

Rapid evidence checks are based on a simplified review method and may not be entirely exhaustive, but aim to provide a balanced assessment of what is already known about a specific problem or issue. This brief has not been peer-reviewed and should not be a substitute for individual clinical judgement, nor is it an endorsed position of NSW Health.

Domestic and family violence and COVID-19

Rapid review questions

1. What evidence is available about increased risks associated with domestic and family violence during COVID-19?
2. How can health systems mitigate the increased risks of domestic and family violence during the COVID-19 pandemic?

In brief

- Research in Australia and internationally shows increased domestic and family violence following disasters.
- NSW Police recorded crime data for March 2020 show no evidence of an increase in domestic violence since social distancing was implemented in response to the COVID-19 pandemic.
- The World Health Organization recommends the inclusion of domestic violence services in preparedness and response plans for COVID-19. Services are to be accessible in the context of distancing measures. In some jurisdictions pharmacies and grocery stores have been used to provide access and support.
- NSW Health has issued a fact sheet with relevant information for violence, abuse and neglect (VAN) services and programs.
- The two most significant service gaps are access to support/case management to support women in their complex needs and access to income and material needs.
- Research has identified pregnancy as a period when there is an increased risk of domestic and family violence.
- The Minister for Women and Minister for Foreign Affairs reported that some frontline services will transition to online or telephone-based services. However, this needs to be managed carefully to ensure safety and privacy. A systematic review found information and communication technology-based tools acceptable and suitable for use by women experiencing domestic violence.
- Evidence from previous disasters supports the use of: interagency connections to plan responses (including recovery post-disaster); training and education for frontline staff on how to identify and respond to disclosures of violence; integrating information regarding the type and extent of domestic and family violence into any surveillance systems; supporting a person experiencing domestic and family violence to update their safety plans; and attending to primary needs (e.g. food, water and shelter) and essential supplies (food, nappies, medication and formula).
- Screening, referral and supportive counselling are effective interventions to support survivor-victims.

Limitations

- This is a topic that is quickly evolving, with guidance and media coverage emerging daily. There may be additional evidence and resources not included in this rapid review.
- The quality of evidence regarding the current increase in domestic and family violence in response to COVID-19 is low. Most of the results are from media coverage. Data from the NSW Bureau of Crime Statistics and Research are for March 2020 only.
- The evidence base is dynamic and information is still emerging about best responses to domestic violence during the COVID-19 pandemic. Recommendations are copied from source material and no attempt has been made to integrate the different guidance.
- The review does not include sexual assault, all forms of child abuse and neglect or the intersections between domestic and family violence, and child abuse and neglect.
- There are ongoing debates around definitions and terminology. Where possible and appropriate a person experiencing domestic and family violence or survivor-victim has been used.

Background

In NSW the definition of domestic and family violence commonly used in Government: any behaviour in a domestic relationship, which is violent, threatening, coercive or controlling and causing a person to fear for their own or someone else's safety. It is usually manifested as a part of a pattern of controlling or coercive behaviour. The term 'domestic violence' refers to violence against an intimate partner or ex-partner, where 'family violence' may include violence perpetrated against children, older people, against parents by children, and between other kin or family members.(1)

The estimated lifetime prevalence of domestic violence is 35% worldwide.(1) The Australian Institute of Health and Welfare reports 1 in 6 (17%, or 1.6 million) women and 1 in 16 (6.1%, or 548,000) men had experienced physical and/or sexual violence from a current or previous cohabiting partner; and 1 in 20 (5.1%, or 935,000) people had experienced violence from a current or previous boyfriend, girlfriend or date – 7.4% (694,000) women and 1.9% (174,000) men. (2).

The World Health Organization reports that the current COVID-19 pandemic presents a combination of economic and health uncertainties that are expected to increase the frequency and severity of domestic and family violence in NSW.(3)

During crises, the evidence indicates that the risk of domestic and family violence increases as the perpetrator seeks to maintain a sense of power and control in their lives.(1, 2, 4) The World Health Organization and representative bodies report that the distancing measures implemented in response to COVID-19 are likely to increase risks; as survivor-victims are forced to quarantine and self-isolate with the person perpetrating violence. Distancing measures also means that survivor-victims are unable to leave the house to seek appropriate help and are more likely to be cut off from their usual support systems.

Specific populations shown to be at increased risk include pregnant women, Aboriginal and Torres Strait Islander peoples, LGBT people (gay, lesbian, bi-sexual and transgender) and culturally and linguistically diverse women. (1, 5) In 2017–18, more than 121,000 (42%) of people assisted by specialist homelessness services had experienced domestic violence. Of these, more than 3 in 4 (78%, or 94,100) were women. (2)

On 29 March 2020 it was announced that \$150 million will be provided to support Australians experiencing domestic violence due COVID-19. (4) Specifically, \$32.5 million is being provided to states and territories to bolster frontline services. This will be fixed 3 per cent payment to all states and

territories with the remainder provided on a per capita basis with a small contingency set aside. The money support services through to 30 June 2020. (5) A new public communication campaign will be rolled out to support those experiencing domestic violence to ensure those affected know where they can seek help. (4)

The Government has also passed amendments in Parliament to enable Provisional Apprehended Domestic Violence Orders to remain in place for up to six months (6)

A recent report commissioned by NSW Health 'Prevention and Response to Violence, Abuse and Neglect' identified actions to support vulnerable groups: identify who is at high risk to social disadvantage; develop streamlined, tailored and effective communications; prioritise resources; rapidly collaborate and mobilise local non-government and community services and civil society; strengthen the safety net; consider remote methods to deliver non-emergency health and social care; measure impact; and engage the public in pandemic planning in the future. (7)

Methods (Appendix 1)

PubMed, Google and Twitter were searched 6 April 2020, 8 April 2020 and 17 April 2020.

Results (Tables 1-4)

Table 1. Increased risks associated with domestic and family violence during COVID-19

Study	Study type	Findings
Australia	Brief	<ul style="list-style-type: none"> NSW Bureau of Crime Statistics and Research brief: <ul style="list-style-type: none"> Police recorded crime data for March 2020 show no evidence of an increase in domestic violence since social distancing was implemented in response to the COVID-19 pandemic. Social distancing measures commenced in NSW in mid-March 2020. Recorded incidents of domestic-related assault for the month of March 2020 are equivalent with those for March 2019 (2,678 recorded domestic violence related assaults in March 2020 versus 2,632 in March 2019). Trends for the most serious offences (i.e. murder and assault resulting in grievous bodily harm) mirror those for domestic violence related assault generally in that the incidence in March 2020 is comparable to that of the previous year.
China	Media coverage	<ul style="list-style-type: none"> An anti-domestic violence non-profit organisation in Jingzhou, a city in Hubei Province, reported that the number of domestic violence cases tripled in February 2020 compared to the same period the previous year.
Australia	Media coverage	<ul style="list-style-type: none"> 'No to Violence' the peak body funded to work with men to end family violence in Victoria, New South Wales and Tasmania recorded a 94% increase on usual traffic from self-referred callers to the service following the announcement of Stage 3 restrictions on 5 April 2020.
Australia	Report	<ul style="list-style-type: none"> A survey conducted by Women's Safety NSW with 80 frontline workers. Findings include: <ul style="list-style-type: none"> an increase in client numbers overall (50% up from 41% last week) increasing complexity of survivor-victim needs (75% up from 70.8% last week) escalating or worsening violence (50% up from 44.9% last week) violence specifically relating to COVID-19 (50% up from 36.2% last week) a sharp increase in violence being reported for the first time (47.5% up from 15.9% last week). A survey conducted by Women's Safety NSW with 50 frontline workers between 8-9 April 2020 showed: <ul style="list-style-type: none"> increasing complexity of survivor-victim needs (67.9%). Factors contributing to complexity: Perpetrators threatening to infect victims, increase in and/or return of violence towards children during time spent with an

Study	Study type	Findings
	Briefing paper	abusive parent, women being coerced into reconciling with an abusive partner and living together until the pandemic is over and perpetrators withholding children from the other parent despite family court orders.
Australia	Media coverage	<ul style="list-style-type: none"> • Legal Aid in Western Australia is reporting a 21% increase in cases between January 2020 and February 2020 in the Peel region.
UK	Media coverage	<ul style="list-style-type: none"> • The National Domestic Abuse helpline reported a 25% increase in calls and online requests for help since the lockdown in the UK. • Visits to the UK-wide National Domestic Abuse helpline website for information were 150% higher than during the last week in February 2020. • The Respect phone line, which provides confidential advice to people who perpetrate violence and domestic abuse, had a 26.86% increase in calls in the week starting 30 March 2020, compared with the week before. The Respect phone line website recorded an increase in hits of 125% in the same period. • The Men’s Advice Line, for men who experience domestic abuse, which is also run by the charity Respect, had an increase in calls of 16.6% in the same week, while the advice line website registered an increase in traffic of 42%.
USA	Media coverage	<ul style="list-style-type: none"> • Of the 22 law enforcement agencies across the USA that responded to NBC News’ request for data on domestic violence calls, 18 departments said they had seen a rise in March 2020.
France	Media coverage	<ul style="list-style-type: none"> • French officials have reported a 32% increase in domestic violence cases since the restrictions came into effect on 17 March 2020. The Government is paying for 20,000 nights of accommodation in hotels to help people who have experienced domestic violence and has set up 20 support centres. There is a code word for women to seek help from pharmacies.
Spain	Media coverage	<ul style="list-style-type: none"> • Calls to a domestic hotline in Spain have jumped 18% and a state-run hotline website has seen a 270% increase. There is a code word for women to seek help from pharmacies.

Study	Study type	Findings
Cyprus	Media coverage	<ul style="list-style-type: none"> An official domestic violence hotline has reported a 30% increase in calls in the first weeks of stay-at-home measures.
Malaysia	Media coverage	<ul style="list-style-type: none"> Women’s Aid Organisation statistics show an approximate 14% increase in hotline calls and WhatsApp enquiries on domestic violence since the start of the movement control order.
Germany	Media coverage	<ul style="list-style-type: none"> Berlin police have reported an approximate 11% in cases of domestic violence for the period 14 to 31 March 2020 compared to the same period in the previous year.
New Zealand	Media coverage	<ul style="list-style-type: none"> New Zealand police released statistics about domestic violence showing a 20% increase on the first Sunday after the lockdown compared to the previous month. Domestic violence agencies are working on partnering with supermarkets and other essential services so survivor-victims can use ‘code words’ or access free Wi-Fi to seek help during the pandemic. Other solutions may include adding agencies’ information to receipts when specific items are purchased to reach those not already in touch with support services.

The NSW Attorney-General Mark Speakman reported that Google had seen a 75% increase in domestic violence related searches in NSW since the first reported case of COVID-19 in the state.(8)

A recent report released by Women’s Safety NSW confirmed frontline services have received an increase in calls for help following the outbreak of COVID-19. (4)

There are commentaries and publications reporting on the anecdotal evidence from Australia, France, Spain, Brazil, China, Italy and the USA showing increases in domestic and family due to quarantine measures.(9, 10)



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Table 2. Health system responses to domestic and family violence specific to COVID-19

Study	Study type	Recommendations
Domestic Violence NSW, 2020	Recommendations	<ul style="list-style-type: none"> • Enable sexual, domestic and family violence services to adapt service models and continue service delivery (e.g. access to food and essential items, technology-enabled support, ensure access to sexual and reproductive healthcare). • Adopt a whole of government response to supporting people experiencing sexual, domestic and family violence (e.g. support schools to keep children and young people safe and provide guidance for workplaces). • Support Aboriginal and Torres Strait Islander, immigrant, refugee, culturally and linguistically diverse women, children and young people, people with disability and LGBTIQ people at higher risk (e.g. provide in-language information and support people on temporary visas).
World Health Organization, 2020	Recommendations	<ul style="list-style-type: none"> • Identify information about services available locally (e.g. hotlines, shelters, rape crisis centres, counselling) for people experiencing violence. This includes opening hours, contact details and whether these can be offered remotely. • Establish referral linkages (from the health facility to the community-based service). • Increase awareness of the risks and health impacts of domestic and family violence. • Offer first-line support and relevant medical treatment. This includes listening empathetically and without judgement, inquiring about needs and concerns, validating experiences and feelings, enhancing safety and referrals for support.
Amnesty International, 2020	Report	<ul style="list-style-type: none"> • Allocate resources and take specific measures to ensure people experiencing domestic violence can continue to access support services including hotlines and temporary accommodation. • Enable psychological, medical and legal support services to continue to assist survivor-victims during the crisis by designating them as 'essential workers'. • Implement policies which exempt survivor-victims from for breaking travel restrictions to ensure they can reach safety.
Gender in Humanitarian	Recommendations	<ul style="list-style-type: none"> • Disaggregate data related to the outbreak by sex, age, and disability. Ensure data are analysed accordingly in order to understand the gendered differences in responses and treatment.

Study	Study type	Recommendations
Action, Asia-Pacific, 2020		<ul style="list-style-type: none"> • Ensure health workers on the frontline have basic skills to respond to disclosures of domestic and family violence.
Human Rights Watch, 2020	Recommendations	<ul style="list-style-type: none"> • Ensure public awareness campaigns address how survivor-victims can access services. • Ensure that services are available to all people experiencing domestic violence, including those living in areas under movement restrictions, under quarantine and those infected with COVID-19.
Queensland Domestic Violence Network, Australia 2020	Actions for Government	<ul style="list-style-type: none"> • Ensure all hospital and health services/facilities have pathways and funding for access to termination of pregnancy and contraception. • Confirm terminations as essential reproductive healthcare (not elective). • Ensure women on temporary visas experiencing violence to have access to Medicare, PBS, income support. • Increase funding for advertisements and service capacity for key helplines. • Fund specialist domestic and family violence services to increase their staffing to provide additional safety planning and support. • Prepare to meet increased demand in services and provide support remotely where necessary.
European Institute for Gender Equality, 2020	Website	<ul style="list-style-type: none"> • Create and promote solutions tailored to COVID-19 contexts, such as using pharmacies and grocery stores to support access to domestic violence services.
NHS Employers, UK, 2020	Guidance	<ul style="list-style-type: none"> • Ensure supports are in place for staff experiencing domestic violence who are working from home. • Establish a clear pathway for staff at risk to confidentially seek support. • Explore the use of hotel accommodation for those who are at risk or worried about domestic violence or signpost employees to temporary accommodation for those fleeing domestic violence.
United Nations, 2020	Recommendations	<ul style="list-style-type: none"> • Increase investment in online services and specialist domestic and family violence services. • Set up emergency warning systems in pharmacies and groceries. • Declare shelters as essential services. • Scale up public awareness campaigns (in particular those targeted at men and boys).

Study	Study type	Recommendations
		<ul style="list-style-type: none"> • Ensure access to shelters, hotlines, online counseling and psycho-social support.
<p>Australian Women Against Violence Alliance, 2020</p>	<p>Recommendations</p>	<ul style="list-style-type: none"> • Maintain and improve screening for domestic violence in antenatal care settings.
<p>National Sexual Assault, Domestic Family Violence and Counselling Service, 2020</p>	<p>Recommendations</p>	<ul style="list-style-type: none"> • Encourage and support disclosure (screening). • Identify dangers (risk assessment). • Work with the survivor-victims to enhance their safety (safety planning). • Conduct a gender and disaster audit of your service. • Ensure workers in your service have undertaken Risk Assessment and Safety Planning training (or similar) to identify and respond effectively. • Establish methods for compiling accurate statistics, for example, a tick box in data collection forms. • Include specialist sexual assault, domestic and family violence, and other relevant services in disaster response and recovery planning bodies.
<p>Women’s Safety NSW, 2020</p>	<p>Recommendations</p>	<ul style="list-style-type: none"> • Provide resource packages to set up workers to work from home (e.g. providing laptops, software, and other equipment) and to help make workspaces safe. • Access to emergency funds and food/essentials for survivor-victims at risk. • Ensure safe phones are available. • Increase crisis accommodation and housing.
<p>No to Violence, Australia, 2020</p>	<p>Recommendations</p>	<ul style="list-style-type: none"> • Increase the Men’s Referral Service HELPLINE capacity to a national service by increasing funding to: <ul style="list-style-type: none"> – extend service provision hours – expand into other states and/or build a truly national focus – process more police referrals.



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		<ul style="list-style-type: none"> • Offer a time-limited telephone-based case management service. • Focus on workforce development to increase trained support. • Establish a workplace focused risk and safety advice service. • Rapid deployment of a remote working toolkit.
NSW Health, 2020	Fact sheet	<ul style="list-style-type: none"> • For crisis presentations (particularly recent assault or abuse) or where medical and forensic services are not required, violence abuse and neglect (VAN) services should plan for alternative service locations outside of emergency departments and hospitals. • Telehealth for the provision of all VAN services should not be adopted as standard practice unless accompanied with comprehensive clinical guidance about: how to appropriately provide telehealth service that supports the identification, management and monitoring of risks to patients’ safety, privacy, and confidentiality and to service integrity. • Domestic Violence Routine Screening Program should continue to adhere to the current policy requirement that routine screening only be conducted through face to face interactions.
National Network to End Domestic Violence, 2020	Digital Services Toolkit Best practices	<p>Digital services toolkit:</p> <ul style="list-style-type: none"> • assess the benefits and risks of communicating with survivor-victims using technology – personal safety, loss of privacy, confidentiality and impersonation • assess readiness to provide digital services – purpose, goals, audience, privacy and safety risks, resources, staffing and costs. <p>Best practice using mobile devices:</p> <ul style="list-style-type: none"> • avoid using personal mobile devices for work purposes and don’t mingle personal and professional data on devices • use agency controlled accounts, passcodes and install additional security and anti-malware software for apps • be cautious with Wi-Fi connections. <p>Considerations:</p>

Study	Study type	Recommendations
	Considerations	<ul style="list-style-type: none"> • consider what services can be done remotely with web chat or video calls • use tools that allow staff and advocates to work from home. This includes tools to allow staff and volunteers to communicate with each other (e.g. calls, instant messaging, video), and tools for sharing information while maintaining confidentiality (e.g. secure file sharing).
Campbell, 2020 (10)	Publication	<ul style="list-style-type: none"> • Expand community partnerships: postal workers, garbage collectors, food delivery staff, and home repair agencies have an opportunity to detect violence in the home and report their concerns to the proper authorities.
van Gelder, 2020 (9)	Publication	<ul style="list-style-type: none"> • Increase physicians' and other frontline healthcare worker's awareness of the heightened risk of violence during quarantine and support their ability to safely offer information and referral. • Use standard intake forms for the assessment of women subjected to violence as part of the screening dedicated to the COVID-19 response. • Increase public awareness and understanding for the increased risk of IPV during quarantine and how to safely access support services.

Table 3. Evidence from previous disasters and domestic violence

Study	Study	Findings
Rao, 2020 (11)	Examination of the prevalence and correlates of intimate partner violence in four Indian states before and after the Indian Ocean tsunami in 2004	<ul style="list-style-type: none"> • Intimate partner violence increased by 48% between 2005 and 2015. • Increase in physical (61%) and sexual (232%) violence was highest in TamilNadu; emotional violence increased by 122% in Karnataka. • Belonging to disadvantaged groups predicted higher odds of violence in the year after disaster.
Molyneaux, 2019 (12)	Examination of self-reported experiences of assault or violence victimisation (n=1016) among communities affected by high, medium, and low disaster severity following the 2009 bushfires in Victoria, Australia	<ul style="list-style-type: none"> • Reports of experiencing violence were significantly higher among high bushfire-affected compared with low bushfire-affected regions. • Analyses indicated the significant relationship between disaster-affectedness and violence was observed for women only, with rates of 1.0, 0 and 7.4% in low, medium and high bushfire-affected areas, respectively. • Among women living in high bushfire-affected areas, negative change to income was associated with an increased likelihood of experiencing violence. • For women, post-disaster violence was associated with more severe post-traumatic stress disorder and depression symptoms.
Schumacher, 2010 (13)	Population-based representative study (n=810) to establish the prevalence and correlates of intimate partner violence victimisation in the six months before and after Hurricane Katrina in 2005	<ul style="list-style-type: none"> • Percentage of women reporting psychological victimisation increased from 33.6% prior to Hurricane Katrina to 45.2% following Hurricane Katrina. • Percentage of men reporting psychological victimisation increased from 36.7% to 43.1%. • Significant predictors of post-Katrina victimisation included pre-Katrina victimisation, age, educational attainment, marital status and hurricane-related stressors. • Reports of intimate partner violence were associated with greater risk of post-Katrina depression and post-traumatic stress disorder. • Data suggests that intimate partner violence may be an overlooked public health concern following disasters.

Study	Study	Findings
Bell, 2016 (14)	Scoping review of mental and physical health effects experienced by women following natural disasters was conducted between 2000-2015	<ul style="list-style-type: none"> • Certain mental health outcomes, including post-traumatic stress disorder and depression, and other significant mental health concerns, were recurrent issues for women post-disaster. • Despite the strong correlation between experience of mental health consequences after disaster and increased risk of domestic violence, studies on the risk and mediating factors are rare.
Rezaeian, 2013 (15)	Systematic review of 21 original articles examining the association between natural disasters and violence	<ul style="list-style-type: none"> • Results show that being exposed to natural disasters such as tsunamis, hurricanes, earthquakes, and floods increases the violence against women. • Recommendation is to integrate information regarding the type and extent of violence into any surveillance systems and take into account the type and the magnitude of natural disasters plus the effects of any possible moderating or confounding variables.
Parkinson, 2017 (16)	Case study examining the link between disaster and increased violence against women in the Australian context and documented women’s experiences (n=77) to contribute to a new knowledge-base and inform post-disaster recovery	<ul style="list-style-type: none"> • Thirty women spoke of increased community or domestic violence. • Seventeen women spoke of being personally and badly affected; and 9 of these 17 relationships experienced no violence before the fires. • The emergency stage after disasters necessarily attends to primary needs of food, water and shelter, the recovery and reconstruction stages include services for grief and loss.

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<p>First, 2017 (17)</p>	<p>Review of research documenting the prevalence and severity of violence against women in disaster settings and provides a framework</p>	<p>Table I. Intimate Partner Violence and Disaster Framework.</p> <table border="1"> <thead> <tr> <th data-bbox="965 331 1055 355">Phase</th> <th data-bbox="1088 331 1211 355">Objectives</th> <th data-bbox="1285 331 1391 355">Strategies</th> </tr> </thead> <tbody> <tr> <td data-bbox="965 376 1055 400">Mitigation</td> <td data-bbox="1088 376 1267 424">Develop interagency connections</td> <td data-bbox="1285 376 1854 563">Solicit key partners such as disaster responders and providers, domestic violence organizations, health-care facilities, law enforcement agencies, and state and federal emergency and disaster policy makers to increase capacity to respond to IPV and disaster Address challenges and barriers in disasters such as the lack of protocols for reporting IPV, enforcing protection orders, ensuring confidentiality, and providing shelter options for women experiencing IPV</td> </tr> <tr> <td data-bbox="965 568 1055 592">Preparedness</td> <td data-bbox="1088 568 1267 659">Increase IPV and disaster awareness Promote disaster safety planning</td> <td data-bbox="1285 568 1854 818">Provide IPV training and education for local, state, and federal emergency and disaster responders and providers Create site-specific disaster plans and promote disaster preparedness awareness in IPV shelters and programs through communication efforts such as fliers, posters, announcements, meetings, and social media Assist women in updating or creating safety plans for emergency and disaster situations Ensure children and pets are included into disaster safety planning Assess client vulnerabilities and the needs of marginalized women and families</td> </tr> <tr> <td data-bbox="965 823 1055 847">Response</td> <td data-bbox="1088 823 1267 914">Ensure basic needs are met Provide comfort and support</td> <td data-bbox="1285 823 1854 1058">Assist with crisis assessments and intervention that seek to identify women's immediate needs, resources, and strengths Ensure that women and families have 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Study	Study	Findings
Serrota, 2019 (18)	Analysed data from 22 survivors, 29 staff members, 9 organisational leaders, 14 service providers in partner organisations and 28 family violence programs affected by Hurricane Harvey in the USA	<ul style="list-style-type: none"> • Recommendations for future needs and priorities: <ul style="list-style-type: none"> - Support agencies with fuel and transportation funds for evacuating survivors. - Support recipient agencies with flexible funds for increased expenses. - Support survivors with displacement and legal issues. - Provide intimate Partner Violence training to local, state, and federal disaster responders. - Align and seek partnerships with disaster response experts with family violence organisations. - Create a state-wide coordination strategy plan for evacuation and preparedness.

The Center for Global Development has released a working paper on pandemics and violence against women and children to help inform further evidence generation and policy responses.(19)

Table 4. Domestic and family violence interventions

Study	Setting	Interventions	Findings
Tradbold, 2020 (20)	All settings	<ul style="list-style-type: none"> • Advocacy-based interventions (direct support regarding abuse, referrals to community resources and safety planning) • Clinically-focused interventions (driven by cognitive or behavioural practice models in an individual format) 	<ul style="list-style-type: none"> • Clinically focused interventions delivered in relatively small doses demonstrate promise in the reduction of re-victimisation over short-term follow-up (six months). • Advocacy-based interventions demonstrate promise for long-term remittance of re-abuse. • Continued contact and relations to the perpetrator appears to moderate the effect with significant implications on outcomes.
Adhia, 2020 (21)	Workplaces	<ul style="list-style-type: none"> • One-time trainings • Information displays, flyers, and interactive methods • Interactions with experts to cover issues including gender and violence against women 	<ul style="list-style-type: none"> • Evidence is sparse, however there may be benefits to workplace interventions including increased knowledge of intimate partner violence and related policies, willingness to intervene, and provision of information and resources to victims.
Van Pary, 2014 (22)	Antenatal	<ul style="list-style-type: none"> • Home visitation program with paraprofessionals (non-professionals trained to do the home visits and deliver the intervention and mentor mums or nurses) • Supportive counselling 	<ul style="list-style-type: none"> • Home visitation programs found women reported a lower, albeit statistically marginally non-significant, adjusted rate of intimate partner violence victimisation. • Nurse-visited women reported a significant decrease in physical partner violence. There were no changes for women visited by paraprofessionals. • Women visited by paraprofessionals reported a statistically significant greater sense of mastery and mental health. • Women receiving supportive counselling experienced statistically significant fewer recurrent episodes of violence during pregnancy and postpartum than women receiving usual care. Those with severe intimate partner violence showed significantly reduced episodes only during postpartum.

Study	Setting	Interventions	Findings
Yakubovich, 2018 (23)	All settings	<ul style="list-style-type: none"> Individual, relational level and community level protective factors 	<ul style="list-style-type: none"> The strongest evidence available for protective factors were: at the individual level, being older and, at the community level, living in a disadvantaged neighbourhood. The strong evidence available for risk factors were: at an individual level, and at a relational level, having parents with less than a high school education.
Sapkota, 2019 (24)	Antenatal	<ul style="list-style-type: none"> Screening Supportive counselling and mentoring Facilitative strategies Capacity building of health and non-health workers Cognitive behavioural skill development 	<ul style="list-style-type: none"> Training to service providers addressed gaps in both their knowledge and skills and prepared them to deal with disclosure of abuse effectively. Trend towards an improved safety- and help-seeking behaviours in women receiving supportive counselling with a significant reduction in mean danger assessment score after three month of the intervention. 53% of women who were screen of those screened positive (n = 49) accepted referrals to local support services.
Klein, 2019 (25)	Crisis	<ul style="list-style-type: none"> Shelters (emergency accommodation) 	<ul style="list-style-type: none"> Shelters is the most commonly assessed and available housing intervention, but only limited empirical evaluation is available of effectiveness.
Daley, 2020 (26)	Antenatal	<ul style="list-style-type: none"> Screening Referral Supportive counselling 	<ul style="list-style-type: none"> Women who received counselling as well as those in the comparison group showed a reduction in the frequency and severity of domestic violence, however the reduction was much higher in the intervention group.

Study	Setting	Interventions	Findings
Keynejad, 2020 (27)	All settings	<ul style="list-style-type: none"> Psychological intervention (any talking-based therapeutic treatment) 	<ul style="list-style-type: none"> Women disclosing intimate partner violence benefitted more from psychological interventions for anxiety than women who did not but there were no differences for post-traumatic stress disorder, depression, and psychological distress. Included interventions were delivered by various staff: a public health professional and researcher, psychology Masters-educated therapists, community mental health workers, general health workers, other community workers and lay individuals. Numbers of sessions ranged from 3-14 delivered at clinics, in community settings, at home, or a mixture of locations. Most interventions were delivered individually.
Morr, 2019 (28)	Information and Communication Technologies (ICT)	<ul style="list-style-type: none"> Screening Prevention Awareness 	<ul style="list-style-type: none"> ICT-based tools were found acceptable and suitable by women experiencing intimate partner violence. Usability is needed given the mental health and cognitive challenges faced by women experiencing violence. ICT-based screening tools for intimate partner violence are best used as a supplement to face-to-face screening allowing for more in depth and tailored advice from healthcare providers.
Ford-Gilboe, 2020 (29)	Information and Communication Technologies (ICT)	<ul style="list-style-type: none"> Double blind randomised controlled trial of 462 Canadian adult women who experienced recent intimate partner violence randomly were assigned to receive either a tailored, interactive online safety and health intervention (iCAN Plan 4 Safety) or a static, non-tailored version of this tool 	<ul style="list-style-type: none"> Women in both tailored and non-tailored groups improved over time on primary outcomes of depression and post-traumatic stress disorder. Women in both groups reported high levels of benefit, safety and accessibility of the online interventions, with low risk of harm, although those completing the tailored intervention were more positive about fit and helpfulness.

Study	Setting	Interventions	Findings
Rempel, 2018 (30)	Information and Communication Technologies (ICT)	<ul style="list-style-type: none"> Scoping review of published and grey literature to explore the emergent research related to online interventions for women within the context of intimate partner violence between 2000 and 2016 	<ul style="list-style-type: none"> Six interventions focused on personal safety planning that would enable women’s safety while remaining engaged within the abusive relationship. Seven interventions focused on safety planning to support women to physically leave an abusive relationship. Four interventions focused on the provision of services and resources to support women in the immediate aftermath of leaving an abusive partner.

Document history

Original search April 2020	Updates
Review on 24 April 2020	Updated evidence with NSW Bureau of Crime Statistics and Research brief (Table 1) and include key message in the brief.

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Appendix one

PubMed Search Terms: (("pandemics"[MeSH Terms] OR "pandemic*" [title/abstract] OR "disease outbreak*" [title/abstract]) AND ("domestic violence"[MeSH Terms] OR "domestic violence" [title/abstract]))

PubMed Search Terms: (("pandemics"[MeSH Terms] OR "pandemic*" [title/abstract] OR "disease outbreak*" [title/abstract]) AND ("family violence"[MeSH Terms] OR "family violence" [title/abstract]))

PubMed Search Terms: (("domestic violence"[MeSH Terms] OR "domestic violence" [title/abstract]) AND ("quarantine"[MeSH Terms] OR "quarantine*" [title/abstract] OR "isolation" [title/abstract]))

PubMed Search Terms: (("domestic violence"[MeSH Terms] OR "domestic violence" [title/abstract] OR "domestic abuse" [title/abstract] OR "partner abuse" [title/abstract] OR "partner violence" [title/abstract]) AND (((Social Support[MeSH Terms]) OR (support[Title]) OR (management[Title/Abstract]) OR (interventions[Title/Abstract])) AND ((systematicreviews[Filter]) AND (2018:2020[pdat]))

Twitter Search Terms: '#domesticviolence' #domesticabuse' AND #covid19 between 3 April 2020 and 6 April 2020. Rapid review of 1068 tweets through social media listening tool TaggedBox