Research Letter

Domestic Violence Before and During the COVID-19 Pandemic

A Comparison of Two Representative Population Surveys

The COVID-19 pandemic has caused substantial changes to health but also societal changes on a global scale. In order to limit the spread of the virus, far-reaching infection protection measures were imposed in Germany in March 2020 (for example, restrictions on contacts, working from home, school closures). Although these measures contribute crucially to prevent the spread of the disease and protect against overloading the health-care system (1), they can also have profound effects on social interactions and cooperation. It was expected, for example, that because of the pandemic related contact restrictions, domestic violence would increase.

Analyses of reported cases (for example, the police's crime statistic), which currently dominate in the study of the association between COVID-19 pandemic and domestic violence, capture only the proportion of domestic violence that was reported to the police or advice centers. A more complete picture can be gained through a representative survey of the total population, asking about perpetratorship and victimhood (survey of unreported cases). Such surveys have the additional advantage that they are not influenced by possible changes in the willingness to report or by increases in social control as a result of neighbors being more present.

This study aims to estimate the consequences of the infection protection measures undertaken from March 2020 to March 2021 for the prevalence of domestic violence on the basis of two nationwide, representative population surveys from the years 2016 and 2021.

Methods

The initial survey was undertaken between January and March 2016 ("comparison survey"), the second survey from February to March 2021 ("survey during general infection protection measures"). Both surveys were conceived as omnibus surveys. The sample was obtained in a random selection process that included several stages and subsequent quota setting, so as to ensure an adequate reflection of the baseline total (the general population of Germany).

The survey was undertaken in the home of each participant, in the presence of a trained person, but without exerting any influence and while maintaining anonymity. The inclusion criteria were age ≥ 16 years and comprehension of written German. Both surveys used the same questionnaires to document the rates of domestic violence (physical partner violence and psychological and physical violence directed at children) in the preceding 12 months (*Figure*).

In 2016, N=2510 persons were included in the survey, and in 2021, N=2029 persons. Of these, n=1317 (2016) and n=1005 (2021) were included in the present study. The mean age in years of survey participants with a partner was 50.1 (2016) and 52.2 (2021) years old; the mean age of survey participants with children was 39.7 (2016) and 39.5 (2021) years. The mean age of the reference children (the youngest child in a household) was 8.3 years (2016) and 7.7 years (2021).

FIGURE

Overview of study design. In 2016 and 2021, two nationwide representative population surveys of unreported cases were undertaken.

Three modules of the Family Maltreatment Measure (2) were applied. All survey participants answered six items respectively, regarding the victim or perpetrator perspective in partner-related transgressions (for example, pushing, hitting, biting) as well as four items, respectively, that document aspects of physical violence (for example, the destruction of important belongings [for example, the favorite doll], humiliation) and physical maltreatment of children (for example, spanking their bottom, hitting them with an object). The study approach was checked and approved by the ethics committee of the medical faculty at Leipzig University.

Results

In the *Table*, the 12-month prevalence rates of domestic violence and the prevalence trends are shown as percentage points. As it cannot be ruled out that deviations from relevant sample characteristics (for example, age or income distributions) can bias/skew the comparison of the survey waves, we corrected all analyses by applying the IPTW (inverse probability of treatment weighting) method (3).

Significant changes in the 12-month prevalence rates (2016 versus 2021) were noted neither for partner violence from the perspective of the victim (female survey participants: +0.1 percentage points [PP], $p=0.94$; male participants: -2.1 PP, $p=0.37$) or that of the perpetrator (+0.7 PP, $p=0.63$; -3.1 PP, $p=0.16$) nor for physical violence (mothers: -4.1 PP, $p=0.20$; fathers: -4.2 PP, $p=0.43$) and psychological violence (-3.0 PP, $p=0.21$; +2.0 PP, $p=0.60$) directed against children.

Discussion

The present study shows that the infection protection measures implemented in Germany did not have the direct negative

TABLE

Results of multilevel analyses of temporal changes in domestic violence (12 month prevalence)

	Partner violence						Violence towards the youngest child					
	Victim perspective			Perpetrator perspective			Physical			Psychological		
	%	± PP [95% CI]	p	%	± PP [95% CI]	p	%	± PP [95% CI]	p	%	± PP [95% CI]	p
Female participants 2016	9.3	Reference		7.3	Reference		20.0	Reference		9.8	Reference	
Female participants 2021	9.4	+0.1 [−3.0; 3.3]	0.94	8.0	+0.7 [−2.3; 3.7]	0.63	15.9	−4.1 [−10.4; 2.2]	0.20	6.8	−3.0 [−7.6; 1.6]	0.21
Male participants 2016	9.1	Reference		9.3	Reference		22.2	Reference		9.0	Reference	
Male participants 2021	7.0	−2.1 [−6.6; 2.5]	0.37	6.2	−3.1 [−7.5; 1.2]	0.16	18.0	−4.2 [−14.6; 6.2]	0.43	11.0	+2.0 [−5.6; 9.6]	0.60
σ^2	0.16			0.14			0.28			0.15		
τ_{00}	0.00 _{state}			0.00 _{state}			0.00 _{state}			0.00 _{state}		

12 month prevalence (%) of the associated participant group (female versus male) at the respective point in time (2016 versus 2021)
 ± PP. change to the reference year in percentage points (PP) on the basis of multilevel analyses; 95% CI. 95% confidence interval;
 σ^2 . Variance between survey participants within federal states [Länder]; τ_{00} . variance between federal states

consequences that were partly expected in the context of media or political discourse. This finding indicates that the evaluation of the consequences of infection protection measures urgently require an empirical basis and that further research should be undertaken accordingly.

Focusing on domestic violence seems a crucial aspect in this setting because the detrimental health outcomes have been documented extensively (4, 5). This article can therefore be considered as merely an intermediate step towards further research efforts and is obviously not free from limitations (for example, biases as a result of socially desirable responses or because of more selective access options to target persons during the corona pandemic and associated quota setting). We would also point out that because of the underlying study design we cannot rule out that specific and possibly underrepresented risk groups (for example, socially disadvantaged families, single parents, families with children displaying behavioral problems) possibly still experienced important deteriorations regarding domestic violence. We cannot be sure either whether in families that are already affected by domestic violence the frequency or intensity of transgressions increased during the infection protection measures.

These questions should be further investigated in the context of future research projects, especially also in order to distribute the existing resources within the healthcare system in a targeted manner in the medium and long term.

Sören Kliem, Dirk Baier, Christoph Kröger

Department of Social Work, Ernst-Abbe-University of Applied Sciences Jena (Kliem), soeren.kliem@eah-jena.de

Institute of Delinquency and Crime Prevention, Zurich University of Applied Sciences (ZHAW) (Baier)

Institute of Psychology, Department of Clinical Psychology and Psychotherapy, University of Hildesheim (Kröger)

Conflict of interest statement

The authors declare that no conflict of interest exists.

Manuscript received on 19 May 2021, revised version accepted on 16 June 2021.

Translated from the original German by Birte Twisselmann, PhD.

References

1. Mayr V, Nußbaumer-Streit B, Gartlehner G: Quarantäne alleine oder in Kombination mit weiteren Public-Health-Maßnahmen zur Eindämmung der COVID-19 Pandemie: ein Cochrane Rapid Review. *Gesundheitswesen* 2020; 82: 501–6.
2. Heyman RE, Snarr JD, Slep AMS, Baucom KJW, Linkh DJ: Family Maltreatment Measure. *APA PsycTests* 2020. DOI: org/10.1037/t73152–000.
3. Kuss O, Blettner M, Börgemann J: Propensity score: an alternative method of analyzing treatment effects—part 23 of a series on evaluation of scientific publications. *Dtsch Arztebl Int* 2016; 113: 597–603.
4. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CA: Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet* 2006; 368: 1260–9.
5. Gilbert R, Widom CS, Browne K, et al.: Burden and consequences of child maltreatment in high-income countries. *Lancet* 2009; 373: 68–81.

Cite this as:

Kliem S, Baier D, Kröger C: Domestic violence before and during the COVID-19 pandemic—a comparison of two representative population surveys. *Dtsch Arztebl Int* 2021; 118: 483–4. DOI: 10.3238/arztebl.m2021.0267