1 **IPV and COVID-19: A systematic review of the literature**

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14 **Abstract**

15 **Purpose:** Intimate Partner Violence (IPV) is an urgent matter, and a global concern for several countries across the world
16 highlighted high numbers and percentages also before the beginning of the Covid-19 pandemic. Further, international
17 states and organizations have claimed an increase in IPV numbers during the COVID-19 pandemic, raising awareness of
18 the potential causes and providing urgent recommendations and guidelines to follow for the containment and possible
19 interventions. Based on these priorities, this review aims to explore and analyze the existing scientific literature on the
20 association and consequences of COVID-19 on Domestic Violence and to sum up the strategies and recommendations
21 for clinicians and health care workers. **Methods:** The electronic databases of PubMed, Scopus and Science of Direct were
22 searched. Papers published between 2019 and 2020, written in English and having as main focus the domestic violence
23 during the COVID-19 pandemic, were included. **Results:** At the final stage, 60 articles were included and analyzed.
24 Results pointed three pre-determined categories: the course, the dynamics, the recommendations and an adjunctive
25 category DV and disasters. **Conclusions:** Since COVID-19 is responsible for a spike in DV cases, it is essential to
26 implement specific and shared assessment strategies and targeted interventions in order to prevent the adverse outcomes
27 of IPV.

28 **Keywords:** Intimate Partner Violence; Domestic Violence; COVID-19; Violence; Pandemics; Risk Factors

29 **Introduction**

30 Literature has demonstrated how domestic violence (DV) is the most common form of violence against women (Ionio et
31 al. 2020). Indeed, several articles and reports have highlighted how DV could be considered as an essential public health
32 issue for several countries (Western and not) and how the percentages occur equally among different demographic, ethnic,
33 cultural, and socioeconomic levels. DV is accompanied by a broad spectrum of severe consequences from short term
34 injuries to long-term trauma, affecting the women, her family and could be characterized by intergenerational effects too.
35 The WHO research has demonstrated how women who experience violence "*are twice as likely to have an abortion, and*
36 *the experience nearly doubles their likelihood of falling into depression*" (U.N. News 2020). Indeed, before COVID-19,
37 1 in 3 (243 million) women around the world experienced violence by an abusive partner in an intimate or causal
38 relationship (Black et al. 2011; Garcia-Moreno et al. 2006).

39 Nevertheless, the restrictions imposed by the current pandemic have amplified the numbers of domestic violence against
40 women, with an increasing spate of physical, psychological, and sexual violence. For example, Boserup et al. (2020) has
41 noted how the social isolation imposed by the government and associated with quarantining, and mandatory stay-at-home
42 rules may worsen the existing conditions of thousand IPV victims due to economic and health issues. In particular, Mazza
43 (2020) has articulated how COVID-19 stay-at-home orders and social distancing will likely transform women house in
44 one of the most dangerous places for IPV due to the mandatory quarantine which imprisoned women at home with their
45 violent and abusive partner and limited the access to support. Further, the economic impact of the COVID-19 pandemic,
46 especially the highest percentages of male unemployment, could add additional stressors inherent also about the care and
47 the distance teaching of children.

48 A recent article published on the New York Times (Taub 2020) has erased the reflection of how "*movement restrictions*
49 *aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe, and more*
50 *dangerous*", to the point that DV has been aptly described as a "*shadow pandemic*" by the Executive Director of United
51 Nations. In understanding how the COVID-19 pandemic is affected and could further impact on IPV, is useful and
52 necessary referring and exploring the consequence of past natural disasters and epidemics on rates of violence and well-
53 being of DV women. For example, previous studies conducted on the impact of hurricanes, earthquakes, and other natural
54 and human-made disasters have suggested robust evidence inherent the association between women's physical and mental
55 health, the risk of IPV and the consequences of natural disasters and pandemics (Buttell et al. 2009; Campbell et al. 2016;
56 Chan et al. 2011; Parkinson et al. 2019). In particular, these studies have highlighted as social isolation, economic
57 instability, increasing relationship, and family conflict could be considered as risk factors to develop IPV. Recent research

performed during COVID-19 pandemics has already demonstrated a spike in DV victims in many Covid-affected countries such as Brazil, Germany, Italy, China, United Kingdom, United States and Australia (Graham-Harrison et al. 2020; CARE International 2020). Indeed, during their recent lockdowns, China, Italy and Spain reported massive growth in calls to IPV emergency support lines while the United Kingdom and France have seen an increase of 20% and 30%, respectively, in police reports (Taub 2020). In Canada, the number of calls to the Vancouver Battered Women's Support Services has tripled in the last period (Daya et al. 2020) while in Alberta call centres have seen a growth of about 30%-50%. Also, in the Hubei province of China, DV percentages of the lockdown period tripled compared to the previous year (Graham-Harrison et al. 2020). U.N. data have found reports of increased volumes of domestic violence, also in Lebanon and Malaysia (Taub 2020). It should be highlighted that, in most of the cases, calls are made by women who can access to a telephone or leave the house for the time of the call, but several women might not be able to reach out as they cannot manage these. Hans Kluge, regional director of WHO Europe, during a press conference, said: *"WHO is deeply troubled by the reports from many countries, including Belgium, Bulgaria, France, Ireland, Russian Federation, Spain, UK, and others of increases in interpersonal violence, including violence against women and men, by an intimate partner and against children—because of the covid-19 response. This is unacceptable; evidence shows that interpersonal violence tends to increase during every type of emergency. This requires our urgent action. The measures required to prevent the transmission of covid-19 have challenged our ability to prevent and respond to violence when and where it occurs."* He urged the governments and local authorities to keep open and to run health and social services. He also asked the communities to *"stay in touch, contact and support your neighbours, acquaintances, families, and friends. If you see something, say something."* However, the availability and accessibility of support services are dramatically reduced from the beginning of the COVID-19 pandemic. Indeed, according to A.B.C. News, Australia, Covid-19 has become a fertile ground for some perpetrators who are using it as a psychological tool against women, by telling them that they are affected by COVID-19 and women cannot leave the house (Gearin et al. 2020).

Taking into account these considerations, the current review aims to investigate the association between IPV and COVID-19 and the strategies which countries could adopt to reduce the spreading of the violence. Indeed, we believe that exploring and understanding the incidence, the consequences and the risk factors associated with COVID-19 and IPV, is an essential step in order to generate ideas and implement screening procedures useful in detecting as soon as possible women who suffer from violence in the domestic environment and to prevent possible adverse outcomes.

Methods

For the present Systematic Review, the Preferred Reporting Items for Systematic Review and Meta-Analysis (P.R.I.S.M.A.) guidelines were followed (Moher et al. 2015). A computer-based literature search was conducted on the following database: PubMed, Scopus and ScienceDirect. The research string used were "COVID-19" AND "Domestic violence" OR "Intimate partner violence" in title/abstract. Records were considered eligible if articles were published in 2020 in peer-reviewed, indexed scientific journals, written in English and had a prominent focus on domestic violence during COVID-19. Starting from previous reviews, the current review has the aim to integrate the recent literature published after these studies. Three studies were inserted after a manual search; two of them were pre-print articles. Assessment of eligibility for inclusion was conducted by both the authors and afterwards, was discussed by the authors in order to reach a final agreement. Figure 1 represents the procedural steps adopted and the records count, duplicates and final articles obtained after screening. A total of 60 articles were included, as shown in Table 1. According to the P.R.I.S.M.A. guidelines, both the authors conducted a screening independently for the results obtained, and they resolved eventual disagreement through discussion.

Results

Following the distinction used in the review of Sanchez (2020), we distinguished in 3 main pre-determined categories: the course (numbers and percentages of DV during COVID-19), the dynamics (risk factors or elements connected with the vulnerability experienced by women) and the recommendations (strategies useful to prevent DV, as well as future directions needed to be strengthened). We added a new category: DV and natural disaster.

Domestic Violence and Natural disaster

Several studies have been conducted on consequences and risk factors associated with a natural disaster. Literature has shown how some of these factors could be attributed both to natural disaster and to DV such as: controlling behaviours (often a means of coping with trauma), unemployment, limited access to social support, increasing stress, sudden changes in everyday life, and the closure of the school and community resources (Zahran et al. 2009). Further, studies focused on the impact of natural disasters on violence have demonstrated how domestic violence often reported a sharp increase after any catastrophic event (Parkinson et al. 2019). Indeed, a growth of 46 % in Othello was found after the eruption of Mount St. Helens, along with increases in alcohol abuse, family stress, and aggression (Adams et al. 1984). Also, after Hurricane Katrina, reports showed 35 % of psychological abuse among women by their partner (Schumacher et al. 2010). This outcome was confirmed by the study of Anastasio, Shehab, & Lawry (2009) which showed a fourfold increase in rates of gender-based violence, primarily driven by partner violence, among displaced women in Mississippi. Another study

114 highlighted a 98% increase in women physical violence in southern Mississippi. In U.S. similar numbers have been
115 reported during and after other hurricanes (e.g., Laudisio 1993), earthquakes (e.g., Wilson et al. 1998), floods (e.g.,
116 Enarson 2012), and oil spills (Lauve-Moon & Ferreira 2017; Palinkas et al. 1993; Rodin et al. 1992). Across the world,
117 spikes were seen after the 2004 Indian Ocean earthquake and tsunami (Fisher 2010), the Black Saturday bushfires in
118 Australia (Parkinson 2019) and the earthquake in Haiti in 2010 (Weitzman et al. 2016). It is necessary to highlight that
119 the current pandemic shares some critical similarities with previous disasters but also some prominent differences, such
120 as the mandatory stay at home, which endures or escalates violence. However, if women can leave the toxic environment
121 of their house, they might be exposed to the risk of a highly infectious and dangerous virus. In order to raise awareness
122 and comprehension on the relationship between COVID-19 and IPV, Buttel (2020) created a COVID-19 survey which
123 took in consideration past disaster experiences in New Orleans (e.g., Hurricane Katrina), disaster preparedness, stress,
124 and IPV. They used these pilot data to refine and distribute the survey to women seeking shelter services and legal
125 assistance. This survey has provided important empirical information about the comprehension of how COVID-19
126 differed from other types of disasters, with a particular focus on disaster preparation and response; exploring changes in
127 IPV and investigating whether COVID-19 is a risk factor by pushing families to experience IPV for the first time.
128 Literature has demonstrated as a result how the increase in family violence reports, during and after the COVID-19
129 pandemics, may be even more significant than the substantial increase observed in reports following natural disasters and
130 other catastrophic events.

131 **The course**

132 Reports and articles about COVID-19 and DV are beginning to surface in the world literature. These articles showed an
133 exponential increase of women victim of DV. In China, for example, DV has tripled during their stay-at-home mandate.
134 Additionally, France has reported an increase of 30 %, while Brazil percentages have jumped to an additional 40–50 %,
135 and Italy has also reported a rise in cases of domestic violence (Bradbury-Jones & Isham 2020). Early reports found an
136 increase in calls to helplines in DV range from 40% or 50% in Cyprus and the U.K. (Bradbury-Jones & Isham 2020).
137 Canada's calls to the Vancouver Battered Women's Support Services tripled, while Alberta's growth was around 30% –
138 50%. In Ontario, it was reported a 22 per cent increase in domestic incidents (Bradley et al. 2020). Although Taiwan, at
139 the beginning of the pandemic, was declared safe from the outbreak of COVID-19, was found a spike in cases of domestic
140 violence. Indeed, the Ministry of Health and Welfare's Department of Protective Services observed an increase of 5% in
141 violence cases compared with the same period of last year (Yang et al. 2020). In Bangladesh, a survey was conducted by
142 a local human rights organization in 27 districts. Results showed how 4.249 women and 456 children were subjected to
143 domestic violence in April 2020. Among these numbers, 1.672 women and 424 children experienced this for the first time

144 (Sifat 2020). Also, in Italy, reports from the Italian national network of shelters for women subjected to gender-based
145 violence (DIRE) showed how 2.867 women contacted 80 shelters from March 2 to April 5, 2020 (Bellizzi et al. 2020), a
146 sharp rise (74.5%) compared to the 2018 records.

147 Further, in Spain, authorities have discovered how DV was connecting with homicide – upward in the continuous period
148 around the globe as additional stress shows up in families' life. Peterman et al. (2020) document similar increases in
149 Australia, China, and the United States from agencies across all the countries, which reported how victims could be at
150 significant risk for not only physical but also emotional violence. Indeed, U.S. reports showed how perpetrators could use
151 COVID-19 for forbidding hygiene and medical treatment in case of necessity, in an attempt to increase the victim's fear
152 and the probability of being affected from the virus (Campbell 2020). Given the rise in the U.S. (Boserup et al. 2020), the
153 existed systems build to prevent and address DV are working under unprecedented restraints to reduce rates. Reports of
154 increased percentages of domestic violence have also derived from Lebanon and Malaysia (U.N. News 2020). According
155 to Graham-Harrison (2020), in Cyprus, when the first quarantine was putting in reality, were asked to people to stay
156 indoors, and afterwards calls to the violence helpline numbers shot up by over 30%. Also, in the U.S., the study conducted
157 by Leslie et al. (2020) showed how the COVID-19 pandemic was associated with a 7.5% increase in domestic violence
158 service calls during the 12 weeks after the start of lockdown. Effects were even most considerable in the first five weeks
159 when calls for DV increased by around 10% (Leslie et al. 2020).

160 In most cases, calls were being made by women who had access to a smartphone or who can leave the house for a restrict
161 time. Further, perpetrators might use technology to facilitate coercive control by installing spyware software on their
162 devices (George & Harris 2014; Greenberg 2019). The upward trend of increasing reports on domestic violence cases is
163 likely to continue throughout the COVID-19 pandemic and might represent a "tip of the iceberg" as many unknown
164 victims are still trapped with their perpetrator and unable to report the abuse.

165 **The dynamics**

166 Articles that investigated the association between COVID-19 and DV have found several risk factors which might predict
167 the occurrence of DV in a familiar context. Literature has already demonstrated how domestic violence is characterized
168 by a couple of violence, conflict, and intimate terrorism based on power and control of the victim. Taking this into account,
169 it is clear how the current social and economic spending comparatively more time at home together. In particular, literature
170 has shown how stress, limited resources and social support are likely to be further compounded during COVID-19 and
171 predict violence (Joseph et al. 2020).

172 Additionally, alcohol abuse, a common risk factor for DV, has been connected to an accumulation of stressful events and
173 lack of social support (both likely occurring during quarantine). Indeed, literature has highlighted how intimate partner
174 violence can exacerbate with increased alcohol and substance use in partners. Studies demonstrated how the restrictions
175 active for lockdown might lead people to experience increased feelings of stress and boredom, which are avoided by
176 using alcohol and substance (Joseph et al. 2020). There is a shred of ample evidence in the literature that demonstrated
177 how social isolation could increase the risk of DV (Lanier & Maume 2009; Capaldi et al. 2012; Farris & Fenaughty 2002)
178 and is responsible for coercive control (Raghavan et al. 2019), which Myhill and Hohl (2019) found to be the strongest
179 predictor for DV. Both of these risk factors act on victims not only by removing all the social support that they have but
180 also causing additional stress and giving all the control of the victim to the perpetrator (Mitchell & Raghavan 2019).
181 Indeed, victims of domestic violence might be quarantined with an abusive partner and disconnected from their protective
182 support system, which makes it very difficult or impossible to ask for help and to escape from the abusive relationship.
183 Lockdown measures act by isolating victims from their family, friends, and community. Among the risk factors, we can
184 also find the economic aspects and poverty. More specifically, literature has demonstrated how male unemployment can
185 be significantly correlated with DV rates (Lanier & Maume 2009). Indeed, around one-third of DV cases, economic
186 aspects influenced the financial independence of the victim, who might be financially dependent on her abuser (Moore
187 2020).

188 On the other hand, studies demonstrated how financial independence is a well- known protective factor against DV
189 (Jackson 2016; Reichel 2017). Other risk factors could be hopelessness, access to firearms, lack of housing, lack of role
190 models, substance abuse and mental illness (Duncan et al. 2020) Indeed, COVID-19 might have exacerbated pre-existing
191 psychological disorders of violent perpetrators. Several studies have already highlighted the negative psychological
192 impact of the COVID-19 to the point that several psychotherapists made a warning call about the increase in the
193 psychological support request in order to lessen anxiety (Barbara et al. 2020). For example, Brooks et al. (2020), in a
194 recent review of psychological effects on quarantine has reported how confinement could be associated with feelings of
195 anger, frustration, boredom, and confusion.

196 Further, women living in rural areas could experience an increased risk of being exposed to DV (Telles et al. 2020).
197 Indeed, factors such as lower educational level, younger age and increased responsibilities due to children being at home
198 might expose women to additional risk of being abused by their partners (De Lima et al. 2020). The closure of schools
199 implies extra work to provide constant care to their children and guarantee their education. Women are more likely to be
200 responsible for caring for their families with a limited time for work and economic opportunities (Wenham et al. 2020).

201 **Recommendations**

202 Several authors have formulated recommendations and strategies to prevent and address domestic violence against
203 women. Bright et al. (2020), for example, has suggested four different strategies: (1) increased media attention, (2)
204 increased attention in healthcare systems, (3) promoting the social and economic security, and (4) long-term strategies to
205 fund prevention and response. Indeed, although media highlighted DV as a wide disturb across the world, it is necessary
206 to keep forward the spreading of awareness about not only the current situation for DV but also the services available for
207 the victims. Further, countries should concentrate on commotional efforts to address economic aspects which, as seen
208 before, are correlated with DV. Other recommendations provided in the literature were to 1) increment the quality and
209 quantity of helplines and other platform designated to screen and identify cases of DV and 2) involve the community to
210 look after the possible victims. Since the ability of helplines as well other organizations is limited caused by COVID-19,
211 it is necessary to seek community support. Collaboration with local communities is likely to become a useful safety net.
212 Indeed, for example, France has decided to open up its hotels (unoccupied after the restrictions) as safe shelters for
213 survivors of domestic violence, while Spain has identified its drugstores as contact points where a survivor can drop a
214 message for her rescue. However, studies have revealed a gap when it comes to a public health approach to gender-based
215 violence. Countries should continue to update written guidelines (e.g., DV protocols) for health care providers to facilitate
216 consistent victim support during the COVID-19 era. In particular, countries must adopt rigorous scientific approaches to
217 identify specific mechanisms which connect the pandemic to IPV risk. Further, expanding training in IPV screening
218 procedures for health professionals and creating protocols for integrating these screenings to practice may increase the
219 identification of at-risk individuals. Potential approaches to improve the surveillance of DV could be a routine inquiry
220 and an implementation of online datasets between police and health agencies in order to identify individuals at risk
221 (Chandan et al. 2020). Further, mental health professionals such as psychologists, social workers and nurses should often
222 screen people about intimate partner violence even if they feel the slightest doubt, as they may assess inter-personal issues
223 in patients showed up for substance and alcohol-related problems (Telles et al. 2020). Several are the psychological
224 treatments useful for the victims such as formal cognitive behavioural therapy (C.B.T.), trauma-focused C.B.T. (TF-
225 CBT), acceptance commitment therapy (A.C.T.), mindfulness, interpersonal psychotherapy, skills training in affective
226 and interpersonal regulation (STAIR), cognitive processing therapy and eye movement desensitization reprocessing
227 (E.M.D.R.), (Tan et al. 2018). If not adequate treat, DV could lead to long term effects for women. Fares-Otero (2020),
228 for example, pointed out the necessity of monitoring DV in order to implement accurate evaluations of neurocognitive
229 functioning during and after the COVID- 19. Indeed, neurocognitive deficits in DV victims can be identified in cognitive
230 and behavioural problems (Ingram et al. 2020), which may create a transgenerational transmission of violence in the next

231 generation. However, due to COVID-19, many health care workers have transitioned to telemedicine appointments which
232 occurred in an environment where the perpetrator could be present. To address this issue, a Canadian "safe word"
233 campaign has been launched for patients who cannot be interviewed in private, following by a European initiative for
234 victims to inform health care workers if they are at risk of IPV (Higgin et al. 2020). Indeed, technology could be a great
235 ally in preventing and treating DV. In particular, literature had demonstrated how before COVID-19, was already
236 prominent the delivery of digital health interventions via mobile devices (mobile health), web-based, and electronic health
237 platforms. Evidence from studies showed how DV victims might prefer the practicality and the confidentiality of online
238 interventions and guided online support (Higgin et al. 2020). For example, pre-COVID-19 evidence-based digital
239 interventions included the myPlan app, I-DECIDE, and iSafe. Currently, several initiatives came up around the world.
240 These initiatives are beneficial through these times when traditional informal and formal support networks are reduced
241 or unavailable. New Zealand, for example, has launched a "shielded website" tool, which has a specific icon that launches
242 a modal window with information about DV, besides chat" options, available support and an enquiry to be contacted
243 forma healthcare professional. In Yolo County, California, an app was created by a UC Davis School of Law student
244 (Meyer 2020). Further, a user-focused approach could be applying to existing products. For example, Snapchat, a popular
245 multi-media messaging app, inserted resources for victims and people who want to support them (Fried 2020). Taking
246 into account that abusers may monitor victims' online activities (Douglas et al. 2019; Dragiewicz et al. 2018), websites
247 which put victims at risk should use a "quick-escape" button that allows victims to exit a site quickly. International
248 organizations have also found fundamental to include elements of care, empathy, and social equity in government
249 responses and to plan about DV. The recent challenges associated with domestic violence require collaboration,
250 partnerships, and cooperation among all the agencies with a focus on DV in both the public and private sectors (Rauhaus
251 2020). The future will give opportunities not only for better understanding COVID-19 itself but also to understand the
252 impacts of various public health policy responses on the general population.

253 **Conclusion**

254 This work wanted to review the existing literature and to integrate the previous reviews, in order to understand the
255 complex association between DV and COVID-19 and to detect the best policies to prevent and treat it during COVID-19
256 times. We analyzed primary research, commentaries, editorials, letters to editors and pre-prints articles concerning the
257 raising phenomenon of DV during COVID-19 and advocating for the development of prevention strategies in the
258 international context. Indeed, domestic violence against women was already a global and public health issue before the
259 start of COVID-19 pandemics. Evidence from previous studies highlighted how one in three women had experienced
260 physical and sexual violence from an intimate partner in their life (U.N. women 2020). After the spreading of COVID-

19 around the world, the high rates of violence experienced by women was an alert to the point that in literature several authors started to refer to domestic violence with words such as "paradox," "hidden," or "tip of the iceberg" for reveals the complexity of the phenomenon.

One of the results from the present systematic review underlined how disasters and natural catastrophes are correlated with increasing numbers of DV. Indeed, studies that previously explored the impact of natural disasters on violence had shown how reports of domestic violence often substantially increased after a catastrophic event compared to property crimes or others violent crimes (Campbell et al. 2020). In particular, increased numbers were seeing in Washington after the eruption of Mount St. Helens, together with a spike in reported numbers for alcohol abuse, family stress and aggression (Campbell et al. 2020). A similar number was also found after Hurricane Katrina and other earthquakes, tsunamis, hurricanes around the world (Kofman et al. 2020).

Following the lead of previous reviews, also in our work we found a sharp spike in DV cases reported around the globe (Agüero 2020; Baig et al. 2020; Barbara et al. 2020; Boserup et al. 2020; Bradbury-Jones et al. 2020; Bradley et al. 2020; Chandan et al. 2020; Gebrewahd et al. 2020; Ghoshal et al. 2020; Goh et al. 2020; Gosangi et al. 2020; Jarnecke et al. 2020; Jetelina et al. 2020; Kaukinen et al. 2020; Kofman et al. 2020; Kumar 2020; Leslie et al. 2020; Mahase et al. 2020; Mazza et al. 2020; Neil 2020; Nigam 2020; Piquero et al. 2020; Qin et al. 2020; Roesch et al. 2020; Roseboom et al. 2020; Sifat 2020; Telles et al. 2020; Tochie et al. 2020; Vieira et al. 2020; Yahya et al. 2020; Zargham et al. 2020). For example, Aguero (2020) in a study conducted in Peru, one of the several countries which imposed a national lockdown in March, found that the incidence rate of calls to helplines centres increased around 48% between April and July 2020. Another study conducted by Gebrewahd et al. (2020) found that the prevalence of intimate partner violence against women in Ethiopia had a spike of 24.6%. In particular, psychological violence was the most prevalent (13.3%), followed by physical (8.3%) and sexual violence (5.3%). Results highlighted how women who were housewives, less than 30, with an arranged marriage and with husband's age being "between" 31–40, were more likely to suffer for domestic violence. Gosangi et al. (2020), in a research conducted to assess the incidence of injuries in women victims of DV during the COVID-19, they reported an incidence of physical IPV 1.8 times higher compared to the previous years.

When it comes to risk factors, several studies have already investigated it in the literature the association with DV. Moreira et al. (2020), for example, distinguished them into three main categories: individual, relationship and community factors. Indeed, previous studies have found as crucial individual factors the age and the stage of development. Overall younger women tended to have a higher risk of victimization and perpetration of I.P. compared to older ones (Miller & McCaw 2019). Other factors connected are the low socioeconomic status, the unemployment, unplanned pregnancies and parents having less than a high-school education.

291 Nevertheless, the most robust risk factor for DV is the previous history of exposure or experience of violence, to the point
 292 that could be a predictor for becoming a perpetrator or the victim in adulthood (Fazel et al. 2018). Concerning the
 293 relationship factors, domestic violence happens more frequently in couples permeated by conflict; couples who
 294 experience severe distress are at a greater risk for violence compared to the non-distressed ones. At a community level,
 295 the absence of shelters, support organizations, family, friends, and community support could be additional risk factors
 296 (Moreira et al. 2020). Investigating the dynamics of domestic violence and factors associated, it is clear how COVID-19
 297 exacerbated those factors leading to an escalation of violence and, in some cases, to new types of abusive behaviour.

298 Our review found how the dynamics of DV were explored in several studies (Anurudran et al. 2020; Bouillon-Minois et
 299 al. 2020; Bright et al. 2020; Campbell et al. 2020; Da Silva et al. 2020; Dahal et al. 2020; Duncan et al. 2020; Ertan et al.
 300 2020; Evans et al. 2020; Joseph et al. 2020; Moreira et al. 2020; Sacco et al. 2020; Usher et al. 2020). Indeed, self-isolation
 301 and social distancing can put women in constant danger by mandatory proximity with the perpetrator and isolating them
 302 from protective factors such as moments of relative freedom or access to support. Further, in the literary scene, several
 303 authors developed different recommendations and strategies in order to prevent domestic violence. In case of online
 304 resources, various recommendations were adopted, included the verification of privacy (Neil et al. 2020), the use of
 305 enquiries to verify the security (Zero et al. 2020), the use of specific codes in case of danger (Neil et al. 2020). Indeed,
 306 the use of "traditional" paths, such as shelters, victim support centres, police departments or helplines could not be used
 307 anymore. It was decided to combine these with the use of virtual technology, such as websites and messaging applications.
 308 However, security recommendations such as clearing the history of use, calls, and messages were taken (Jarnecke et al.
 309 2020; Mahase 2020; Bradley et al. 2020; Yahya et al. 2020). In all the studies, health workers were seen as crucial
 310 professionals in the identification and the treatment of victims of violence to the point that governments highlighted the
 311 importance of their training (Van Gelder et al. 2020; Jarnecke et al. 2020; Bradley et al. 2020; Vieira et al. 2020; Vora et
 312 al. 2020). Further, public campaigns to raise awareness were seen as necessary for spreading education on the topic (Van
 313 Gelder et al. 2020; Boserup et al. 2020; Bradley et al. 2020; Vora et al. 2020). These campaigns could help the victims to
 314 contribute to delete the idea of the aggressor's impunity. Finally, colossal attention and credit were given to personal and
 315 community support networks (Van Gelder et al. 2020; Bradbury-Jones et al. 2020; Mahase 2020; Vieira et al. 2020) and
 316 to the necessity of validated and culturally adapted screening protocols (Van Gelder et al. 2020; Boserup et al. 2020; Zero
 317 et al. 2020).

318 Therefore, an important future direction will be to examine previous strategies and create a new way of interventions.
 319 Finally, further research is needed to assess how interventions that address DV may be related to other outcomes during

320 COVID-19 pandemics, by assessing how the adverse outcomes associated with DV could interact with those related to
321 COVID-19.

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553 **Table 1**

554 Synthetic characteristics of the studies included in the systematic review

N	Authors, Year	Title	Methods	Key findings
1	Agüero JM (2020)	COVID-19 and The Rise of Intimate Partner Violence	Article	The course of DV
2	Anurudran et al. (2020)	Domestic violence amid COVID-19	Brief Communication	The dynamics of DV
3	Bagwell-Gray et al. (2020)	Safety and Services for Survivors of Intimate Partner Violence: A Researcher-Practitioner Dialogue on the Impact of COVID-19	Commentary	Recommendations
4	Baig et al. (2020)	Domestic Violence Amid COVID-19 Pandemic: Pakistan's Perspective	Article	The Course of DV
5	Barbara et al. (2020)	COVID-19, Lockdown, and Intimate Partner Violence: Some Data from an Italian Service and Suggestions for Future Approaches.	Commentary	The Course of DV The Dynamics of DV
6	Bellizzi et al. (2020)	Violence against women in Italy during the COVID-19 pandemic	Brief Communication	The course of DV
7	Boserup et al. (2020)	Alarming trends in US domestic violence during the COVID-19 pandemic	Letter to the editor	The course of DV
8	Bouillon-Minois et al. (2020)	Coronavirus and Quarantine: Catalysts of Domestic Violence	Commentary	The dynamics of DV
9	Bradbury-Jones et al. (2020)	The pandemic paradox: The consequences of COVID-19 on domestic violence.	Editorial	The Course of DV The Dynamics of DV

10	Bradley et al. (2020)	Health care practitioners' responsibility to address intimate partner violence related to the COVID-19 pandemic.	Commentary	The course of DV
11	Bright et al. (2020)	Considerations of the Impacts of COVID-19 on Domestic Violence in the United States	Article	The dynamics of DV The course of DV DV and previous disaster Recommmendations
12	Buttelt et al. (2020)	The Hidden Disaster of COVID-19: Intimate Partner Violence	Letter to the editor	Recommmendations
13	Campbell AM (2020)	An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives	Article	The dynamics of DV DV and previous disaster Recommmendations
14	Chandan et al. (2020)	COVID-19: a public health approach to manage domestic violence is needed	Editorial	The course of DV Recommmendations
15	Da Silva et al. (2020)	Marital violence precipitating/intensifying elements during the Covid-19 pandemic.	Narrative review	The dynamics of DV
16	Dahal et al. (2020)	Mitigating violence against women and young girls during COVID-19 induced lockdown in Nepal: a wake-up call.	Commentary	The dynamics of DV Recommmendations
17	Das et al. 2020)	Examining the impact of lockdown (due to COVID-19) on Domestic Violence (DV): An evidence from India	Letter to the editor	The course of DV
18	Duncan et al. (2020)	Domestic Violence and Safe Storage of Firearms in the COVID-19 Era	Article	The dynamics of DV The course of DV
19	Emezue CN (2020)	Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19	Article	Recommmendations

20	Ertan et al. (2020)	COVID-19: urgency for distancing from domestic violence	Article	The dynamics of DV
21	Evans et al. (2020)	A Pandemic within a Pandemic — Intimate Partner Violence during Covid-19	Perspective	The dynamics of DV
22	Fares-Otero et al. (2020)	COVID-19: The need for screening for domestic violence and related neurocognitive problems	Letter to the editor	Reccomendations
23	Gebrewahd et al. (2020)	Intimate partner violence against reproductive age women during COVID-19 pandemic in northern Ethiopia 2020: a community-based cross-sectional study	Article	The course of DV
24	Ghoshal R. (2020)	Twin public health emergencies: Covid-19 and domestic violence	Article	The course of DV Reccomendations
25	Goh et al. (2020)	Impact of COVID-19 pandemic: Social distancing and the vulnerability to domestic violence.	Letter to the editor	The course of DV
26	Gosangi et al. (2020)	Exacerbation of Physical Intimate Partner Violence during COVID-19 Lockdown.	Article	The Course of DV
27	Hamadani et al. (2020)	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	Article	The Course of DV The Dynamics of DV
28	Jarnecke et al. (2020)	Staying safe during COVID-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support.	Commentary	The Course of DV Reccomendations
29	Jetelina et al. (2020)	Changes in intimate partner violence during the early stages of the COVID-19 pandemic in the USA.	Brief Report	The Course of DV

30	Joseph et al. (2020)	Intimate partner violence during the COVID-19 pandemic in India: From psychiatric and forensic vantage points	Letter to the editor	The dynamics of DV Recommenations
31	Kathryn et al. (2020)	Increased Risk for Family Violence During the COVID-19 Pandemic	Article	The dynamics of DV
32	Kaukinen C. (2020)	When Stay-at-Home Orders Leave Victims Unsafe at Home: Exploring the Risk and Consequences of Intimate Partner Violence during the COVID-19 Pandemic.	Article	The Course of DV The dynamics of DV Recommenations
33	Kofman et al. (2020)	Home Is Not Always a Haven: The Domestic Violence Crisis Amid the COVID-19 Pandemic	Commentary	The course of DV DV and previous disaster
34	Kumar A (2020)	COVID-19 and Domestic Violence: A Possible Public Health Crisis	Article	The Course of DV The dynamics of DV
35	Leslie et al. (2020)	Sheltering in place and domestic violence: Evidence from calls for service during COVID-19	Article	The course of DV
36	Mahase E (2020)	Covid-19: EU states report 60% rise in emergency calls about domestic violence	Commentary	The course of DV
37	Mazza et al. (2020)	Danger in danger: Interpersonal violence during COVID-19 quarantine	Short Communication	The Course of DV The dynamics of DV
38	Moreira et al. (2020)	The impact of the Covid-19 pandemic in the precipitation of intimate partner violence	Review	The dynamics of DV
39	Neil J (2020)	Domestic violence and COVID-19: Our hidden epidemic	Commentary	The Course of DV The dynamics of DV Recommenations

40	Nigam S (2020)	COVID-19, Lockdown and violence against women in homes	Article	The course of DV
41	Piquero et al. (2020)	Staying Home, Staying Safe? A Short-Term Analysis of COVID-19 on Dallas Domestic Violence.	Article	The course of DV
42	Qin et al. (2020)	The Increase in COVID-19 Cases is Associated with Domestic Violence	Article	The course of DV
43	Ragavan et al. (2020)	Supporting Intimate Partner Violence Survivors and Their Children During the COVID-19 Pandemic.	Article	Reccomendations
44	Rauhaus et al. (2020)	Addressing the Increase of Domestic Violence and Abuse During the COVID-19 Pandemic: A Need for Empathy, Care, and Social Equity in Collaborative Planning and Responses	Article	Reccomendations
45	Roesch et al. (2020)	Violence against women during covid-19 pandemic restrictions	Editorial	The Course of DV The dynamics of DV Reccomendations
46	Roseboom TJ (2020)	Violence against women in the covid-19 pandemic: We need upstream approaches to break the intergenerational cycle	Letters to the editor	The Course of DV
47	Sacco et al. (2020)	The impact of the Covid-19 pandemic on domestic violence: The dark side of home isolation during quarantine.	Article	The dynamics of DV Reccomendations
48	Sánchez, et al. (2020)	Violence against women during the COVID-19 pandemic: An integrative review	Review	Course of DV The Dynamics of DV Reccomendations
49	Sifat RI (2020)	Impact of the COVID-19 pandemic on domestic violence in Bangladesh	Letter to the editor	The course of DV

50	Slakoff et al. (2020)	The Role of Service Providers, Technology, and Mass Media When Home Isn't Safe for Intimate Partner Violence Victims: Best Practices and Recommendations in the Era of COVID-19 and Beyond.	Commentary	Reccomendations DV and previous disaster
51	Telles et al. (2020)	Domestic violence in the COVID-19 pandemic: a forensic psychiatric perspective.	Article	The Course of DV
52	Tochie et al. (2020)	Intimate partner violence during the confinement period of the COVID-19 pandemic: Exploring the french and cameroonian public health policies	Commentary	The Course of DV
53	Usher et al. (2020)	Family violence and COVID-19: Increased vulnerability and reduced options for support	Editorial	The dynamics of DV
54	Van Gelder et al. (2020)	COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence	Commentary	Reccomendations
55	Vieira et al. (2020)	The increase in domestic violence during the social isolation: what does it reveals?	Article	The Course of DV
56	Vora et al. (2020)	COVID-19 and domestic violence against women	Letter to the editor	Reccomendations
57	Walters J (2020)	COVID-19 Shelter-at-Home Orders: Impacts and Policy Responses in the Context of Intimate Partner Violence	Article	Reccomendations
58	Yahya et al. (2020)	Association of COVID-19 With Intimate Partner Violence	Commentary	The Course of DV
59	Zarghami et al. (2020)	Intimate partner violence concerns during COVID-19 pandemic	Editorial	The Course of DV The dynamics of DV Reccomendations

60	Zero et al. (2020)	COVID-19 and Intimate Partner Violence: A Call to Action.	Contribution	Reccomendations
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Figure 1.
Systematic review flow chart

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