



Violence against women in the Covid-19 pandemic: A Review of the Literature


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Abstract

Background: The purpose of this article is to conduct a rapid and critical review of the literature regarding the relationship between violence against women (VAW) and the COVID-19 pandemic it's Effects on Mental Health.

Methodology: The analyses were performed using a random-effects restricted maximum-likelihood model. Following the screening process, 51 articles were selected for review. The findings indicate that most studies suggest an increase in domestic violence following lockdowns.

Results: Our results demonstrate that the strategies implemented to combat the pandemic have exacerbated VAW, leading to what the United Nations has called a termed pandemic within the pandemic. However, the majority of published data comes from the derived evidence, the internet, internet sources, and helpline articles such as editorials, commentaries with studies have estimated the relation between VAW and the COVID-19 pandemic.

Discussion: To devise the creative develop innovative methods for providing clinical services to VAW victims, healthcare systems should support further research on the relationship between connection and COVID-19. Numerous studies conducted in different cities and countries across the worldwide have identified the increased violence incidents and stay-at-home/lockdown orders.

Conclusion: Numerous factors associated with domestic violence have become more pronounced during the COVID-19 pandemic and are likely to contribute to its increase. These factors include substance use and abuse, unemployment, economic hardship, marital discord, social isolation, and a rise in attempts by abusers to exert power and control. In the long term, victims and survivors of domestic abuse are expected to be disproportionately affected by the unprecedented financial strain caused by the pandemic.

Key words: Violence; Domestic; Pandemic; Health; Partner



Introduction

Violence against women, commonly referred to as crimes against women (CAW), is any form of gender-based violence that causes or is likely to cause bodily, sexual, or psychological harm to women. This includes threats of violence, coercion, and arbitrary deprivation of liberty, whether they occur in public or private environments [1].

Violence against women (VAW) is a widespread problem that violates human rights and has a significant impact on individuals, families, and communities [2]. In particular, Intimate Partner Violence (IPV) is a type of VAW that occurs in family or couple relationships when cohabitation is assumed. Economic violence (obsessive control of finances; money subtraction), psychological violence (manipulation, threats, humiliations, intimidation), sexual violence (unwanted sexual relations, harassment), physical violence (beatings, torture, murder), and stalking (persecution, obsessive control of phone calls or messages) are just a few of the various forms of Intimate Partner Violence (IPV) that the World Health Organization (WHO) has identified [3, 4].

Violence against women is a serious public health concern and a violation of human rights because it affects their right to life, freedom from torture and other cruel, inhuman, or humiliating treatment or punishment, and the best possible physical and mental health [5, 6].

The deliberate use of physical force (such as beatings or rape) to harm a spouse or partner is known as intimate partner violence (IPV). There are major repercussions from this pervasive public health issue [7]. According to a recent study on women's health and domestic violence against women, the lifetime prevalence of IPV against women ranged from 15% to 71% in 15 locations across 10 countries [8].

Increased mortality, damage, and disability; poorer overall health, chronic pain, reproductive issues, depression, Post-Traumatic Stress Disorder (PTSD), alcohol and drug abuse, and other physical and mental health consequences are all consequences of intimate partner violence (IPV) against women [9, 10].

Women's requests for assistance at antiviolence centers due to IPV significantly increase after natural disasters, according to several authors, and this increase persists for a full year after a traumatic incident [11-13].

In light of this, rising IPV rates are especially concerning during the current COVID-19 pandemic (caused by the acute respiratory syndrome corona virus 2, or SARS-CoV-2) as the outbreak has affected almost every nation globally, leading to serious health, economic, and social consequences [14]. It is reasonable to assume that IPV reports are even higher in this setting than in other natural disasters because IPV reports reflect a longer-lasting health and social catastrophe than most of those examined.

The phrase "stay at home, save lives," which is frequently used to shield people from SARS-CoV-2 infections, becomes contradictory when it comes to domestic abuse [13]. In this sense, IPV abusers may take advantage of the COVID-19 lockdown restrictions implemented by numerous nations to strengthen their hold on women, who may be utterly alone and unable to seek assistance due to the forced confinement to their homes. The World Health Organization (WHO) emphasized in a document issued on March 26, 2020, that the restrictive measures implemented to contain and manage the COVID-19 emergency (such as social distancing, isolation, and quarantine) may increase the risk of violence against women, including intimate partner femicide [15].

We believe that the impact of COVID-19 social restrictions on IPV victims is greater than previously thought, based on our personal experience working at SVSeD (Service for Sexual and Domestic Violence, Milan, Italy) during the epidemic. We observed a significant decrease in the number of women seeking help with SVSeD since the start of the COVID-19 outbreak and the associated national lockdown in Italy.



During the pandemic, the neighborhood faced "trauma and violence," an invisible and "dark enemy" [16]. In addition, "gender-based violence" (GBV) has increased in a disturbing way [17]. During the recent epidemic, there has been a startling rise in GBV incidences. 16 violence against women (VAW) is a significant issue on a global scale, resulting in financial losses that range from 1% to 4% of global GDP [18]. Existing health inequities, including gender disparities, are worsened by COVID-19. [19]. Because the effects of infection are frequently indirect rather than direct, research has revealed that the influence of epidemics on sexual and reproductive health was not well understood [20].

Materials and Methods

A systematic review of published papers on violence against women during the COVID-19 epidemic was conducted using previously selected electronic databases. First, a literature search was conducted using the following seven databases: Keyword searches were performed using terms like "domestic violence," "intimate partner violence," or "violence against women," as well as "COVID-19," "SARS-CoV-2," or "2019-nCoV," or "corona virus." (1) Dissertation Abstracts; (2) SocINDEX; (3) Scopus; (4) JSTOR; (5) Science Direct; (6) Google Scholar; and (7) PubMed. Second, to find more materials, manual searches were conducted on criminology's top publications. Third, the selected and eligible studies' reference lists were examined. Fourth, the knowledge of any relevant studies, especially those that have not yet been published, was sought from specialists in this field of study who were identified by their lead authorship on publications on the subject and/or media or social media mentions of their research on this subject. The reference lists of the publications that were discovered during this search were then methodically examined to identify additional research. Filters such as full text, English language, and publication date (April 2020–March 2021) were used simultaneously. The results of the unpublished investigations were not retrieved. The current study was exempted from institutional review board approval because only published data were considered and no experimental trials were conducted.

Since the goal of the current rapid critical review was to give a comprehensive overview of the issue of VAW during the COVID-19 pandemic, the authors decided to include all publications' original articles, opinion papers, commentaries, letters, editorials, and reviews that reported information about VAW in the context of the COVID-19 pandemic.

We chose to include in the review articles a variety of outcomes (i.e., fatal or non-fatal events caused by domestic violence), different types of relationships between victims and perpetrators of violence (i.e., current or former intimate relationship), and all forms of IPV (physical, sexual, emotional, psychological, and economical) to give a broad perspective on VAW in the COVID-19 era. Instead, papers that focused on mental consequences (e.g., studies analyzing the relationship between drug misuse or alcohol and the COVID-19 epidemic) or that dealt with children and adolescents were not included in the current study.

Results

A systematic literature search was conducted between April 2020 and March 2021 in accordance with previously described procedures. After accumulating more than 81,000 records, the penultimate (for study analyses) search yielded 51 empirical studies that met the general inclusion criteria. Further details about these studies, including the features of the selected studies, are given in Table 1 according to the following variables: name of the first author, journal, study type, main topic of study, and recommended methods for handling VAW during the pandemic.



Providing attention to VAW issues during the COVID-19 pandemic. Numerous studies have warned of the possibility of increased rates of domestic violence as a direct result of the COVID-19 pandemic restrictions imposed by the majority of nations worldwide. [21-27].

During the COVID-19 pandemic lockdowns in all UN member countries, the United Nations Population Fund projected a 20% increase in IPV [28]. By measuring the prevalence of intimate partner violence (IPV) during the COVID-19 pandemic in Northern Ethiopia through interviews and a self-administered questionnaire for women of reproductive age, Gebrewahd and colleagues brought attention to the issue of this "silent pandemic." Psychological violence was the most common type of domestic violence, with a prevalence of 24.6% [29]. Being confined at home with a violent parent and partner is just as dangerous and even more so for some women and children than the COVID-19 pandemic [21].

Although many studies included pre-COVID-related restrictions data from the previous year or years (i.e., before 2020), the 51 studies often concentrated on a short time frame (i.e., 7 days or months) for the pre- and post-COVID related restrictions domestic violence outcome data [30- 41]. Furthermore, the data on domestic violence-related restrictions prior to and following COVID-19 was obtained from official and administrative records, such as police crime/incident reports, police service requests, domestic violence hotline registries, or medical records. Furthermore, data on domestic violence-related restrictions before and after COVID-19 were obtained from official and administrative records, such as police crime/incident reports, police service requests, domestic violence hotline registries, and medical records.

Evans and colleagues noted that the pandemic has increased job losses and unemployment, especially among women of color and workers with lower levels of education, which has made women's economic reliance on their partners worse [42]. Additionally, social restrictions have restricted women's access to various housing options: travel restrictions have prevented women from accessing safer locations, and shelters and hotels have decreased their capacity to house [42]. This is a crucial point because the period immediately after ending a relationship is the most dangerous period for female IPV victims because the likelihood of a fatal incident is highest in this period [43]. Women and their children may be at a higher risk of returning home with their abusive partner if shelters are forced to restrict their capacity to host due to social distancing guidelines for protection against the spread of SARS-CoV2. This is especially true when there are no other options, such as financial constraints [43].

The economic instability caused by the pandemic should also be taken into account, as it may lead to more family disputes. Men may become more irritated and act more aggressively toward their partners because of job loss or unemployment in particular [27].

The significance of health systems in preventing IPV has been mentioned by a few authors [44, 42]. Women who experience intimate partner violence frequently seek medical attention; however, in a busy emergency room, IPV injuries may be mistaken for ordinary trauma, particularly if medical staffs are overburdened with coronavirus cases. There are no legitimate policies to address these circumstances [44]. However, most women who are victims of IPV, however, just do not seek assistance. In these situations, healthcare providers have a rare chance to find these women in need of medical services, offer them counseling, and put them in touch with the appropriate facilities. This opportunity was frequently restricted during the COVID-19 pandemic because health services had to postpone and/or cancel non-urgent clinical visits. As a result, it became more challenging to conduct a safe screening for victims of intimate partner violence (IPV) [42].

Since the COVID-19 pandemic declaration in March 2020, when the recommendation for social distancing was first issued in many countries, there has been a significant increase in the number of calls from women who have experienced violence from their intimate partner (compared to the same period in 2019) in many countries worldwide [45]. According to a World Health Organization report,



online inquiries to violence prevention support hotlines increased by up to five times in April 2020 compared to the same month the previous year [45].

Only a small number of articles are based on police reports [50, 55-58] but the great majority of observations about the trend of calls denouncing VAW during the COVID-19 pandemic specifically come from helpline calls [45-54]. A significant decline in the number of referrals for forensic examination is the primary finding of two recent studies that address the casework of reference centers of assistance for violence against women [59, 60].

According to the United States National Domestic Violence Hotline, many women reported that their abusive partners further restricted their access to support centers by taking advantage of the social restrictions associated with the COVID-19 pandemic [61]. According to U.S. reports, IPV perpetrators occasionally used COVID-19 as an indirect weapon against their victims in addition to physical abuse. For instance, they may have prohibited women from washing their hands to increase their risk of infection or prevented them from receiving medical care when they needed it [47]. While crisis lines for IPV in Alberta have reported a 30%–50% increase in calls, calls to the Vancouver Battered Women's Support Services have tripled in Canada [50].

In the member states of the World Health Organization (WHO), calls from women who are victims of intimate partner violence have increased by 60% overall [45]. According to data from the Italian national network of shelters for women subjected to gender-based violence (D.I.R.E.), the number of women seeking assistance increased significantly (74.5%) between March 2 and April 5, 2020. Furthermore, only 25% of all requests women joining such a network for the first time in their lives, compared to 78.0% in 2018. This indicates that women are continuously under the control of their abusive partners and have fewer opportunities to disclose the abuse [49].

Domestic violence has been reported to have increased by 30% in France [47]. Following the enactment of the nationwide lockdown, the National Commission for Women (NCW) in India reported in April 2020 that the number of IPV-related complaints had doubled [62]. An analysis of data on phone calls to the IPV helpline in Peru revealed that, between April and July 2020, the incidence rate of calls rose by 48% [46]. When the restrictive measures were first implemented in Brazil in March 2020, there was a 17% increase in calls condemning VAW, according to data from the Ministry for Women, Family, and Human Rights' 180 Hotline [53].

IPV-related police reports have surged in Argentina, Canada, China, France, Germany, Italy, Spain, the United Kingdom, and the United States [58]. According to police data, the number of IPV cases in Hubei province, China, tripled in February 2020 compared to the same month the previous year. In the UK, the average rate of IPV-related deaths among females between March 23 and April 12 more than doubled compared to the previous year [57]. In the US, the San Antonio Police Department reported an 18% increase in calls related to IPV in March 2020 compared to March 2019, while the New York City Police Department noted a 10% increase in IPV reports during the same period [63].

There was a statistically significant increase in assaults during the COVID-19 lockdown compared to the same period last year, particularly following school closures. While assaults related to intimate partner violence (IPV) committed by husbands during the COVID-19 lockdown exhibited a sharp decline during the study periods, this increase is primarily associated with penetrating injuries inflicted on white males by partners and unidentified non-family members.

This information supports our finding that there was a significant decrease approximately 50% in the number of requests for assistance from victims of intimate partner violence (IPV) during the Italian lockdown. This conclusion is based on a retrospective analysis conducted at a public referral center for sexual and domestic violence located within an emergency department [59]. Similarly, Johnson K. and colleagues reported that the 47 sexual assault referral centers in the UK experienced a 50% decline in



the number of individuals seeking forensic medical examinations following incidents of sexual and gender-based violence during the first six weeks of the lockdown [60].

One significant turning point in the adoption of appropriate guidelines for the protection of victims of domestic violence and the development of new approaches to managing violence against women (VAW) during pandemics has been the COVID-19 pandemic. The policies have led to an increase in VAW, resulting in what the UN has termed a "shadow pandemic within the pandemic," where women are compelled to endure domestic abuse due to lockdowns imposed by governments worldwide to mitigate the spread of COVID-19.

Many authors have proposed several intriguing strategies, including the use of telemedicine and mobile health as effective methods for discussing and counseling victims through yes-or-no questions. This approach is particularly relevant given that appropriate WHO protocols for protecting victims of domestic violence during a pandemic have not yet been established [42, 64-71].

Numerous other writers have emphasized the importance of incorporating regular screenings for intimate partner violence (IPV) into remote primary care consultations and providing doctors with specialized training to recognize the warning signs of violence [44, 60, 72, 73].

Furthermore, despite the changes in the delivery of health care services are provided due to the new needs arising from the COVID-19 pandemic and the updated definition of safe shelters, it is essential to sustain and support both clinical and forensic services for survivors of violence.

Discussion

According to a recent rapid critical review of the literature, the restrictions implemented by most countries worldwide to combat the COVID-19 pandemic are directly correlated with an increased risk of domestic violence.

According to multiple studies, the number of calls from women who were victims of intimate partner violence increased significantly starting in March 2020 compared to the same period in 2019. However, similar to previous outbreaks such as Ebola and Zika, which also had significant effects on women, there are few rigorous studies estimating the increases in reporting of violence against women (VAW) during the COVID-19 pandemic. Additionally, the majority of the published data from the research included in the investigation of trends in calls regarding VAW during the COVID-19 pandemic comes from the internet, social media, anecdotal evidence, and helpline reports; very few studies focus on case studies derived from police reports. Many nations have implemented 'stay-at-home' orders as they attempt to enforce lockdown measures to combat the ongoing COVID-19 pandemic. However, in the context of domestic violence, the maxim "stay at home, save lives," which aims to protect the public from COVID-19 infection, becomes contradictory.

Efforts to prevent the spread of infection can create circumstances in which one individual in a close relationship may exploit their power to control and harm another person physically, psychologically, or sexually. The risk of intimate partner violence (IPV) is heightened by factors such as the stress of confinement, financial instability, traditional gender role attitudes, and a desire for control during emergencies [50].

To raise awareness of the issue of intimate partner violence (IPV) during the current pandemic, an analysis of help requests at anti-violence centers during the lockdown period revealed a significant decrease in assistance requests from IPV victims [59, 60]. This trend contrasts with the data published in the majority of papers retrieved from the literature review. It is incorrect to interpret this observation as a decline in IPV cases. Even if the reference center continued to operate at full capacity without being affected by the need to relocate healthcare professionals due to the emergency, requests for assistance may still decline if movement is restricted, access to essential quality services is limited,



or if services are administered differently as a result of social distancing measures (e.g., counseling via phone, email, or other platforms).

Because some anti-violence centers are located within hospitals, the decline in women's access to these facilities during the COVID-19 pandemic—specifically for those seeking both medical care and protection from abuse—may have been attributed to mobility issues and concerns about infection [59]. Authorities must implement swift solutions to prevent this from becoming a barrier for women who are victims of intimate partner violence (IPV). This challenge of accessing hospitals and support centers for victims of violence against women could also arise in other contexts or during future emergencies, such as terrorist attacks, which may render hospitals inaccessible [74].

Future Research and Practice

Finding methods to improve access to antiviolence centers is the next step, based on the results mentioned above. The majority of the selected papers focused on proposed strategies for managing violence against women (VAW) during the COVID-19 pandemic, highlighting this critical need that emerged from the literature search [67, 73, 75-77]. To develop effective strategies that can be applied to other emergency situations, we must learn from recent experiences and draw inspiration from the significant issues that arose during the COVID-19 pandemic concerning the support of women victims of violence.

The Review's Limitations

The present review's inability to qualify as a systematic review arises from the authors' failure to conduct a comprehensive evaluation of the quality of the included studies and to implement a systematic approach for data extraction and analysis. Notably, only a limited number of studies provided original data; the majority of the retrieved literature consisted of communications, opinion papers, and commentaries. The data from these studies were compiled and organized conceptually according to themes that emerged from the literature analysis of relevant issues. Given the review's scope, which offers a broad perspective on the relationship between violence against women (VAW) and the ongoing pandemic, this analytical approach appears to be appropriate. A critical overview of the issue was subsequently facilitated by the synthesis and interpretation of the results.

Conclusion

Although quarantine is an effective tool for controlling infections, it can have significant negative effects on an individual's health, relationships, finances, and mental well-being. Violence against women and COVID-19 are interconnected pandemics, and the healthcare system should learn from the current tragic situation to develop innovative methods for providing forensic services and clinical care to victims of violence. Additionally, it should be prepared to address future disasters that may render hospitals inaccessible.

The precise nature and context of the increase remain unclear, despite this systematic review providing compelling evidence of a rise in officially reported domestic violence due to the COVID-19 lockdown and stay-at-home orders. In addition to an increase in victimizations, some victims are opting to contact the police and seek criminal justice interventions, which may contribute to a rise in reports to law enforcement, emergency rooms, and other healthcare facilities. In other words, changes in official reporting rates reflect both the extent of victimization experiences and the decisions made by victims of domestic violence to seek help before and during the pandemic. The stay-at-home



policies have placed the most vulnerable individuals at greater risk of violence and abuse, as they are in close proximity to their potential abusers, which could lead to a sustained increase in the risk factors associated with domestic violence.

Numerous factors associated with domestic violence have become more pronounced during the COVID-19 pandemic and are likely to contribute to its increase. These factors include substance use and abuse, unemployment, economic hardship, marital discord, social isolation, and a rise in attempts by abusers to exert power and control. In the long term, victims and survivors of domestic abuse are expected to be disproportionately affected by the unprecedented financial strain caused by the pandemic. Many women will remain at risk for both new and ongoing domestic violence due to their economic dependence on male partners.

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*** Indicates that the study was included in this systematic review.**

Table 1

Description of studies included in this review

Sl.No	Authors	Journal	Type of article	Principal aims
1	B. Boserup et al	Am J Emerg Med.	Article	To report on the pattern of calls during the pandemic that condemned VAW
2	Bradbury-Jones et al	J Clin Nurs	Editorial	To determine VAW management tactics during the COVID-19 pandemic
3	Campbell	Forensic Science International Reports	Report	To document the pattern of calls during the pandemic criticizing VAW
4	N. van Gelder	EClinical Medicine	Commentary	To determine VAW management tactics during the COVID-19 pandemic
5	Marques et al.	Cad. Saudè Publica	Report	To document the pattern of calls during the pandemic criticizing VAW
6	Mazza et al.	Psychiatry Research	Article	To determine VAW management tactics



				during the COVID-19 pandemic
7	Anurudran et al.	Int J Gynecol Obstet	Brief communication	To document the pattern of calls during the pandemic criticizing VAW
8	Chandan et al.	The Lancet	Correspondence	To identify strategies for the management of VAW during COVID-19 pandemic
9	C. Emezue	JMIR Public Health and Surveillance	Article	To determine methods for managing VAW throughout the COVID-19 pandemic
10	E. Mahase	BMJ	Clinical news	To determine VAW management tactics during the COVID-19 pandemic
11	R. Ghoshal	Indian J Med Ethics	Article	To determine VAW management tactics during the COVID-19 pandemic
12	Telles et al.	Braz J Psychiatry	Article	To document the pattern of calls during the pandemic criticizing VAW
13	Roesch et al.	BMJ	Editorial	To determine VAW management tactics during the COVID-19 pandemic
14	Vora et al.	Asian J Psychiatr.	Letter to the Editor	To determine VAW management tactics during the COVID-19 pandemic
15	Yahya et al.	Prim Care Companion CNS Disord	Commentary	To document the pattern of calls during the pandemic criticizing VAW
16	Bellizzi et al.	Int J Gynecol Obstet	Brief communication	To document the pattern of calls



				during the pandemic criticizing VAW
17	Bradley et al.	CMAJ	Commentary	To document the pattern of calls during the pandemic criticizing VAW
18	J. Neil	Australian Journal for General Practitioners	Article	To determine VAW management tactics during the COVID-19 pandemic
19	Sacco et al.	Medico legal journal	Original article	To document the pattern of calls during the pandemic criticizing VAW
20	Zero and Geary	Rhode Island Medical Journal	Contribution	To determine VAW management tactics during the COVID-19 pandemic
21	Johnson et al.	Int J Gynecol Obstet	Special communication	To document the decline in forensic examination referrals and determine VAW management tactics during the COVID-19 pandemic
22	Matoori et al.	European Radiology	Editorial	To educate radiologists about the issue of intimate partner violence (IPV) during the COVID-19 pandemic and to offer methods for identifying victims



23	Kofman and Garfin	Psychological trauma: theory, Research, Practice and Policy	Commentary	During the COVID-19 pandemic, to increase awareness of the issue of intimate partner violence
24	Yenilmez and Celik	IJCEAS	Original article	To bring attention to the issue of intimate partner violence (IPV) during the COVID-19 pandemic and to suggest solutions for handling this delicate matter.
25	Sharma and Borah	Journal of Family Violence	Original article	To identify the possible causes of the rise in domestic violence cases brought on by COVID-19 and to suggest methods for managing VAW throughout the pandemic
26	Bouillon et al.	Violence Against Women	Commentary	During the COVID-19 pandemic, to increase awareness of the issue of intimate partner violence



27	Leslie and Wilson	Journal of Public Economics	Original article	To record the effect of the pandemic on domestic violence police service requests.
28	Kumar and Somani	Journal of Health Management	Article	To define the trend of calls condemning VAW during the COVID-19 pandemic and to increase awareness of the issue of IPV
29	Sánchez et al.	Int J Gynecol Obstet	Review	To determine VAW management tactics during the COVID-19 pandemic
30	Agüero	World Development	Original article	To characterize the pattern of calls during the COVID-19 pandemic condemning VAW
31	Barbara et al.	J Women’s Health	Commentary	Identifying methods for managing VAW during the COVID-19 pandemic and reporting the decline in forensic examination referrals
32	Evans et al.	NEJM	Perspective	To provide solutions for handling this delicate



				matter and to increase awareness of the issue of IPV during the COVID-19 pandemic.
33	Goh et al.	Psychiatry and Clinical neurosciences	Letter to the Editor	To bring attention to the issue of intimate partner violence (IPV) during the COVID-19 pandemic and to suggest ways to handle this delicate matter
34	Sifat	Asian Journal of Psychiatry	Letter to the Editor	To increase awareness of IPV in Bangladesh during the COVID-19 pandemic.
35	Yenilmez and Celik	JAP	Original article	During the COVID-19 pandemic, to increase awareness of the issue of intimate partner violence
36	Gebrewahd et al.	Reproductive health	Original article	To increase awareness of the issue of intimate partner violence (IPV) during the COVID-19 pandemic by



				analyzing data gathered from self-administered standard questionnaires and interviews
37	Baig et al.	Asia Pacific Journal of Public Health	Original article	To determine VAW management tactics during the COVID-19 pandemic
38	Bright et al.	Social Sciences & Humanities	Commentary	During the COVID-19 pandemic, to increase awareness of the issue of intimate partner violence
39	Bullinger et al.	National Bureau of Economic Research	Reaearch report	Police calls for assistance and crimes related to domestic violence (DV; domestic violence, disturbance, and battery)
40	Campedelli et al.	American Journal of Criminal Justice	Original article	Official reports of crimes involving domestic violence (IPV; intimate partner assault)
41	de la Miyar et al.	Journal of Criminal Justice	Research article	The Attorney General's Office for crimes involving domestic



				violence (DV)
42	Evans et al.	Violence and Gender	Original article	Data on police crimes involving domestic violence (DV)
43	Gerell et al.	Crime Science	Research article	Police statistics on crimes involving domestic violence (DV; indoor assaults)
44	Gosangi et al.	Emergency Radiology	Original Research	Domestic violence administrative health records (IPV)
45	Hsu & Henke	Rev Econ Household	Research article	Crimes (excluding threats, child abuse, child neglect, domestic sexual assaults, violations of protective orders, and peaceful family disturbances) and official domestic violence police incidents and service requests
46	McLay et al.	Journal of Family Violence	Original article	Official police reports on domestic violence (DV; only reports involving



				physical or sexual violence)
47	Nix & Richards	Police Practice and Research	Research article	Official police service requests for domestic violence (DV)
48	Payne & Morgan	Unpublished manuscript.	Report	The Queensland Government Open Data Portal provides official rates of domestic violence offenses (DV; violations of domestic violence orders).
49	Perez-Vincent et al.	IDB	Report	Government administrative records of domestic violence hotline (DV) calls
50	Ravindran & Shah	National Bureau Of Economic Research	NBER Working Paper Series	The National Commission for Women's (DV) administrative records of domestic violence complaints
51	Rhodes et al.	Public Health, Trauma	Original Article	Medical records pertaining to domestic violence (DV)