

COVID-19 Summary of Evidence

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.

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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

Population	General population
Phenomenon of interest	COVID-19 pandemic
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 studies^{2-18,23-26} and one systematic review²² met the inclusion criteria specific to this research question, with 18 addressing intimate partner violence^{2-15,22,24-26} 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 review²² 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 studies^{19,24} 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^{22,24} and child maltreatment.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^{20,23,25,26} met the inclusion criteria specific to this research question. Of the studies included, two used qualitative methods,^{20,26} one used quantitative methods,²³ and one used mixed methods.²⁵ One of the studies took place in Switzerland,²⁰ two took place in the United States^{23,26} and one took place in Australia.²⁵

These four studies reported difficulties in the provision and access of a range of services.^{20,23,25,26} These services included addressing the role that school personnel play in identifying child maltreatment cases,²³ difficulties providing counselling,²⁰ difficulties providing economic assistance,²⁰ difficulties providing child protection services,²⁰ and the restricted ability to use community,²⁶ online,^{25,26} and telephone resources^{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^{21,25} met the inclusion criteria specific to this research question. One of the studies used qualitative methods²¹ and the other used mixed methods.²⁵ One of the studies took place in the United States²¹ and one took place in Australia.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,^{21,25} increased awareness and education through fact sheets, social media and other communication platforms,²¹ smartphone applications,²¹ attempts to address privacy concerns in domestic violence situations,^{21,25} and the integration of family services into the essential services still open in the area.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.

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Intimate Partner Violence

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Impact of COVID-19 on Risk Factors for Violence

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Impact of COVID-19 on Access to Support

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

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Addresses Multiple Questions

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Appendix 1: Summary of Included Studies

Table 2: Summary of Included Studies

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
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?	Intimate Partner Violence					
	Non-Randomized Studies					
	Ashby, M. 2020 ²	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.	Quantitative – SARIMA modelling	Police-recorded open crime data	Frequency of crime change between estimated 2020 rates without the pandemic and observed rates in the first few months.	The authors concluded that there was an increase in serious assaults in residences in five cities and a decrease in three cities.
	Boman JH, Gallupe O. 2020 ³	Individuals in the Maumee Police Department precinct in Maumee, Ohio, US.	Quantitative – Observational	Calls regarding crime to law enforcement	Frequency of calls regarding crime in the year 2019 compared to those during the COVID-19 pandemic, up until May 26, 2020.	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.
	Campedelli GM, Aziani A, Favarin S. 2020 ⁴	Individuals in the Los Angeles Police Department precinct in Los Angeles, California, US.	Quantitative – Bayesian structural time series	Los Angeles Open Data portal for data on crimes reported by the Los Angeles Police Department	Number of crime incident reports reported from 2017 to 2019 compared to those reported from January 1 to March 30, 2020.	The authors concluded that COVID-19 containment policies did not have a significant effect on the number of intimate partner violence reports.
Gosangi B, Park H, Thomas R, et al. 2020 ⁵	Participants in an intimate partner violence intervention and prevention program at Northeast US. In the 2020	Quantitative - Observational	Intimate partner violence (IPV) reports from an internal intimate partner violence	The a) incidence of IPV and b) incidence of severe and very severe physical IPV March 11, 2020 to	The authors found an overall decrease in the total number of IPV reports in their program during the pandemic (62 in 2020; 104	

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
		cohort, the average age was 37 +/- 13 years. In 2020, 65% of the victims were of white ethnicity and 8% were African American.		prevention program	May 3, 2020, as well as for the same time period in 2019, 2018, and 2017.	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.
	Halford E, Dixon A, Farrell G, Malleson N, Tilley N. 2020 ⁶	Individuals served by a UK police force covering 5000 square kilometres and a population of 1.5 million in 2020.	Quantitative – ARIMA time series	Police services reported crime data	Crimes reported between March 8 and April 2, 2020 were compared to the crime rates in the same period for the previous four years.	The authors observed a 40% decline in recorded domestic abuse during the COVID-19 pandemic.
	Hassan K, Prescher H, Wang F, Chang DW, Reid RR. 2020 ⁷	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.	Quantitative – Observational	Chart review of plastic surgery emergencies at the University of Chicago Medical Centre and the Comer Children's Hospital	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.	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.
	Jetelina KK, Knell G, Molsberry R.J. 2020 ⁸	Participants were over the age of 18 and residing in the US.	Quantitative - Cross-sectional analysis using a survey	Survey distributed through social media and email distribution lists	Presence of IPV and COVID-related IPV severity	The authors reported that 18% of respondents screened positive for IPV (n=1759); 54% of those stating that the

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
				open for 14 days in April 2020		victimization was unaffected by the pandemic, 17% saying it had worsened, and 30% who said it got better. The authors also reported that sexual and physical violence specifically worsened during the early stages of the pandemic.
	Leslie E, Wilson R. 2020 ⁹	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	Quantitative – Difference-in-differences and event study methods	Police call centre data	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.	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.
	Mohler G, Bertozzi AL, Carter J, et al. 2020 ¹⁰	Individuals in Los Angeles, California and Indianapolis, Indiana. US	Quantitative – Observational	Police call centres data	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.	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.
	Olding J, Zisman S, Olding C, Fan K. 2020 ¹¹	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.	Quantitative - Observational	Internal data collection	Number of trauma patients between March 23 and April 29, 2020, reflective of the first five weeks of the COVID-19	The authors found a decrease in the number of IPV violence patients, with 19 in 2020, 41 in 2019, and 46 in 2018.

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
					lockdown reporting with IPV compared to those in the same time period in 2019 and 2018.	
	Payne JL, Morgan A, Piquero AR. 2020 ¹²	Individuals in Queensland, Australia.	Quantitative – ARIMA	Queensland Government's Open Data Portal	Predicted domestic violence order breaches compared to observed rates in the months of March and April 2020	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.
	Piquero AR, Riddell JR, Bishopp SA, Narvey C, Reid JA, Piquero NL. 2020 ¹³	Individuals in the Dallas Police Department precinct in Dallas, Texas.	Quantitative - ARIMA	Dallas Texas Police Department data	Incidents of domestic violence from March 3 to April 14, 2020	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.
	Rhodes HX, Petersen K, Lunsford L, Biswas S. 2020 ¹⁴	Patients at a rural American College of Surgeons level one trauma center, South Carolina, US.	Quantitative - Observational	Retrospective Chart Review	Number of patients identified with assaults from March 16, 2020 to April 30, 2020 compared to the same time frame in the previous year.	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.
	Silverio-Murillo A, Balmori de la Miyar J. 2020 ¹⁵	Women in Mexico City, Mexico who were married or cohabitating.	Quantitative – Event study design	Data from Linea Mujeres call centre, a centre providing advice to women for a variety of	Number of calls per week for domestic violence from February to mid-May 2020 and 2019.	The authors found mixed results, with an increase in the number of calls regarding psychological services for IPV and a

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
				concerns including domestic violence		decrease in calls for legal aid regarding IPV.
Child Maltreatment						
Non-Randomized Studies						
	Barboza GE, Schiamborg LB, Pachi L. 2020 ¹⁶	Children under 18 years old reported to the Los Angeles Police Department for child abuse and neglect in Los Angeles, California, US.	Quantitative – Observational	Police department reports regarding children under 18; obtained from the Los Angeles Open Data Portal	Daily counts of reports regarding child abuse and neglect 181 days before and during the COVID-19 pandemic.	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.
	Garstang J, Debelle G, Anand I, et al. 2020 ¹⁷	Children under 18 attending child protection medical examination in Birmingham Community, England.	Quantitative - Observational	Child protection medical examination reports in the Birmingham Community Healthcare NHS Trust	Number of referrals for a child protection medical examination (CPME) between February to late June in the years 2018-2020	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.

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
	Kovler ML, Ziegfeld S, Ryan LM, et al. 2020 ¹⁸	Patients under the age of 15 at a level 1 pediatric trauma centre in Maryland, US.	Quantitative – Observational	Internal chart review	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.	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.
2. What has been the impact of the COVID-19 pandemic on risk factors for violence (e.g., substance use; food insecurity; unemployment)?	Non-Randomized Study					
	Brown SM, Doom JR, Lechuga-Pena S, Watamura SE, Koppels T. 2020 ¹⁹	Parents with a child under the age of 18 years in western US.	Mixed methods - Survey	Families recruited from child- and family-serving agencies and educational settings in the Rocky Mountain region of the US.	Impact of COVID-19 in relation to parental perceived stress and child abuse potential.	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.
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)?	Non-Randomized Study					
	Lätsh D, Eberitzsch S, Brink IO. 2020 ²⁰	169 professionals in Switzerland. The majority worked at municipal social services (63.3%) with the remainder working at regional services.	Qualitative - Survey	Survey distributed to 169 professionals.	How social services have been impacted by COVID-19 during the first four weeks of lockdown, mid-March to mid-April 2020.	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.

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
Non-Randomized Studies						
4. What measures were introduced to mitigate the risk of intimate partner violence and child maltreatment during periods of public restrictions (during COVID-19)?	Rossi FS, Shankar M, Buckholdt K, Bailey Y, Israni ST, Iverson KM. 2020 ²¹	Veterans in the US.	Qualitative – Observational	Internal audit of mitigation efforts	Existing measures implemented by the VHA IPV Assistance Program (IPVAP) to provide resources and support to women veterans experiencing IPV.	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.
Addresses Multiple Questions						
Systematic Reviews & Meta-Analyses						
Questions 1 & 2 <i>Intimate partner violence/child maltreatment outcomes & risk factors for violence</i>	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

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
			2020. Risk of bias was assessed using the Joanna Briggs Institute's critical assessment instrument.			domestic violence reports, and argued this may reflect a reduction in accessibility to services. The authors also found that there has been an increase in substance abuse during the COVID-19 pandemic.
Non-Randomized Studies						
Questions 1 & 3 <i>Intimate partner violence/child maltreatment outcomes & access to support</i>	Baron EJ, Goldstein EG, Wallace CT. 2020 ²³	Individuals in Florida, US.	Quantitative – Observational	Data from the Florida Department of Child Abuse Hotline	Number of reported child maltreatment allegations expected and observed in March and April 2020, as well as the service reporting the allegations.	The authors concluded that the number of child maltreatment reports in March and April 2020 declined significantly. The authors also concluded that school personnel are primarily responsible for initiating child maltreatment allegations, and access to schools was inhibited due to the COVID-19 pandemic.
Questions 1 & 2 <i>Intimate partner violence/child maltreatment & risk factors for violence</i>	Beland LP, Brodeur A, Haddad J, Mikola D. 2020 ²⁴	4,627 individuals with a valid email address on file at Statistics Canada.	Qualitative - Survey	Canadian Perspective Survey Series	The impact of COVID-19 on domestic violence rates and different stressors and risk factors for domestic violence.	The authors concluded that remote working due to the COVID-19 pandemic had no impact on the level of domestic abuse. Additionally, the authors found that financial stress and difficulties sustaining social ties due to the COVID-19 pandemic increased family stress and domestic violence.

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
<p>Questions 1, 3 & 4 <i>Intimate partner violence/child maltreatment outcomes, access to supports, and measures introduced to mitigate the risk of intimate partner violence/child maltreatment</i></p>	<p>Pfitzner, N., Fitz-Gibbon, K. and True, J. 2020²⁵</p>	<p>166 practitioners in Victoria, Australia. Over 2/3 of the survey participants worked in child and family services, and specialist family and sexual services.</p>	<p>Mixed-methods - Survey</p>	<p>Survey administered to 166 Victorian practitioners.</p>	<p>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.</p>	<p>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.</p>

Research Question	Reference (Authors and Year)	Population	Methods ^a	Data	Relevant Outcomes Assessed	Author's Conclusions
Questions 1 & 3 <i>Intimate partner violence/child maltreatment outcomes & access to supports</i>	Sabri B, Hartley M, Saha J, Murray S, Glass N, Campbell JC. 2020 ²⁶	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.	Qualitative - Interviews	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.	The impact of the COVID-19 pandemic on their relationship and the access to IPV services.	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.

^a 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

27. Aguero JM. COVID-19 and the rise of intimate partner violence. *World Dev.* 2021 Jan;137:105217.
[PubMed: PM33012955](#)
28. Chung G, Lanier P, Wong PYJ. Mediating Effects of Parental Stress on Harsh Parenting and Parent-Child Relationship during Coronavirus (COVID-19) Pandemic in Singapore. *J Fam Violence.* 2020 Sep 02:1-12
[PubMed: PM32895601](#)
29. Gebrewahd GT, Gebremeskel GG, Tadesse DB. Intimate partner violence against reproductive age women during COVID-19 pandemic in northern Ethiopia 2020: a community-based cross-sectional study. *Reprod Health.* 2020 Oct 07;17(1):152.
[PubMed: PM33028424](#)
30. Hamadani JD, Hasan MI, Baldi AJ, et al. Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: an interrupted time series. *Lancet Glob Health.* 2020 11;8(11):e1380-e1389.
[PubMed: PM32857955](#)
31. Katz C, Cohen N. Invisible children and non-essential workers: Child protection during COVID-19 in Israel according to policy documents and media coverage. *Child Abuse Negl.* 2020 Oct 06:104770.
[PubMed: PM33071026](#)
32. The hidden impact of COVID-19 on child poverty. London: Save the Children International; 2020:
https://resourcecentre.savethechildren.net/node/18174/pdf/the_hidden_impact_of_covid-19_on_child_poverty.pdf
33. Majumdar, S., Wood, G. UNTF EAW Briefing Note on the Impact of COVID-19 on violence against women through the lens of Civil Society and Women's Rights Organizations. New York: UN Trust Fund to End Violence against Women, 2020:
https://www2.unwomen.org/-/media/field%20office%20unwomensrights/publications/2020/external%20brief/external%20brief%20for%20publication%206%2019/impact%20of%20covid-19_v08_single%20page-compressed.pdf?la=en&vs=5117
34. Martins-Filho PR, Damascena NP, Lage RC, Sposato KB. Decrease in child abuse notifications during COVID-19 outbreak: A reason for worry or celebration? *J Paediatr Child Health.* 2020 Oct 04;04:04.
[PubMed: PM33012011](#)
35. Rashid SF, Aktar B, Farnaz N, et al. Fault-lines in the public health approach to Covid-19: Recognizing inequities and ground realities of poor residents lives in the slums of Dhaka City, Bangladesh. 2020:
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3608577

36. Sediri S, Zgueb Y, Ouanes S, et al. Women's mental health: acute impact of COVID-19 pandemic on domestic violence. *Arch Women Ment Health*. 2020 Oct 17;17:17. [PubMed: PM33068161](#)
37. Protecting children from violence in the time of COVID-19: Disruptions in prevention and response services. New York: UNICEF; 2020: <https://www.unicef.org/reports/protecting-children-from-violence-covid-19-disruptions-in-prevention-and-response-services-2020>

Unclear Methodology

38. Badets N. Food Insecurity and Family finances During the Pandemic. Ottawa (ON): Vanier Institute of the Family; 2020: <https://vanierinstitute.ca/covid-19-impacts-families-in-canada/>
39. Caron F, Plancq MC, Tourneux P, Gouron R, Klein C. Was child abuse underdetected during the COVID-19 lockdown? *Arch Pediatr*. 2020 10;27(7):399-400. [PubMed: PM32807622](#)
40. Das M, Das A, Mandal A. Examining the impact of lockdown (due to COVID-19) on Domestic Violence (DV): An evidences from India. *Asian J Psychiatr*. 2020 Aug 07;54:102335. [PubMed: PM32801078](#)

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.

41. Maxine Davis, Ohad Gilbar, Diana Padilla-Medina. Intimate Partner Violence Victimization and Perpetration among U.S. Adults during COVID-19: A Brief Report. **[non peer-reviewed preprint]**. medRxiv; <https://doi.org/10.1101/2020.06.08.20125914>
42. Rajkumar, Ravi P. Estimating the Increase in Depressive Symptoms in Women Due to Intimate Partner Violence During the COVID-19 Pandemic **[non peer-reviewed preprint]**. PsyArXiv, 2020. <https://psyarxiv.com/wf7qd/>

Additional Information

Alternative Study Designs

43. Allen M, Jaffray B. The COVID-19 pandemic and its impacts on Canadian victim services. StatsCan. 2020; <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00065-eng.htm>
44. House of Commons, Home Office Committee. Home Office preparedness for COVID-19 (coronavirus): domestic abuse and risks of harm within the home. London (GB): House of Commons; 2020: <https://committees.parliament.uk/publications/785/documents/5040/default/>
See: The Government response, p.10

45. Public Health England. Domestic abuse: get help during the coronavirus (COVID-19) outbreak. 2020: <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help#get-help-for-children-and-young-people>
46. Zero O, Geary M. COVID-19 and Intimate Partner Violence: A Call to Action. *R / Med J*. 2020 Jun 01;103(5):57-59.
[PubMed: PM32481784](https://pubmed.ncbi.nlm.nih.gov/32481784/)

Not Generalizable to the Canadian Context

47. Flowe H, Rockowitz S, Rockey J, et al. Sexual and Other Forms of Violence During the COVID-19 Pandemic Emergency in Kenya. Birmingham (GB): University of Birmingham; 2020: <https://psyarxiv.com/eafwu/>
48. Fraser E. Impact of COVID-19 pandemic on violence against women and girls. (VAWG Helpdesk Research Report no. 284). London (GB): UK Aid Direct; 2020: <https://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>
See: Section 3 "COVID-19", p.5
49. Save the Children. Spike in violence against Venezuelan children as COVID-19 deepens crisis 2020; <https://www.savethechildren.net/news/spike-violence-against-venezuelan-children-covid-19-deepens-crisis>

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
51. UN COVID-19 and ending violence against women and girls. New York: UN Women; 2020: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en%26vs=5006>
See: examples of responses from governments and civil society organizations, p.6
52. Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. New York: UN Women; 2020: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/impact-of-covid-19-on-violence-against-women-and-girls-and-service-provision-en.pdf?la=en&vs=0>
53. UNICEF. Five ways governments are responding to violence against women and children during COVID-19. 2020; <https://blogs.unicef.org/evidence-for-action/five-ways-governments-are-responding-to-violence-against-women-and-children-during-covid-19/>

Appendix 3: Selection of Included Studies

