors found that 13.7% of professionals reported difficulties providing economic social assistance, 74.1% of professionals reported difficulties providing counselling and referrals to external agencies, and 45.1% report difficulties in delivering child protection services.</td>
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<td><strong>4. What measures were introduced to mitigate the risk of intimate partner violence and child maltreatment during periods of public restrictions (during COVID-19)?</strong></td>
<td>Rossi FS, Shankar M, Buckholdt K, Bailey Y, Israni ST, Iverson KM. 2020[^21]</td>
<td>Veterans in the US.</td>
<td>Qualitative – Observational</td>
<td>Internal audit of mitigation efforts</td>
<td>Existing measures implemented by the VHA IPV Assistance Program (IPVAP) to provide resources and support to women veterans experiencing IPV.</td>
<td>The authors noted that the IPVAP disseminated critical information to VHA providers and women veterans and continued to provide telehealth support, as well as addressed challenges to accessing support through raising awareness through social media platforms, internal e-mails, and staff- and veteran-specific fact sheets. The authors highlighted that the IPVAP included a quick escape button on their IPVAP website in case a partner was to enter the room or try to access search history. Additionally, the authors described a smartphone application designed to assist those experiencing IPV develop individualized safety plans.</td>
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**Addresses Multiple Questions**

**Systematic Reviews & Meta-Analyses**

| Questions 1 & 2 Intimate partner violence/child maltreatment outcomes & risk factors for violence | Abdo C, Miranda EP, Silva Santos C, de Bessa Júnior J, Marques Bernardo W. 2020[^22] | Individuals exposed to substance abuse and/or domestic violence in England (2), US, Poland, China, and an undefined location. | Literature search using the keywords "domestic violence," "substance abuse" AND "COVID-19," from December 2019 to January | Databases used were: Pubmed, EMBASE, LILACS, medRxiv, and bioRxiv. | Domestic violence against children and substance abuse during the COVID-19 pandemic. | The authors concluded that there is insufficient evidence to support whether COVID-19 has altered the rate of domestic violence. The authors found that there was a decrease in |

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[^22]: Reference indicates 2020.
<table>
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<td><strong>Questions 1 &amp; 3</strong></td>
<td><strong>Intimate partner violence/child maltreatment outcomes &amp; access to support</strong></td>
<td>Baron EJ, Goldstein EG, Wallace CT. 2020&lt;sup&gt;23&lt;/sup&gt;</td>
<td>Individuals in Florida, US.</td>
<td>Quantitative – Observational</td>
<td>Data from the Florida Department of Child Abuse Hotline</td>
<td>Number of reported child maltreatment allegations expected and observed in March and April 2020, as well as the service reporting the allegations.</td>
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<tr>
<td><strong>Questions 1 &amp; 2</strong></td>
<td><strong>Intimate partner violence/child maltreatment &amp; risk factors for violence</strong></td>
<td>Beland LP, Brodeur A, Haddad J, Mikola D. 2020&lt;sup&gt;24&lt;/sup&gt;</td>
<td>4,627 individuals with a valid email address on file at Statistics Canada.</td>
<td>Qualitative - Survey</td>
<td>Canadian Perspective Survey Series</td>
<td>The impact of COVID-19 on domestic violence rates and different stressors and risk factors for domestic violence.</td>
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<td>Questions 1, 3 &amp; 4</td>
<td>Pfitzner, N., Fitz-Gibbon, K. and True, J. 2020</td>
<td>166 practitioners in Victoria, Australia. Over 2/3 of the survey participants worked in child and family services, and specialist family and sexual services.</td>
<td>Survey</td>
<td>Survey administered to 166 Victorian practitioners.</td>
<td>The impact of the COVID-19 pandemic on the frequency and severity of domestic violence, the ability to access services, and the measures undertaken to mitigate the risk of intimate partner violence.</td>
<td>The authors found a 59% increase in the frequency and a 86% increase in the severity of violence against women during the COVID-19 pandemic. Furthermore, the authors also claim the pandemic has led to new methods of violence against women, with perpetrators using the pandemic as a way to keep the women isolated. The authors also reported a restriction in the ability for women to access supports during the pandemic through restricted privacy on phone calls, increased surveillance on phone and online activity, and restricted ability to see friends and family. The authors reported that many services are transitioning to remote delivery (e.g., voice and video call, email, webchat and message-based services), integrating family violence responses into essential services in the area, and introducing new systems including code words for communication and encrypted web-based video calling services.</td>
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<tr>
<td>Questions 1 &amp; 3 Intimate partner violence/child maltreatment outcomes &amp; access to supports</td>
<td>Sabri B, Hartley M, Saha J, Murray S, Glass N, Campbell JC. 2020</td>
<td>Participants were 45 English-speaking, foreign-born immigrant women, over 18 years old and 17 key-informants with 2 or more years of experience providing support to immigrant IPV survivors residing in multiple regions across the US.</td>
<td>Qualitative - Interviews</td>
<td>In-depth interviews conducted with immigrants from diverse world regions residing in the US as well as key-informant interviews with providers serving immigrant survivors of IPV.</td>
<td>The impact of the COVID-19 pandemic on their relationship and the access to IPV services.</td>
<td>The authors found that there was an increase in the frequency and severity of IPV due to the COVID-19 pandemic as well as a decreased ability to access services to seek help, leave the relationship, or access community support.</td>
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</table>

*S Methods were further specified when indicated in the studies.

SARIMA = Seasonal Autoregressive Integrated Moving Average; NHS = National Health Service; CPME = child protection medical examination; IPV = intimate partner violence; ARIMA = autoregressive integrated moving average; n = number; VHA = Veteran’s Health Association; IPVAP = Intimate Partner Violence Assistance Program.
Appendix 2: Articles of Potential Interest

Not Generalizable to the Canadian Context

   PubMed: PM33012955

   PubMed: PM32895601

   PubMed: PM33028424

   PubMed: PM32857955

   PubMed: PM33071026


   PubMed: PM33012011


Unclear Methodology


Preliminary Reports – Not Peer Reviewed

Preprints are reports that have not been formally published or peer-reviewed. They should not be relied on to guide clinical practice or health-related behaviour.


Additional Information

Alternative Study Designs


*Not Generalizable to the Canadian Context*


*Unclear Methodology*

50. Submission of the New Zealand human rights commission for the special rapporteur on violence against women, its causes and consequences. NZ Human Rights; 2020: https://www.hrc.co.nz/files/5515/9468/2462/FINAL_HRC_Submission_to_the_Special_Rapporteur_on_womens_rights.pdf


Appendix 3: Selection of Included Studies

223 citations identified from electronic literature search and screened

189 citations excluded

34 potentially relevant articles retrieved for scrutiny (full text, if available)

21 potentially relevant reports retrieved from other sources (grey literature, hand search)

55 potentially relevant reports

30 reports excluded:
- Irrelevant population (14)
- Irrelevant study designs (4)
- Already included in at least one of the selected systematic reviews (1)
- Other (review articles, editorials, preprints) (11)

25 reports included in review