Intimate Partner Violence during COVID-19

Subjects: Others
Contributor: Giulia Lausi

Domestic violence abuse (DVA) is a widespread public health problemthat includes different kinds of abuse, such as that upon elderly individuals and children in the family, while intimate partner violence (IPV) refers to violence by a current or former spouse or partner in an intimate relationship with the victim. IPV can be physical, psychological, sexual, or economic and can have negative health consequences on the victim. Social isolation is considered one of the main risk factors leading to intimate partner violence episodes; this evidence also emerged during the application of stay-at-home policies to contain the COVID-19 pandemic.

Keywords: stay at home ; coronavirus ; thematic synthesis ; aggressive behavior ; helping professions ; psychological violence ; lockdown ; forced cohabitation ; victimization

1. Introduction

Domestic violence abuse (DVA) is a widespread public health problem [1][2] that includes different kinds of abuse, such as that upon elderly individuals and children in the family, while intimate partner violence (IPV) refers to violence by a current or former spouse or partner in an intimate relationship with the victim. IPV can be physical, psychological, sexual, or economic and can have negative health consequences on the victim [3][4][5][6].

Both geographical and social isolation may contribute to violence among people living together and the sequential consequences of a lack of social networks and support, a main protective factor in IPV episodes [7][8]. Worldwide, several confinement measures have been taken to reduce the risk of infection; measures have differed among different countries, but all agreed on the advice (or, in some cases, orders) to stay at home (SAH), reduce mobility and increase social distancing across individuals [3][9]. The SAH policies were effective in limiting the spread of the virus but resulted in profound crises on several levels: public health, economic crisis, increased unemployment, and difficulties of forced cohabitation [10][11]; moreover, there has been an impact on society, which suffered from a lack of social support systems, and repercussions on, in particular, in intimate partner violence situations.

DVA and IPV, during the different pandemic responses and situations of social isolation, were apparently associated with several factors: loss, bewilderment in facing an uncontrollable disaster, economic stress, increased exposure to risky and dysfunctional relationships, and lack of access to support systems, including health, law enforcement, and justice [2][12][13][14][15][16]. Moreover, substance abuse, isolation and financial strain have been shown to be IPV risk factors that may be intensified during a pandemic period, as these factors can increase loneliness, increase psychological and financial stress, and increase the use of negative coping strategies, such as substance abuse [2][4][12]. Concerning the COVID-19 pandemic, early data collected on a global scale suggest that as isolation measures take effect, there has been a significant increase in IPV episodes since 2019 [4][17][18] regarding both reports and access to support services and websites [1][3][19][12][20][21]. However, most data regarding the impact of COVID-19 social isolation measures on IPV have come from media and reports from victim support organizations [1][2][16][22].

As the restriction measures went into effect, the media highlighted a spike in IPV cases, sometimes with data that seemed to conflict. In Italy, for instance, during the SAH orders, a decrease in calls to the intimate partner violence hotline has been recorded; similar data have been found in Norway and in New York [23]. A possible explanation for this phenomenon may be the difficulty of victims seeking help, either because of social isolation that may amplify individual vulnerability and abusive behavior [1][4][9][24][25][26] or because of the coping strategies implemented by victims without incurring an increased risk [27].

Notwithstanding, several studies report different attitudes towards IPV reporting between victims and help professionals, both with regard to the perceived risk of reoffending [28] and the possibility of receiving/providing effective help [29][30]. Specifically, help professional reports—particularly those made by health providers [31][32][33]—seem to acknowledge a

lower percentage of IPV cases than the victims, making it difficult to understand the real extent of this phenomenon. Nevertheless, health providers work through social services and shelters, allowing for systematic data collection and support and practical help for victims, both in recognizing the abusive situation and in getting out of it.

Crucially, the pandemic condition has drawn media attention to a phenomenon that should not be viewed through a causal filter but throughout its evolution. The fragmentary nature of data and news does not emphasize that IPV is a pattern of abusive behavior that stems from social and gender culture, nor is it a direct consequence of the COVID-19 emergency [17][27][24].

Several reviews have examined the issue of IPV and its characteristics from the perspectives of victims, police, and healthcare facilities. However, to the best of our knowledge, no reviews have assessed the impact of the COVID-19 pandemic on IPV. Particularly, our study would like to fill the dark figure of crime issues through a multiperspective phenomenon analysis (i.e., victims, police, healthcare).

From these premises, the purpose of our review was (1) to collect research data on IPV during the COVID-19 pandemic to identify possible trends and (2) to highlight the features of this phenomenon by comparing data from victims (e.g., data collected from anonymous online surveys) and from help professionals. This includes all professionals (e.g., law enforcement officers, psychologists, doctors, health workers, educators) who activate supportive and helpful services in numerous fields, from social care and healthcare to security and prevention.

It is assumed that victims, because of the risk of infection, have preferred not to seek emergency care; moreover, hospitals and specialty facilities have limited access to support services for IPV victims, because of cases of staff contamination and because they are prioritizing the reception and care of those with COVID-19 [10][27].

2. Discussion

This review allowed us to investigate the phenomenon of intimate partner violence from different perspectives. On the one hand, there were data from the victims themselves; on the other hand, there were data from reports and calls to healthcare facilities. This approach allowed a third observation, the comparison between the data provided by the authorities and the data from the victims, taking into account the difficulty of victims in reporting their abusive partners.

It is worth noting that among the different forms of victimization, physical assault episodes decreased, although the severity of the assaults worsened among the victims [34]. This result might be explained by the perpetrators wanting to avoid hospitals, thus ensuring that the victimization was less harmful than that in normal conditions; moreover, the victims were not able to reach hospitals due to the spread of the virus and the at-home confinement with their abusers. The implementation of SAH policies increased the difficulty of victims escaping the abusive behavior; it can also be assumed that SAH policies provided more control over the victims for the perpetrators, who had more knowledge of their movements [35][36][37][38][39]. This assumption was also supported by the data from this review; while victims reported more IPV episodes, the data collected by the police and healthcare services showed little change compared to previous periods [9][14], sometimes even significant declines [40], while a significant change seemed to emerge especially from those who had never sought help for IPV episodes [41].

Based on the data collected through the victims, it was found that physical violence was the one most associated with the increase in tobacco, drug and alcohol intake [42]; however, there is no certainty of a causal relationship between the two phenomena [43]. Additionally, it could be seen that most of the risk factors already found in the literature [44][45][46][47][48] were influential in the period of SAH policies, such as age, educational level, presence of mental disorders, or having previously experienced IPV [42][49]. In addition, having contracted the coronavirus or experienced a state of job uncertainty caused by the pandemic situation, with the subsequent increase in life stressors, seemed to represent new risk factors related to the specific time frame [50][34]. The association between coronavirus positivity and job loss because of COVID-19 and an increase in IPV emerged from both self-reports of victims and self-reports of IPV perpetrators [42][50].

With regard to perpetrator data, it should be noted that they were not sufficient to highlight an in-depth IPV perpetrator perspective; thus, we could not structure a specific discussion on this issue. In particular, there were no studies that specifically considered the perspective of offenders, especially regarding an increase or decrease in pre- and post-SAH violence, with a significant sample.

According to several studies [1][4][12][24], increasing the amount of time spent together with an abusive partner because of forced cohabitation has led to an exacerbation of a victim's vulnerability and, moreover, to an abusive partner's opportunity to perpetrate violence, failing to rely on social support, social networks, and the networking considered among the most important protective factors [7][8]. This result (that spending time together leads to increased vulnerability and

therefore violence) is also in line with a UK study [51], which showed that despite a continuous increase in calls and police reports during the lockdown in June, coinciding with a loosening of restrictive measures, IPV started to decrease. It should be noted, however, that apart from the fact that these were calls to the help line and police calls/reports, the post lockdown period considered was very short and did not represent the focus of the study. This changed the victims' seeking-help modality, making IPV calls for psychological support rather than legal support more accessible [52], while increasing the control of the abusive partner, which may have led to greater isolation for the victim.

3. Conclusions

These results acquired considerable importance in addressing a phenomenon as complex as intimate partner violence. In fact, one of the main issues of data collection concerns the obscure number, i.e., the number of episodes of violence that are never reported, therefore affecting the estimations of the incidence of the phenomenon worldwide. On this subject, in a recent study conducted in Italy on the consequences of forced cohabitation during SAH orders, participants assumed an increase in episodes of IPV and an increase in separations as a result of forced cohabitation caused by restrictive measures in the territory. Although the data reported by research participants did not show a worsening within their daily lives [11], these findings provide a deeper understanding of the result shown by Freeman [9], who reported no change between the SAH period and the previous year but highlighted the increasing difficulty for victims to be able to report while living with their perpetrators.

The dark figure of crime is a pervasive limitation in domestic violence studies and, more specifically, with regard to intimate partner violence. In the interpretation of data from the reviewed studies, a substantial gap has already emerged between data reported by victims and those reported by professionals; although this finding supports the literature on the subject [53][54][55][56][57][58][59][60], the limitation that results in not being able to consider the data generalizable must be considered.

Beyond the limitation due to the obscure number, some inherent limitations in the present review must be considered. First, the wide range of methods and measures used for collecting and analyzing the data did not allow for more in-depth comparisons between the research examined; given the different research designs, this also led to the choice of using two different tools for the analysis of risk of bias.

Furthermore, it should be noted that most of the studies were carried out in the first few months following the onset of the pandemic, and there was no single restrictive measure for all countries, ranging from social distancing measures to more restrictive measures such as lockdowns. In fact, although some of the studies considered were conducted during the period of relaxation of the restrictive measures, the questions asked were focused on the violence experienced during the lockdown period, whereas it would be interesting to focus the study on the post lockdown period. Moreover, lacking sufficient data from all over the world, it was not possible to proceed with a comparison by area; the problem of gender-based violence is mainly due to cultural factors, and being able to highlight the different aspects from different parts of the world could allow more extensive and in-depth work. Furthermore, intimate partner violence involves different dynamics than domestic violence and other forms of abuse; thus, future studies could investigate the phenomenon more extensively.

Future research could further investigate the perspective of perpetrators to highlight the motivations and factors underlying the increase/decrease in violence during the pandemic period, as well as the types of violence most commonly used. As previously mentioned, distancing policies and orders to stay at home might have led to greater control over the victim by the partner, which might explain why in some situations a decrease in violence in the COVID-19 period and a decrease in severity were shown. Furthermore, it might be interesting to take gender differences into account in these terms. Highlighting the perspective of perpetrators could ultimately lead to a better understanding of the phenomenon and, consequently, to additional elements that could form the basis for combating the phenomenon of violence.

In terms of application, the results of this literature review could lead to the implementation of specific training for professionals (e.g., police, psychologists, and doctors), focusing on how to correctly receive requests for help, based on specific trainings with the use of role playing, both in person and on the help line. The training could also concern raising awareness and training with respect to the correct reading of signal or sentinel crimes, with the activation of standardized procedures at the national level. Awareness of IPV alarm signals and of increased risk in spending time with perpetrators in the general population may be an opportunity to decrease the dark figures of crime while increasing social support, as it is an important protective factor [7][8]. Therefore, developing interventions both on a large scale and in individual neighborhoods may contribute to preventing the IPV phenomenon.

According to the available data, it would also seem useful to implement procedures that could make it easier to connect victims with institutions, especially in all cases where the victim has limited possibilities to communicate with the outside world. It is also worth considering that the end of the pandemic will give victims a greater possibility to seek help and break out of the cycle of violence. This might mean making the availability of all those who help victims, from mental and physical health professionals to authorities, even more visible. Therefore, more effort might be needed to increase the possibilities for victims to meet these professionals.

References

1. Ertan, D.; El-Hage, W.; Thierrée, S.; Javelot, H.; Hingray, C. COVID-19: Urgency for Distancing from Domestic Violence. Eur. J. Psychotraumatol. 2020, 11, 1800245.
2. van Gelder, N.; Peterman, A.; Potts, A.; O'Donnell, M.; Thompson, K.; Shah, N.; Oertelt-Prigione, S. COVID-19: Reducing the Risk of Infection Might Increase the Risk of Intimate Partner Violence. EClinicalMedicine 2020, 21, 100348.
3. Boserup, B.; McKenney, M.; Elkbuli, A. Alarming Trends in US Domestic Violence during the COVID-19 Pandemic. Am. J. Emerg. Med. 2020, 38, 2753–2755.
4. Barbara, G.; Facchin, F.; Micci, L.; Rendiniello, M.; Giulini, P.; Cattaneo, C.; Vercellini, P.; Kustermann, A. COVID-19, Lockdown, and Intimate Partner Violence: Some Data from an Italian Service and Suggestions for Future Approaches. J. Womens Health 2020, 29, 1239–1242.
5. Santos, L.; Monteiro Nunes, L.M.; Rossi, B.A.; Taets, G. Impacts of the COVID-19 Pandemic on Violence against Women: Reflections from the Theory of Human Motivation from Abraham Maslow. SciELO 2020.
6. Stavrou, E.; Poynton, S.; Weatherburn, D. Intimate Partner Violence against Women in Australia: Related Factors and Help-Seeking Behaviours. BOCSAR NSW Crime Justice Bull. 2016, 200, 16. Available online: (accessed on 12 January 2021).
7. Lanier, C.; Maume, M.O. Intimate Partner Violence and Social Isolation across the Rural/Urban Divide. Violence Against Women 2009, 15, 1311–1330.
8. Choi, S.Y.; Cheung, Y.W.; Cheung, A.K. Social Isolation and Spousal Violence: Comparing Female Marriage Migrants with Local Women. J. Marriage Fam. 2012, 74, 444–461.
9. Freeman, K. Monitoring Changes in Domestic Violence in the Wake of COVID-19 Social Isolation Measures. Crime Justice Stat. Bur. Brief. 2020, 145. Available online: (accessed on 12 January 2021).
10. Matoori, S.; Khurana, B.; Balcom, M.C.; Koh, D.M.; Froehlich, J.M.; Janssen, S.; Kolokythas, O.; Gutzeit, A. Intimate Partner Violence Crisis in the COVID-19 Pandemic: How Can Radiologists Make a Difference? Eur. Radiol. 2020, 30, 6933–6936.
11. Mari, E.; Fraschetti, A.; Lausi, G.; Pizzo, A.; Baldi, M.; Paoli, E.; Giannini, A.M.; Avallone, F. Forced Cohabitation during Coronavirus Lockdown in Italy: A Study on Coping, Stress and Emotions among Different Family Patterns. J. Clin. Med. 2020, 9, 3906.
12. Usher, K.; Bhullar, N.; Durkin, J.; Gyamfi, N.; Jackson, D. Family Violence and COVID-19: Increased Vulnerability and Reduced Options for Support. Int. J. Ment. Health Nurs. 2020, 29, 549–552.
13. Brantingham, P.J.; Brantingham, P.L. Patterns in Crime; Collier Macmillan: New York, NY, USA, 1984.
14. Campedelli, G.M.; Aziani, A.; Favarin, S. Exploring the Effects of COVID-19 Containment Policies on Crime: An Empirical Analysis of the Short-term Aftermath in Los Angeles. arXiv 2020, arXiv:2003.11021.
15. Cohen, L.E.; Felson, M. Social Change and Crime Rate Trends: A Routine Activity Approach. Am. Sociol. Rev. 1979, 44, 588–608.
16. Fraser, E. Impact of COVID-19 Pandemic on Violence against Women and Girls. VAWG Helpdesk Research Report. 2020, Volume 284. Available online: (accessed on 18 January 2021).
17. Barbosa, J.P.M.; Lima, R.C.D.; de Brito Martins, G.; Drumond Lanna, S.; Carvalho Andrade, M.A. Intersectionality and Other Views on Violence against Women in Times of Pandemic by COVID-19. SciELO 2020.
18. United Nation Women. COVID-19 and Ending Violence against Women and Girls. Gender-Based Violence. 2020, Volume 1. Available online: (accessed on 15 January 2021).
19. Speed, A.; Thomson, C.; Richardson, K. Stay Home, Stay Safe, Save Lives? An Analysis of the Impact of COVID-19 on the Ability of Victims of Gender-based Violence to Access Justice. J. Cri. Law 2020, 84, 539–572.

20. Kagi, J. Crime Rate in WA Plunges Amid Coronavirus Social Distancing Lockdown Measures. ABC News Australia. Available online: (accessed on 18 January 2021).
21. Poate, S. 75% Increase in Domestic Violence Searches Since Coronavirus. NBN News. Available online: (accessed on 18 January 2021).
22. Campbell, A.M. An Increasing Risk of Family Violence during the Covid-19 Pandemic: Strengthening Community Collaborations to Save Lives. Forensic Sci. Int. 2020, 2, 100089.
23. Council of Europe. Promoting and Protecting Women's Rights at National Level. Available online: (accessed on 12 January 2021).
24. Gosangi, B.; Park, H.; Thomas, R.; Gujrathi, R.; Bay, C.P.; Raja, A.S.; Seltzer, S.E.; Balcom, M.C.; McDonald, M.L.; Orgill, D.P.; et al. Exacerbation of Physical Intimate Partner Violence during COVID-19 Pandemic. Radiology 2021, 298, E38–E45.
25. Rhodes, H.X.; Petersen, K.; Lunsford, L.; Biswas, S. COVID-19 Resilience for Survival: Occurrence of Domestic Violence during Lockdown at a Rural American College of Surgeons Verified Level One Trauma Center. Cureus 2020, 12, e10059.
26. World Health Organization (WHO). Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence. A Clinical Handbook. Available online: (accessed on 15 January 2021).
27. Williamson, E.; Lombard, N.; Brooks-Hay, O. Domestic Violence and Abuse, Coronavirus, and the Media Narrative. J. Gend. Based Violence 2020, 4, 289–294.
28. Cattaneo, L.B. Contributors to Assessments of Risk in Intimate Partner Violence: How Victims and Professionals Differ. J. Community Psychol. 2007, 35, 57–75.
29. Meyer, S. Seeking Help for Intimate Partner Violence: Victims' Experiences when Approaching the Criminal Justice System for IPV-related Support and Protection in an Australian Jurisdiction. Fem. Criminol. 2011, 6, 268–290.
30. Loke, A.Y.; Wan, M.L.E.; Hayter, M. The Lived Experience of Women Victims of Intimate Partner Violence. J. Clin. Nurs. 2012, 21, 2336–2346.
31. Waalen, J.; Goodwin, M.M.; Spitz, A.M.; Petersen, R.; Saltzman, L.E. Screening for Intimate Partner Violence by Health Care Providers-Barriers and Interventions. Am. J. Prev. Med. 2000, 4, 230–237.
32. Djikanovic, B.; Celik, H.; Simic, S.; Matejic, B.; Cucic, V. Health Professionals' Perceptions of Intimate Partner Violence against Women in Serbia: Opportunities and Barriers for Response Improvement. Patient Educ. Couns. 2009, 80, 88–93.
33. Chang, J.C.; Buranosky, R.; Dado, D.; Cluss, P.; Hawker, L.; Rothe, E.; McNeil, M.; Scholle, S. Helping Women Victims of Intimate Partner Violence: Comparing the Approaches of Two Health Care Settings. Violence Vict. 2009, 24, 193–203.
34. Jetelina, K.K.; Knell, G.; Molsberry, R.J. Changes in Intimate Partner Violence during the Early Stages of the COVID-19 Pandemic in the USA. Inj. Prev. 2020, 27, 93–97.
35. Pattojoshi, A.; Sidana, A.; Garg, S.; Mishra, S.N.; Singh, L.K.; Goyal, N.; Tikka, S.K. Staying Home is NOT 'Staying Safe': A Rapid 8-Day Online Survey on Spousal Violence against Women during the COVID-19 Lockdown in India. Psychiatry Clin. Neurosci. 2020.
36. Moreira, D.N.; da Costa, M.P. The Impact of the Covid-19 Pandemic in the Precipitation of Intimate Partner Violence. Int. J. Law Psychiatry 2020, 71, 101606.
37. Kaukinen, C. When Stay-at-Home Orders Leave Victims Unsafe at Home: Exploring the Risk and Consequences of Intimate Partner Violence during the COVID-19 Pandemic. Am. J. Crim. Law 2020, 45, 668–679.
38. Bradbury-Jones, C.; Isham, L. The Pandemic Paradox: The Consequences of COVID-19 on Domestic Violence. J. Clin. Nurs. 2020, 29, 13–14.
39. Fawole, O.I.; Okedare, O.O.; Reed, E. Home Was Not a Safe Haven: Women's Experiences of Intimate Partner Violence during the COVID-19 Lockdown in Nigeria. BMC Womens Health 2021, 21, 32.
40. Balmori de la Miyar, J.R.; Hoehn-Velasco, L.; Silverio-Murillo, A. Druglords don't Stay at Home: COVID-19 Pandemic and Crime Patterns in Mexico City. J. Crim. Justice 2021, 72, 101745.
41. Bullinger, L.R.; Carr, J.; Packham, A. COVID-19 and Crime: Effects of Stay-at-Home Orders on Domestic Violence. Natl. Bur. Econ. Res. 2020.
42. Ghimire, C.; Acharya, S.; Shrestha, C.; KC, P.; Singh, S.; Sharma, P. Interpersonal Violence during the COVID-19 Lockdown Period in Nepal: A Descriptive Cross-sectional Study. JNMA J. Nepal Med. Assoc. 2020, 58, 751–757.

43. Gibbons, M.A.; Murphy, T.E.; Rossi, M.A. Confinement and Intimate Partner Violence: The Short-Term Effect of COVID-19. In COVID-19 Lockdowns and Domestic Violence; Perez-Vincent, S.M., Carreras, E., Gibbons, M.A., Murphy, T.E., Rossi, M.A., Eds.; Inter-American Development Bank: Washington, DC, USA, 2020.
44. Salom, C.L.; Williams, G.M.; Najman, J.M.; Alati, R. Substance Use and Mental Health Disorders are Linked to Different Forms of Intimate Partner Violence Victimisation. Drug Alcohol Depend. 2015, 151, 121–127.
45. Sanz-Barbero, B.; Pereira, P.L.; Barrio, G.; Vives-Cases, C. Intimate Partner Violence against Young Women: Prevalence and Associated Factors in Europe. J. Epidemiol. Community Health 2018, 72, 611–616.
46. Yakubovich, A.R.; Stöckl, H.; Murray, J.; Melendez-Torres, G.J.; Steinert, J.I.; Glavin, C.E.Y.; Humphreys, D.K. Risk and Protective Factors for Intimate Partner Violence against Women: Systematic Review and Meta-analyses of Prospective-Longitudinal Studies. Am. J. Public Health 2018, 108, e1–e11.
47. Herbert, A.; Heron, J.; Barter, C.; Szilassy, E.; Barnes, M.; Howe, L.D.; Feder, G.; Fraser, A. Risk Factors for Intimate Partner Violence and Abuse among Adolescents and Young Adults: Findings from a UK Population-based Cohort. Wellcome Open Res. 2020, 5, 176.
48. Schreiber, E.; Salivar, E.G. Using a Vulnerability-stress-adaptation Framework to Model Intimate Partner Violence Risk Factors in Late Life: A Systematic Review. Aggress. Violent Behav. 2021, 57.
49. Gebrewahd, G.T.; Gebremeskel, G.G.; Tadesse, D.B. Intimate Partner Violence against Reproductive Age Women during COVID-19 Pandemic in Northern Ethiopia 2020: A Community-based Cross-sectional Study. Reprod. Health 2020, 17.
50. Davis, M.; Gilbar, O.; Padilla-Medina, D. Intimate Partner Violence Victimization and Perpetration among U.S. Adults during COVID-19: A Brief Report. medRxiv 2020.
51. Ivandic, R.; Kirchmaier, T.; Linton, B. Changing Patterns of Domestic Abuse during COVID-19 Lockdown. SSRN Electron. J. 2020.
52. Silverio-Murillo, A.; Balmori de la Miyar, J.R.; Hoehn-Velasco, L. Families under Confinement: COVID-19, Domestic Violence, and Alcohol Consumption. SSRN Electron. J. 2020.
53. Gracia, E. Unreported Cases of Domestic Violence against Women: Towards an Epidemiology of Social Silence, Tolerance, and Inhibition. J. Epidemiol. Community Health 2004, 58, 536–537.
54. Hester, M. Making it through the Criminal Justice System: Attrition and Domestic Violence. Soc. Policy Soc. 2006, 5, 79–90.
55. Fanslow, J.L.; Robinson, E.M. Help-seeking Behaviors and Reasons for Help Seeking Reported by a Representative Sample of Women Victims of Intimate Partner Violence in New Zealand. J. Interpers. Violence 2006, 25, 929–951.
56. Fernández-González, L.; O'Leary, K.D.; Muñoz-Rivas, M.J. We Are Not Joking: Need for Controls in Reports of Dating Violence. J. Interpers. Violence 2012, 28, 602–620.
57. Birdsey, E.; Snowball, L. Reporting Violence to Police: A Survey of Victims Attending Domestic Violence Services. Crime Justice Stat. 2013, 91, 1–8.
58. Palermo, T.; Bleck, J.; Peterman, A. Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries. Am. J. Epidemiol. 2014, 179, 602.
59. Sleath, E.; Smith, L.L. Understanding the Factors that Predict Victim Retraction in Police Reported Allegations of Intimate Partner Violence. Psychol. Violence 2017, 7, 140–149.
60. Holliday, C.N.; Kahn, G.; Thorpe, R.J.; Shah, R.; Hameeduddin, Z.; Decker, M.R. Racial/Ethnic Disparities in Police Reporting for Partner Violence in the National Crime Victimization Survey and Survivor-Led Interpretation. J. Racial Ethn. Health Disparit. 2020, 7, 468–480.