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Intimate partner violence during the COVID-19 pandemic: A literature review

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Abstract

Background: Intimate partner violence (IPV) has been the silent pandemic that has raged behind the scenes during COVID-19. Since March 2020, various public health orders put in place including the stay-at-home order to stop the spread of COVID-19 have created new challenges among general population and vulnerable groups, particularly victims of IPV. The purpose of this study is to review the current literature that evaluates the impact that the COVID-19-associated public health orders have had on the IPV victims during the pandemic. How have IPV victims been impacted by the COVID-19 pandemic?

Methods: A targeted literature review using PICO format (population, intervention, comparison, and outcomes) examines how IPV victims have been impacted by the COVID-19 pandemic and factors associated with the increased rates of IPV.

Results: The rates of IPV have increased during the COVID-19 in comparison with pre-COVID-19 IPV rates. Notably more severe cases of abuse were documented, as well as new forms of abuse. Risk factors for the increased rate of IPV included financial factors, caregiver burnout, stress and other factors.

Conclusion: Healthcare professionals have a key role to play in helping IPV victims to access resources.

Keywords: COVID-19, intimate partner violence, domestic violence, risk factors, healthcare professionals.

The public health restrictions that have been enforced due to the COVID-19 pandemic have created the perfect environment for intimate partner violence (IPV) to escalate. Domestic violence (DV) and IPV are both terms that are used to describe when one partner uses abusive behaviour to control or harm the other partner in the relationship (Burczycka, 2018). The partner may be in a marriage, living common law or dating. Intimate partner violence can occur within a same sex or opposite sex relationship and can happen at any time during a relationship (Government of Canada, 2017). There are many different forms of abuse and neglect that can be carried out during the relationship, and IPV can be just one act of violence or multiple acts that form patterns of abuse. For the victims of abuse, IPV can lead to very serious and sometimes fatal consequences (Government of Canada, 2017). Intimate partner violence has been further complicated by the COVID-19 pandemic restrictions, such as the stay-at-home orders put in place to help to protect the public from the spread of the virus. However, these "safer at home" policies and guidelines have had a negative effect on those who are victims of IPV (Kofman & Garfin, 2020).

Background

Canadian studies have found that IPV has a significant negative impact on the health and wellbeing of women and men (Stewart et al., 2020). Rates of IPV are known to escalate during periods

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of uncertainty. These periods of uncertainty can come in the form of social isolation, economic hardship due to job loss, and housing instability. These factors escalate the tensions within the home thereby increasing IPV (Allen & Jaffray, 2020). Intimate partner violence is the most common non-fatal injury to women world-wide (Allen & Jaffray, 2020).

Early in the pandemic, on April 18, 2020, in Portapique, Nova Scotia, a man assaulted his girlfriend. This IPV incident was the catalyst that resulted in a 13-hour murder spree, which ended with a total of 22 people murdered (Thomson & Chiu, 2020). This was the worst mass shooting in Canada's history (Thomson & Chiu, 2020). Although this has not been directly linked to the pandemic, stay-at-home orders were in place, and this may have made the victims more vulnerable because they were unable to leave their homes to be out in public areas (Thomson & Chiu, 2020).

Currently in Canada, a woman or girl is killed every three days and the number of IPV murders increased from 118 in 2019 to 157 in 2020 (Canadian Femicide Observatory for Justice and Accountability, 2020; Dawson, 2019). This highlights the need to recognize that IPV affects everyone, and it is underrepresented by society. Exploring the differences in the rates of IPV prior to the COVID-19 pandemic and during the pandemic has elucidated the issues that the victims are facing and how we might be able to address the victims' needs.

Pre-COVID-19

Intimate partner violence is one of the most prevalent types of violence in Canada. Burczycka (2018) found that a third of all police-reported violence involves IPV and there were more than 99,000 victims between the ages of 15–89 in Canada. Women account for 79% of the victims of IPV and rates have been increasing steadily (Burczycka, 2018). One in seven victims experienced violence with a weapon, which adds to the severity of the abuse. Fifty-six percent of victims were physically harmed in some way with the majority having minor injuries and two percent resulted in death. Between 2008 and 2018 there were 945 spousal homicides in Canada and 79% of those killed were female (Burczycka, 2018). The World Health Organization has estimated that 35% of women globally have experienced sexual or physical violence from an intimate partner (Buttell & Ferreira, 2020).

Victims of IPV often do not seek help, which is why it is essential for healthcare professionals to try and identify victims through screening when patients are alone, so they can inform them of the resources that might be able to help them in the situation they are in (Evans et al., 2020). Statistics have indicated that it takes a woman an average of seven times to leave an abusive relationship (Treleaven, 2020). Spousal homicide rates increase upon separation and the woman's risk of being murdered by her spouse immediately following separation is six times higher (Sinha, 2015). Of women murdered by their partner, 45% of them had presented to a healthcare facility for treatment within two years of their death (Bradley et al., 2020).

During COVID-19

In terms of IPV services in Canada between mid-March and early July 2020, 50% of victim's services reported that there was no change in call volumes, while others revealed a 31% increase (Allen & Jaffray, 2020). In some major cities in the United States, there has been an increase of 20–30% in domestic violence calls, with some regions reporting increases as high as 62% (Kofman & Garfin, 2020). One study found that calls to battered women's shelters have tripled in Vancouver, British Columbia and in Alberta, Canada, while calls to crisis lines have had a 30 to 50% increase (Bradley et al., 2020). Ontario has seen a 22% increase in the number of domestic incidences and sexual assault reports since the beginning of the pandemic (Bradley et al., 2020).

Reasons for the abuse

In cases of IPV, the abuser wants power and control over their partner. This desire for power may take the form of physical, financial, sexual, emotional abuse or neglect (Government of Canada, 2017; Kent-Wilkinson, 1996). Victims may also experience coercive control, which occurs when a pattern of behaviour is used by the abuser to gain control, exploit, or show domination over their partner (Richards, 2021). Victims are micromanaged by the abuser every day and this behaviour increases to a higher level when the victim is trapped in the home with the abuser. Of the victims that experience coercive control, 51% do not even realize that they are being controlled and will often defend the perpetrator (Richards, 2021). This is a large part of what makes coercive control so dangerous (Richards, 2021). Although lockdown orders are slowing down the spread of the COVID-19 virus, IPV acts like an opportunistic infection that is thriving in the conditions created by the pandemic (Sharma & Borah, 2020). This has created social isolation for victims whereby their abuser may take full advantage of having the victim isolated from others.

Intimate partner violence is an increasing health concern for the victims and families of abuse. Due to the unprecedented nature of COVID-19, governments and health agencies were required to act fast to prevent transmission of the virus by implementing strict orders such as social distancing and staying-at-home. However, the restrictions or policies did not address the possible elevated risk of IPV victims being trapped at home with their abusers (Kofman & Garfin, 2020). The purpose of this targeted review was to examine existing literature that investigates the impact of COVID-19 on IPV victims, factors associated with IPV and the role healthcare professionals can play to help these victims.

Methods

A targeted literature review was conducted. This type of review is meant to be informative and takes an in-depth analysis of the chosen topic (Huelin et al., 2015). A targeted literature review focuses on identifying trends and gaps in the current research, examines the need for more research, and supports evidence-based decision making (Huelin et al., 2015). This type of research also bridges the information between related areas, which allows us to better understand the current state of IPV in the COVID-19 pandemic. Themes were derived by content analysis. A PICO format has been used to locate current evidence on the topic of IPV and the COVID-19 pandemic (Grove & Gray, 2019). The P – population is all the IPV victims from the start of the pandemic from Dec 2019 to Jan 31, 2021, irrespective

of gender. I – intervention will be the stay-at-home orders. C – comparisons will be made between the IPV pre-COVID 19 to IPV rates within the specified pandemic timeframe. O – outcomes of impact of violence in the victims of IPV. This review addressed the research question: how have IPV victims been impacted by the COVID-19 pandemic restrictions or orders?

Search strategy

Three data bases were searched including MEDLINE, PubMed and Pro-Quest. Keywords used in the search process were domestic violence, intimate partner violence, domestic abuse, COVID-19, novel coronavirus, and nurse/nursing/nursing care (see Appendixes A & B for Search Strategies). These keywords were developed by reviewing pre-existing literature and in consultation with a health services librarian and co-authors. The inclusion criteria included studies that investigated IPV during the COVID-19 in North America from December 1, 2019 to January 31, 2021. The study was limited to North America because Canada and the United States are very similar in how society functions and both countries have similar resources available.

Results

A total of 186 articles were retrieved and after duplicates removed, 166 articles were screened for titles and abstracts against inclusion criteria, which resulted in five full-text reviews. After the full-text review, all five articles met inclusion criteria and were selected for data extraction. Among selected studies, five articles were peer-reviewed including two qualitative studies, two cross-sectional studies and a case study. Of the five studies evaluated, four were from the United States and one was from Canada. All five studies were published in 2020.

Themes

After reviewing the literature, five main themes were identified. These were increased number of calls of IPV, increased severity of IPV, risk factors associated with IPV, lack of resources and the healthcare professional's role.

Increased number of calls of IPV

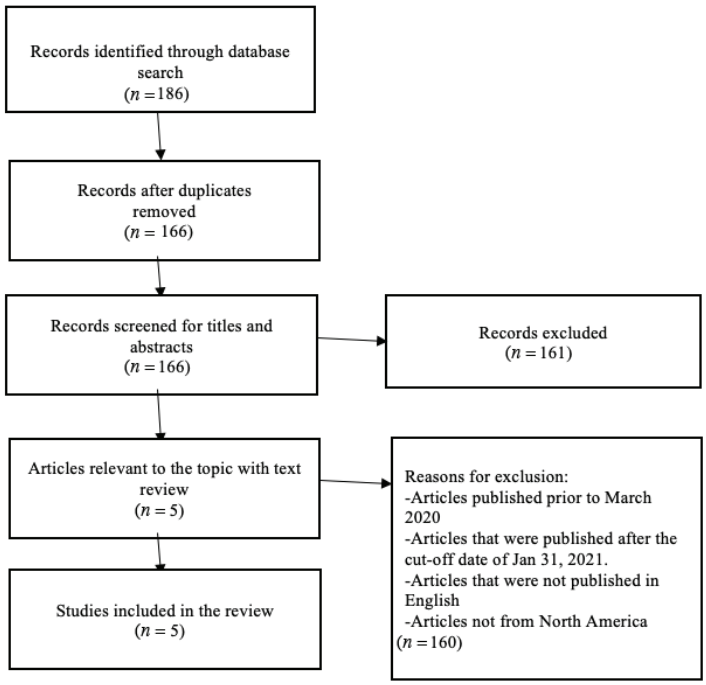
Bullinger et al. (2020) found that there was an increase in the numbers of IPV calls to police by 7.5%, which was equivalent to 1,875 calls over a 12-week period. Studies suggested that the increase in calls may be attributed to the stay-at-home order that was initiated in March 2020 (Sabri et al., 2020; Sharma & Borah, 2020). It was also noted that in 2020 there was a 1.8-fold increase in numbers of IPV compared to 2017–2019 (Gosangi et al., 2020). There has been an increase in the numbers of all forms of abuse, including IPV and an increase in aggression and coercive control (Xue et al., 2020).

Increased severity of IPV

Gosangi et al. (2020) found that the severity of injuries including strangulation, stabbings and burns was two times higher in 2020 when compared to the numbers of injuries from 2017–2019. This study also found that victims were more delayed in presenting to the hospital with their injuries than prior to the pandemic. In addition, increases in IPV due to forced isolation can increase the effects of violence and trauma, as well as injuries, anxiety, depression, substance use and post-traumatic stress disorder (Sabri et al., 2020).

Figure 1

Literature search process diagram



Risk factors associated with IPV

The literature showed that there are increased risk factors associated with increased IPV. These risk factors include financial, caregiver, burnout, stress and other factors.

Financial factors. Increased IPV due to financial stressors including layoffs, unemployment and loss of income have been indicated (Sabri et al., 2020; Xue et al., 2020). Sharma and Borah (2020) found that partnerships without a history of IPV prior to the pandemic have endured increased rates of IPV because of financial hardship (Sharma & Borah, 2020).

Caregiver burnout and stress. There has been increased caregiver burnout due to the stay-at-home orders, school closures, difficulties with childcare and challenges related to virtual learning (Sabri et al., 2020; Sharma & Borah, 2020). High-stress situations have been found to increase the rate of IPV by 3.5 times more than low-stress times (Sharma & Borah, 2020).

Other factors. There have been increased numbers of stalking and coercive control during the pandemic (Sabri et al., 2020). Prior to the pandemic, IPV victims were able to leave the home, but they were confined to staying at home during COVID-19; with the abuser and the victim in a very tense emotional situation, this may result in increased frequency and severity of abuse (Sabri et al., 2020). Coercive control is where the abuser uses a strategic pattern of behaviour to control the victim and this has led to newer forms of abuse including threatening not to wear a mask outside to catch COVID-19 to infect the IPV victims with the virus to control them (Sabri et al., 2020). This controlling and manipulating behaviour has come to a whole new level with the COVID-19 pandemic. Abusers look for new ways to isolate, deprive, regulate, and exploit their victims (Battered Women's Justice Projects, 2020). With COVID-19, the abuser may force the victim to excessively wash their hands, exploit the victim's fears, or demand social distancing. The abuser may purposefully contaminate things, lie about test results or foment panic (Battered Women's Justice Projects, 2020). These behaviours increase the isolation of the victims and increase the victim's risk of getting the COVID-19 virus.

Lack of resources

Victims found that there was a lack of resources available during the COVID pandemic. There were closures to mobile advocacy and community-run services that IPV victims use on a regular basis and those that remained open had to alter the way they were run due to the pandemic (Sabri et al., 2020). Many community support systems moved to operating using virtual platforms. Overall, there was a lack of mental health supports available during the pandemic (Sabri et al., 2020). Some community programs such as babysitting were not available (Sabri et al., 2020).

Healthcare professional's role

Providing care to patients during a pandemic is very challenging with physician offices, walk-in clinics, and outpatient clinics having moved to virtual platforms like telehealth (Gosangi et al., 2020). If a victim has an appointment with a healthcare professional by telehealth, he/she may be supervised by the abuser. Therefore, healthcare professionals may not be able to get an accurate assessment of what is going on with their victim (Jack et al., 2020). Victims may go to the emergency department with injuries consistent with abuse due to lack of access to family physicians or walk in clinics. Every visit in the emergency department is an opportunity for healthcare professionals to ask about IPV and be able to help victims with access to community resources (Zero & Geary, 2020). In terms of accessing cell phones to meet victims' needs, IPV organizations have worked to obtain used cell phones and find cheaper cell phone plans so that victims can report IPV incidents and contact DV services (Sabri et al., 2020). The main issues are privacy, WiFi connectivity, and issues with those who are not familiar with technology, which may impede accessing help (Sabri et al, 2020). All these issues may lead to victims not reaching out for help. Healthcare professionals need to be aware these issues exist and find ways to help victims get the help they need.

Discussion

Increased number of IPV-related calls

Since the beginning of the pandemic there has been a dramatic increase globally in cases of IPV. The surge within this pandemic is not a new phenomenon. Surges of cases happen when there are natural or environmental disasters (Jack et al., 2020; Sharma & Borah, 2020). Early estimates from multiple countries have suggested an increase of 20–50% in calls to emergency support lines, as well as police reports and emergency shelters (Jack et al., 2020). Bullinger et al. (2020) found that there was an increase of 7.5% in the number of DV calls and this corresponds to 1,875 more calls during a 12-week period in Chicago, USA. In Canada, there has been varied reports to the DV numbers, which may be attributed to the fact that women who experience IPV are unable to safely contact DV services because they are trapped at home with their abuser (Evans et al., 2020). Therefore, IPV hotlines should consider alternative solutions to allow easier access to services. In creating emergency plans, whether it is a natural disaster or a pandemic, how to provide IPV victims with supports during a crisis needs to be addressed. This can be in the form of emergency funding that is set aside to hire more staff to help with the increase in need. For example, law enforcement needs to have more officers available to respond to increased volumes of IPV-related calls during the pandemic and providing training to the officers in terms of recognizing the signs of IPV. In addition, resources should be available for victims, such as emergency shelters where they are safe and are able to receive much needed support.

Increased severity of IPV

During the COVID-19 pandemic, there has been a rise in the level of severity of injuries in IPV victims at hospital. According to a US study, Gosangi et al. (2020) found that there were a lower number of victims, but the victims that did present at the ED had more severe injuries including injuries caused by using weapons. The lower number of ED visits may be due to fear of catching the COVID-19 virus or increasing their risk of exposure that led victims to avoid seeking care for their injuries. In addition, transition to telehealth may prevent healthcare professionals in performing IPV screening because the abusers may overhear the conversation between the victim and the healthcare professional (Evans et al., 2020; Gosangi et al., 2020).

Table 1

Summary of reviewed studies

Author (year), Country	Study design	Study Aim	Sample	Measures	Major findings
Bullinger et al. (2020, August). US	Cross-sectional	Effects of the stay-at-home orders on IPV, based on number of IPV calls between March and April 2020	54,000 calls per week or 7,700 calls per day in the city of Chicago	GPS tacking data, polices call volumes for services, crime reports and arrests	Increased numbers of calls for IPV by 7.5%, which is equivalent to 1,875 calls over a 12-week period; decreases in numbers of domestic crimes by 8.2% and arrests for IPV were down 27.1%, which was down due to underfilling of the official incidence reports for domestic crimes. There were an estimated 1,000 cases of IPV not reported.
Gosangi et al. (2020, August 13). US	Case study	To evaluate the incidence, severity and pattern of injuries seen in IPV victims from March 11 to May 3, 2020, during the COVID-19 pandemic as compared to the previous 3 years	26 IPV victims who experienced physical abuse from their partners	Through radiological imaging and electronic health records, they were able to determine the severity of the injuries were grouped into 9 anatomical areas as well as labelled as superficial or deep, central, or peripheral	Incidence of IPV in 2020 during the pandemic was 1.8-fold higher than in 2017–2019. There was an overall decrease in the number of victims seeking care during the pandemic, but there were increased numbers of high-risk abuse like strangulation, stabbings and burns. Women killed by their spouses account for 58% of homicides. Radiologists can play a role in recognizing patterns of injury.
Sabri et al. (2020, October 2). US	Qualitative: phenomenological	What is the impact of COVID-19 pandemic on immigrant survivors of IPV?	45 in-depth interviews with IPV survivors	Interviews were conducted with survivors and to evaluate how COVID-19 has impacted their lives	Increased stressors like financial hardship from unemployment and layoffs can lead to increased conflict that led to the frequency and severity of IPV; increased caregiver burden due to stay-at home orders; mental health issues because community resources are closed; increasing numbers of IPV because spouses are at home as well as increases to stalking and control. Inability to seek help or to leave the relationship was highlighted. There is an enhanced need for services to address basic needs. There is a lack of comfort with using virtual platforms because of lack of skills with technology.
Sharma & Borah (2020, Oct 21), US	Qualitative: exploratory descriptive	Identify associations between COVID-19 and the IPV. To investigate factors associated with the increase in the number of cases and how communities, victims and governments can help to mitigate the risk of violence on society	A few IPV resources providers in US, Bangladesh and India through their help line numbers	Collection of data from service providers who responsible for responding to IPV victims. To better understand their life experiences, their perspectives, and their suggestions	Increasing the time spent together as a family will increase the violence. Increases in economic hardships including layoffs, loss of income increases IPV. High stress increases IPV by 3.5 times more than low stress times. There are less resources available including social support networks, which help the victims of IPV manage. Governments need to ensure that they take strategic steps to ensuring IPV is integrated into healthcare systems expanding social safety nets by offering temporary shelter and housing and integration of IPV into pandemic preparedness strategies.
Xue et al. (2020, November 22). Canada	Cross-sectional	Large analysis of public disclosure on IPV and the pandemic on Twitter	Over one million tweets from April 12 to July 16, 2020	Evaluation was done using the machine learning approach using Latent Dirichlet Allocation	Increased vulnerability with COVID-19, therefore increasing IPV. There are several types of family violence that are increasing including child abuse, assault, and IPV. Physical aggression and coercive control have been highlighted. Increased numbers of risk factors like drug abuse and alcohol abuse. Increased number of tweets for victims of violence increasing in the LGBTQ community; lack of social services available, like shelters; law enforcement having increased number of calls; social awareness movement to support victims and families; increases noted in DV related news related to celebrities.

An injury like strangulation is a lethal form of injury in IPV victims which cannot be ignored, since strangulation is the prelude to homicide (De Boos, 2019). However, it is often missed during initial assessment by healthcare professionals because bruising can take time to surface (De Boos, 2019). Victims of non-fatal strangulation may present with neurological symptoms, including strokes, seizures, dysphonia, difficulty swallowing, loss of consciousness and physical symptoms such as incontinence of urine or stool (De Boos, 2019). Healthcare professionals need to assess for all these symptoms when a victim presents. One of the most lethal forms of IPV is using firearms and according to a study in the US, 50 to 60% of IPV homicides are perpetrated with firearms (Websdale et al., 2019). As there has been an escalation in the severity of injuries seen in IPV situations (strangulations, stabbings, and use of firearms) during the pandemic, the criminal justice system, healthcare system, community leaders and service agencies should come together to evaluate cases and develop policies and procedures to help prevent and reduce all types of IPV, particularly homicide (Websdale, 2019).

Risk factors associated with IPV

As intimate partner violence often starts in adolescence, it means that education on relationships needs to start in high school (Center for Disease Control and Prevention [CDC], 2017). Education needs to include social-emotional learning programs for youth, such as conflict resolution, modelling of healthy relationships and how to communicate, and understanding what risk factors may increase an individual's susceptibility to IPV (CDC, 2017). Risk factors that can increase the risk for perpetrating IPV are identified as low income, low education, a history of abuse or neglect during childhood, unemployment, and poor parenting (CDC, 2017). Thus, education programs should be tailored to address the risk factors in order to prevent IPV, including programs that support employment and educate adult couples on healthy relationships (CDC, 2017).

Financial factors. There were 225 million jobs lost worldwide in 2020 due to the COVID-19 pandemic (Larson, 2021). Many families have had multiple lays offs within the household at the same time, which has created a lot of stress. Stress in relation to financial instability increased the amount of IPV. In Canada, many families have had to resort to using government-funded programs created to deal with the economic hardships (Government of Canada, 2021). Funding for programs to address IPV is particularly important during the pandemic. In 2020, the Canadian government committed to support women who are experiencing gender-based violence during the COVID-19 pandemic, allocating $40 million to Women and Gender Equity (WAGE) and $30 million to address the need of women for shelters and sexual assault centres (Government of Canada, 2020). This funding will be able to create 575 IPV shelters across Canada, which will allow more women to escape from unsafe situations.

Caregiver burnout. Caregiver burnout has increased with the COVID-19 pandemic as children were staying home either learning by themselves or attending online school and parents had to commit a lot of time to helping their children learn, which was identified as a risk factor for IPV during the pandemic (Sabri et al., 2020; Sharma & Borah, 2020). Community supports are an integral part of helping families in times of hardship, such as during COVID-19. With the stay-at-home order in place, many IPV victims have limited access to services that are helping them cope in their everyday lives, while providing a safe environment for children to live. To reduce caregiver burnout, families can partner up with one other family in their community and commit to being there for each other when needed, which allows the families to share some of the burden.

Stress. The pandemic has a negative impact on psychological wellbeing including increased level of stress (Sharma & Borah, 2020). COVID-19 associated stress has been reported to cause relationship issues, thus an increase in the rate of IPV can be expected (Sharma & Borah, 2020). Studies have found that elevated stress has led to an amplification of pre-existing mental health conditions in IPV victims and abusers, including depression, anxiety, suicidal ideation, post-traumatic stress disorder and panic disorders (Emezue, 2020; Jack et al, 2020; Sharma & Borah, 2020; Xue et al., 2020). Additional resources are required to provide support and care to IPV victims and their abusers to address COVID-19-related stresses and mental health conditions (Centre for Addiction and Mental Health [CAMH], 2020). A system-wide response is needed that encourages individuals at risk for IPV to reach out and seek help before the mental health conditions deteriorate, as well as providing education on how to manage stress in positive ways, including taking breaks from social media, mediating/deep breathing, getting lots of sleep, exercising regularly and eating healthy, and avoiding alcohol and drugs (CDC, 2021).

Other factors. There have been increases in rates of stalking and coercive control of women by their partners. Stalking escalated during the pandemic with the abuser tracking their victim's every move because the victim had to follow the stay-at-home orders (Sabri et al., 2020). Coercive control has surged because the abusers are able to control when and where an IPV victim is going, they are able to limit the access to services, as well as access to money (Jack et al., 2020; Sabri et al., 2020). Newer forms of abuse have emerged, including abusers threatening to not wear masks outside the home with the intention of contracting the virus and then infecting the IPV victims as a way to control the victim (Emezue, 2020; Sabri et al., 2020). Therefore, intervention programs and healthcare professionals should adapt new strategies to address the new forms of IPV to provide support that meets the IPV victim's needs.

Lack of resources

Shelters and community support. The COVID-19 pandemic has created issues for IPV survivors who seek out shelters and community resources due to the stay-at-home orders. Shelters are a means of escape from the abusive relationship and are an important source of temporary housing for women. They are also used as a platform to help with many other interventions like providing emotional support, guidance, and social belonging (Andermann et al., 2021). Many shelters have had to alter their operations by decreasing their capacity or by shutting down completely to comply with public health orders (Evans et al., 2020). Many public agencies have shifted from in person

services to operating via virtual platforms to meet victim's needs. Ideally, all the services required by IPV victims should be classified as essential services and should not be affected by public health orders.

Interventions and safety plan

To enhance the effectiveness of existing interventions that aim to help IPV victims, the interventions should be driven by the victim. There is not a one-solution-fits-all, so it is important to listen to the victim and to try and explore alternative options that will fit their needs (Abramson, 2020). For example, a safety plan needs to include available resources that victims can access, which means community agencies need to know what resources are available and how victims can access them. The agencies need to be aware, as once the pandemic is over there will be even more victims seeking help. IPV agencies and mental health agencies will need to prepare for an influx of victims seeking help.

Healthcare professionals' role

Providing healthcare during a pandemic is challenging. Physician offices, walk-in clinics, and outpatient clinics usually have DV screening processes for patients and, because of the pandemic, they have had to change the way that patients are being seen and treated by moving to phone consults or virtual platforms like telehealth (Evans et al., 2020; Gosangi et al., 2020; Jack et al., 2020). As such, they cannot ensure 100% privacy when talking to patients or clients and this presents many issues around patient safety and privacy (Emezue, 2020; Jack et al., 2020). Standardization of telehealth is essential, given the potential to utilize telehealth to be able to provide better access to care for patients, to enhance the healthcare infrastructure and increase best practice guidelines, standardization of telehealth is essential (Emezue, 2020; Jack et al., 2020). Standardizing telehealth care for health professionals, ensures that there are clear roles and responsibilities, there are strategies to ensure patient consent, to ensure confidentiality and ethical and legal obligations to the patient (Jack et al., 2020). Every visit should be viewed as an opportunity to make a connection with patients to enquire about their mental health and assess what resources they may require (Li et al., 2021; Zero & Geary, 2020). Healthcare professionals have less control and fewer options in managing the patient's safety concerns when using telehealth (Jack et al., 2020). This means that the healthcare professional needs to take additional steps and be extra vigilant in observing the patient and their behaviours and be mindful that someone else may be monitoring the call (Jack et al., 2020). The World Health Organization uses the acronym of "LIVES" to guide healthcare professionals in telehealth encounters. LIVES stands for "Listen, inquire about needs and concerns, Validate, Enhance safety and Support" (Jack et al., 2020, p. 14). This acronym gives guidance to the healthcare professional by allowing the victim to guide their own care. As healthcare professionals, we cannot make decisions for the patient, but we can be there to listen and support.

"Safe words" or "signal for help" campaigns have started, so that IPV victims have a way to notify the healthcare professional that they are experiencing IPV, or it is not safe to talk (Bradley et al., 2020). There are also many different types of programs like EDUCATE, which is a Canadian training program that provides resources for trauma victims to help promote knowledge and comfort around IPV screening (Bradley et al., 2020). Education needs to be provided to healthcare professionals within the emergency departments about IPV and how it affects the victims' lives, as this is a common place for victims to come when they are injured. Healthcare professionals need to be aware of the increased risk that victims have during the pandemic, to identify red flags to provide resources to the victims. In addition, expanding education to different disciplines of healthcare professionals could allow for regular screening and give victims a safe place to disclose the abuse (Bradley et al, 2020). For example, screening of pregnant women who attend prenatal clinics, as well as in the hospital, since between three and nine percent of maternity patients experience abuse during their pregnancy (Alhusen et al., 2015). To ensure mothers' and their babies' safety, implementation of the screening IPV among maternal women in all units of the hospital should be added to accreditation guidelines (Accreditation Canada, 2021).

Healthcare professionals should be aware of new available resources to provide better care. For example, there are three free and easy-to-access apps called I-DECIDE, myPlan, and iSafe that were tested as being effective with many different groups of people including Indigenous, immigrant, lesbian, bisexual, gay, transgender, queer, pregnant, and rural females (Emezue, 2020). The myPlan app was the first one that was created to help the user to make informed decisions about their safety and well-being by providing education on relationship red flags and fatality risk factors, which are calculated using a danger assessment component (Emezue, 2020). Additionally, it is important for healthcare professionals to create resources that can be easily hidden from the abuser, such as lipstick campaigns where the IPV victims can store the phone numbers of IPV shelters and resources in a fake lipstick container, so that it won't stand out to the abuser (The Awesome Foundation, 2014). Other strategies include serial bar codes that can be created as stickers so that they can be hidden on the victim while away from the abuser and placing posters with IPV hotline numbers that can be torn away and kept by the victim can be stored in common places like bathrooms that allow the victim to obtain the information anonymously.

Healthcare professionals are also key advocates for IPV victims by petitioning the government for more funding for programs that help IPV victims get access to resources and by helping IPV victims to connect with other services to be financially independent including seeking employment opportunities or attending employment training programs, since economic independence is a critical factor in violence prevention, especially during the pandemic (Evans et al., 2020).

Limitations

There are several limitations in this review. First, the lack of studies limited our ability to discuss the topic in a broader perspective. More research on the effects of COVID-19 on IPV victims and their families is required to understand the IPV during the pandemic. Second, there is limited research that examined risk factors for violence perpetration, the socio-contextual determinants, and victimization that has occurred during this time that can be addressed by increasing awareness and being prepared in the future (Evans, 2020). Third, this review only included

studies conducted in North America and published in English, which limited the generalization of the findings. Finally, the pandemic was not over at the time of the literature review, which included studies for only the first 10 months of the pandemic (up to January 2021). Therefore, the prevalence of IPV could be much higher, with further or different risk factors.

Conclusion

This targeted review has highlighted key issues related to IPV and the COVID-19 pandemic. Pandemic planning needs to address how to protect and help IPV victims and their families from abuse. Health promotion focusing on increasing awareness of IPV among individuals at risk and early childhood education that teaches children the features of healthy relationships that are key to preventing the abuse from happening and continuing. Healthcare professionals and the public need to be well educated in terms of prevention and intervention of IPV in our communities, as well as new forms of abuse in the changing society of this pandemic.

Implications for emergency clinical practice

- The emergency room (ER) is often the first point of care for victims to come to when they are injured, therefore visits to the ER are an opportunity for healthcare professionals to screen for IVP by enquiring about their patients' mental health, assessing what resources they may need, and educating potential victims.
- As the risk for IVP is increased during the pandemic, healthcare professionals need to provide potential victims with a safe place to disclose the abuse.
- Education includes the healthcare provider being aware of and communicating to victims some of the free and easy-to-access apps, so the victims can make informed decisions about their safety and well-being.
- The apps provide education on relationship red flags and fatality risk factors.

About the authors

Tammy Nelson, MN, was a graduate student when this paper was first written in April 2021. Tammy graduated with a master's in professional practice from the University of Saskatchewan and June 2021. Tammy has been a registered nurse for 20 years and graduated from the conjoint nursing program through the University of Calgary and Mount Royal College in June 2021. She is an emergency certified RN through CNA and has been certified for 15 years as well as an instructor in ACLS, PALS, PEARS, TNCC, ENPC, CTAS and BLS. Currently, Tammy is a clinical nurse educator with Central Zone Rural with Alberta Health Services. Tammy loves to travel, read, bike, and spend time with her son Ben who is 14 and her dog Baxter.

Dr. Arlene Kent-Wilkinson has been a registered nurse for more than 50 years. She graduated from a three-year hospital diploma in nursing at the Plummer Memorial Public Hospital in Sault Ste. Marie, Ontario. Arlene completed her BSN from the University of Victoria, Vancouver, BC, her MN from University of Calgary, and her PhD from the University of Saskatchewan. As an Associate Professor, College of Nursing, USask, her focus areas over the years in practice, education and research have been mainly emergency and forensic mental health nursing. Arlene enjoys spending time with her three grandsons.

Dr. Hua Li, Assistant Professor, has worked as a registered nurse in the mental health and addiction area after graduating from the College of Nursing, University of Saskatchewan. As an assistant professor, her research has focused on mental health and wellbeing in patients living with mental health conditions, their caregivers, and pregnant and postpartum women. In her leisure time, she enjoys walking, reading, and traveling.

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Conflicts of Interest

The authors report there was no conflicts of interest

Credits

Tammy Nelson selected the topic and prepared the first draft of the paper for her master's of nursing class in spring 2021. Dr. Kent-Wilkinson provided guidance in the literature search strategy, organization and APA formatting of the paper. Dr. Li provided expertise in the methodology, tables and analyses. The paper was reviewed and edited several times by both supervisors.

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Appendix A

Search Strategy

Database Search
A literature search that focused on the COVID-19 pandemic and intimate partner violence from March 2020 to January 31, 2021 was conducted.

List of Database Searched
Three data bases were searched: MEDLINE, PubMed and Pro-quest.

Research Question
How have intimate partner violence (IPV) victims been impacted by the COVID-19 pandemic associated restrictions or orders?

Inclusion Criteria
- Studies that involved IPV during the COVID-19 pandemic
- Peer reviewed
- Limited to North America (the US and Canada)
- Published in English
- From March 2020 to January 31, 2021

Exclusion Criteria
- Non-English publications
- Non-peer reviewed
- Articles published prior to March 2020
- Articles published after January 31, 2021
- Articles not from North America

Appendix B

Search Terms for Each Database

Database: Ovid MEDLINE
March 2020 to January 2021
Search Date: January 31, 2021
1. Domestic Violence
2. COVID 19
3. Nursing
4. 1 & 2 & 3
5. Interpersonal violence
6. 2 & 5
7. 5 & 2 & 3

Database: Ovid PubMed
March 2020 to January 2021
Search Date: January 31, 2021
1. Domestic Violence
2. COVID 19
3. Nursing
4. 1 & 2 & 3
5. 1 & 2

Database: ProQuest
March 2020 to January 2021
Search Date: February 1, 2021
1. Domestic Violence
2. COVID 19
3. Nursing
4. 1 & 2 & 3

Look for supplemental materials such as author interviews and podcasts at www.CJEN.ca

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