

# COVID-19 and Violence against Women and Children

## A Second Research Round Up

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COVID-19 has raised the profile of violence against women and children (VAW/C) within the [global discourse](#). Nine months after the emergence of COVID-19, global stakeholders continue to advocate for increased funding and action to mitigate against the risk of violence on vulnerable populations and support survivors. How much have we learned from research since the beginning of the crisis?

In June, we [summarized 17 rigorous research studies](#) across disciplines and methodologies that had been published since the start of the pandemic. At that time, we found mixed trends in violence against women during COVID-19, but noted that data was limited by its primary reliance on reported rates (e.g. service calls or police reports from administrative sources) and that evidence was highly skewed to reflect dynamics high income countries (HICs). In addition, only [one study](#) focused on violence against children (VAC), analyzing child maltreatment allegations in the United States. Studies reflecting service providers' perspectives documented rising levels and complexity of VAW/C, paired with providers' limited ability to fully respond to demand due to social distancing and strained institutional resources.

In the last months, there has been no slow to the wave of new research. We round up 28 new studies that have been released since our last summary. Consistent with the approach taken in our previous round up, we focus on reports, working papers and publications across disciplines and methodologies that move beyond simple month-to-month comparisons from single sources. While we strive to be inclusive, we seek to balance this with rigor, so we do not include papers that do not present a full methodology, samples or indicators behind their analysis.

### KEY TAKEAWAYS

- The majority of studies continue to focus on a basic question: Have violence levels increased during COVID-19?
- With 28 new studies to rely on, we have increasing evidence that the COVID-19 pandemic and associated policy response measures increase VAW/C across contexts. Where mixed or decreasing trends appear, there is emerging evidence to suggest underreporting may in part account for results.

- Given the increasing number of studies reporting on primary data collected during COVID-19, often using remote survey methodologies, additional attention and reporting on ethics is needed to ensure a ‘do no harm’ approach.
- As in our last round up, service providers report additional needs from clients coupled with additional challenges due to lockdown measures and strained resources.
- Future studies focused on COVID-19 and VAW/C should prioritize “actionable” research, informing evidence-based policy and financing responses including possible prevention and mitigation measures—rather than simply examining trends.

## AN OVERVIEW OF NEW STUDIES: RESEARCH QUESTIONS, GEOGRAPHIES, AND METHODS

Overwhelmingly, research focuses primarily on documenting trends in VAW/C during the pandemic. We find 18 new papers—the majority of which (10) find increases in violence during COVID-19 or due to associated response measures. The remaining find mixed impacts (5), no change (1) or decreases (3), the latter primarily in reported child maltreatment measures (due to school closures). These results point more concretely to increases as compared to [the first batch of studies](#)—potentially due to a heavier reliance on primary data collection of VAW/C measures from respondents directly, rather than relying on reported measures. In total, eight studies collect primary survey data—six via online platforms or mobile surveys—and two from hospital clinical records.

The geographic distribution of studies is also more diverse. While most studies still focus on HICs, there is increasing diversification outside the United States, including studies in [Argentina](#), [Bangladesh](#), [India](#), [Mexico](#), [Peru](#), and [Uganda](#).

In addition, this is the first time we are seeing studies from clinical assessments—one focused on [children’s abusive head trauma](#) in London, and on [severe intimate partner violence](#) (IPV) injury in Boston—both of which find increases. While these studies have small samples, they are an additional point of triangulation that we do not observe from large-scale administrative data or primary survey data. The remaining studies use forms of difference-in-difference (often creatively paired with public mobile device data allowing estimation of the level of ‘lock-down’) or regression analysis, controlling for pre-pandemic levels of violence to parse out plausible effects of response measures. In addition, two studies present descriptive trends from self-reported ‘increases’ or ‘decreases’ during COVID-19 from women in the [United States](#) (mixed results) and [Bangladesh](#) (reported increases).

**Group A. Papers that measure impacts of COVID-19 or associated response measures on VAW/C**

Authors		Location	Data	Methods	Indicator (s)	Finding
1	Agüero, 2020	Peru	Phone calls to the national hotline	Difference-in-difference	Domestic violence	Increase
2	Anderberg et al. 2020	London, United Kingdom	Police reported crime data & Google search data	Year-month-day, trend & seasonality fixed effects regression	Domestic violence (reported)	Increase
					Domestic violence (searched)	Increase
3	Davis et al. 2020	United States	Primary survey data (online survey)	Multivariate regression	Psychological IPV (victimization)	Increase
					Physical IPV (victimization)	No change
					Psychological IPV (perpetration)	Increase
					Physical IPV (perpetration)	Increase
4	Gibbons et al. 2020	Argentina	Primary survey data (online survey)	Multivariate regression*	Any IPV	Increase
					Emotional IPV	Increase
					Sexual IPV	Increase
					Physical IPV	Increase
5	Gosangi et al. 2020	Boston, United States	Women's clinical assessments at the Brigham & Women's Hospital	Multivariate regression	Incidence of physical IPV	Increase
					Severity of IPV-related injury	Increase
6	Hamadani et al. 2020	Rupganj upazila, Bangladesh	Primary survey data (phone-based)	Self-reported trends (descriptive)	Emotional IPV	Increase
					Physical IPV	Increase
					Sexual IPV	Increase
7	Hsu & Henke, 2020	United States	Dispatch & crime data from 28 police departments paired with mobile device tracking data	Event study	Domestic violence	Increase
8	Mahmud & Riley, 2020	Kagadi & Kyenjojo districts, Uganda	Primary survey data (phone-based)	Individual fixed-effects (pre & post lockdown)	Perceptions of village frequency of domestic violence	Increase
9	Perez-Vincent & Carreras 2020	Buenos Aires, Argentina	Phone calls to the national hotline	Difference-in-difference	Domestic violence	Increase
10	Sidpra et al. 2020	London, UK	Children's clinical assessments at the Hospital for Children NHS Foundation Trust	Annual comparison of cases per year (over four years)	Children's suspected abusive head trauma	Increase

(continued)

## Group A. Continued

11	Arenas-Arroyo et al. 2020	Spain	Primary survey data (online survey)	Multivariate regression*	Any IPV	Increase
					Sexual IPV	Increase
					Psychological IPV	Increase
					Physical IPV	No change
			Intimate partner homicide records	Event study	Female homicide	Decrease
12	Bullinger et al. 2020a	Chicago, United States	Administrative 911 calls paired with crime & cell-phone activity data	Difference-in-difference	Domestic violence (service calls)	Increase
					Domestic violence (reports & arrests)	Decrease
13	Jetelina et al. 2020	United States	Primary survey data (online survey)	Self-reported trends (descriptive)	IPV	Mixed (with higher % reporting decreases as compared to increases)
14	Ravindran & Shah, 2020	India	District-level administrative data on complaints paired with Google data	Difference-in-difference	Domestic violence	Increase
					Cybercrime	Increase
					Harassment	Decrease
					Sexual assault	Decrease
15	Piquero et al. 2020	Dallas, United States	Police department reports	Trend analysis & ARIMA modeling	Domestic violence	No change
16	Abrams, 2020	Austin, Chicago, Nashville & San Francisco, United States	Police crime data, paired with Google mobility data	Difference-in-difference	Domestic violence	Decrease
					Rape	Decrease
17	Bullinger et al. 2020b	Indiana, United States	Child maltreatment reports paired with mobile phone movement data	Difference-in-difference	Child maltreatment (reports)	Decrease
					Child maltreatment (substantiated)	Decrease
18	Cabrera-Hernández & Padilla-Romo, 2020	Mexico City	Crime reports	Synthetic control paired with difference-in-difference	Child maltreatment	Decrease

Table notes: Studies are ordered by direction of impact (increases, mixed, no change and decreases) and alphabetical. ARIMA = auto regressive integrated moving average; IPV = intimate partner violence.

\* Regression controls for pre-lockdown experience of IPV (asked via recall) as well as measures of if the woman is in quarantine (lockdown)—Arenas-Arroyo et al. (2020) also include measures for the woman's partner.

## PAPERS THAT MEASURE IMPACTS OF COVID-19 OR ASSOCIATED MEASURES ON VAW/C

- Using administrative data from the national domestic violence hotline (Linea 100), Agüero finds the incidence of calls during the lockdown is 9 percent higher than pre-lockdown, driven by states with more restricted mobility [Agüero, 2020; University of Connecticut Working Paper].

2. Using data from the London Metropolitan Police Service, combined with Google search data, Anderberg and colleagues find that reported domestic violence increases, accounting for inter-temporal variation. Similar modeling examining internet search-based domestic violence indicators indicate 40 percent increases 3-5 weeks into the lockdown (5-8 times larger than police recorded measures)—explaining modest and mixed effects of existing evidence from reported data [[Anderberg et al. 2020](#); Institute for Fiscal Studies Working Paper].
3. Using primary survey data collected online from 2,045 adult men and women in the United States, Davis and colleagues find that individuals with COVID-19 symptoms but denied testing reported higher odds (OR = 3.15) of psychological IPV—and those reported testing positive for COVID-19 reported higher odds (OR = 3.24; 3.02) of perpetrating physical and psychological IPV against a partner [[Davis et al. 2020](#); MedRxiv].
4. Using primary survey data collected via a web-based survey from approximately 1,500 women in May 2020, Gibbons and colleagues find quarantine is associated with overall increases in IPV, including emotional IPV (12 percent), physical IPV (23 percent) and sexual IPV (35 percent)—potentially driven by increased time spent with partners and decreases in partner's income [[Gibbons et al. 2020](#); IDB Technical Note].
5. Using data on 342 victims of IPV presenting at the Brigham and Women's Hospital in Boston in the seven week window from March to May over the past three years, Gosangi and colleagues find an increase in the incidence of IPV during the pandemic as compared to previous years, as well as an increase in severe and very severe grade injuries [[Gosangi et al. 2020](#); Radiology].
6. Using data from 2,174 women interviewed via mobile phone in a follow-up to a trial in the Rupganj upazila (an administrative region) in Bangladesh, Hamadani and colleagues find that among who women report experiencing emotional, physical and sexual IPV, self-reported increases occurred since lockdown, including over 50 percent of the sample reporting increased emotional and moderate physical IPV [[Hamadani et al. 2020](#); Lancet Global Health].
7. Using data from 28 police departments in 27 United States cities (18 states), paired with mobile phone tracking data, Hsu and Henke use event study methods to estimate an increase of approximately 6 percent in domestic violence incidents after local stay-at-home orders—this equates to approximately 24,000 cases if extrapolated to the entire country [[Hsu & Henke, 2020](#); Howard University Department of Economics Working Paper].
8. Using data from 1,386 women collected via mobile phones in rural Uganda, Mahmud and Riley analyze a proxy for domestic violence—the perceived number of times per month men in the village beat, slap or act physically violent towards their wives. They find perceived increases of 0.62 times for village-level physical violence post-lockdown. This increase is corroborated by an increase in arguments, decrease in quality of life and decrease in economic standing of households post-lockdown [[Mahmud & Riley, 2020](#); Working Paper].
9. Using administrative data from the national domestic violence hotline (Linea 137) in Buenos Aires, Argentina, Perez-Vincent and Carreras find lockdown restrictions led to a 28 percent increase in calls, mainly related to psychological violence [[Perez-Vincent & Carreras, 2020](#); IDB Technical Note].
10. Using primary survey data collected online from approximately 8,900 women during May and June, Arenas-Arroyo and colleagues model IPV during lockdown as a function of pre-lockdown IPV and other covariates, finding increases in overall IPV (23 percent) driven by sexual and psy-

chological IPV—but no changes in physical IPV. These increases are larger when both partners are in lockdown and under economic stress [Arenas-Arroyo et al. 2020; IZA Discussion Paper].

11. Comparing suspected cases of children’s head trauma caused by abuse from clinical intakes at the Hospital for Children NHS Foundation Trust in London, Sidpra and colleagues find 10 cases over the March – April period, an increase of 1493 percent as compared to the previous 3 years [Sidpra et al. 2020; Archives of Disease in Childhood].
12. Using administrative 911 calls paired with police reports for domestic violence and cell phone block-level activity data, Bullinger and colleagues find stay-at-home orders increased calls, however decreased official reports (by 8.7 percent) and arrests (by 26.3 percent)—this implies that nearly 1,000 cases of domestic violence went underreported during March and April [Bullinger et al. 2020a; Working Paper].
13. Using primary data collected via online survey in the United States during two weeks of April among adults, Jetelina and colleagues find 18 percent screened positive for IPV—of which 54 percent reported no change during the pandemic, while 17 percent reported IPV worsened and 30 percent reported it got better [Jetelina et al. 2020; Injury Prevention].
14. Using administrative data from complaints received by the National Commission for Women in India, Ravindran and Shah compare variation across time and intensity of lock-downs and find increases in domestic violence (0.47 SD) and cyber crime, but decreases in harassment and sexual assault (both 0.4 SD). [Ravindran & Shah, 2020; NBER Working Paper, check out the additional [blog post](#)].
15. Using domestic violence reports from the Dallas Police Department in Texas, Piquero and colleagues conduct trend and ARIMA modeling over the January – April period, finding a short-term spike two-weeks after the stay-at-home orders, followed by a decrease thereafter. However, because these changes are often not statistically significant and appear to be at least partially accounted for by existing trends, they can be interpreted as no changes [Piquero et al. 2020; American Journal of Criminal Justice].
16. Using data from police crime reports from Austin, Chicago, Nashville and San Francisco, paired with Google mobility data, Abrams conducts difference-in-difference analysis based on both timing of mobility drop and comparison to past years, finding decreases in domestic violence reports (17.5 percent) and reported rape (38.3 percent) [Abrams, 2020; University of Pennsylvania Research Paper].
17. Using child maltreatment reports from Indiana’s Department of Child Services, paired with mobile phone movement data, Bullinger and colleagues find declines in reports and substantiated child maltreatment in April and May—likely due to school closures and thus decline in teachers and administrators’ observation and report of abuse. However areas with higher stay-at-home rates had higher rates of maltreatment (driven by neglect) as compared to those that stayed home less [Bullinger et al. 2020; SSRN Working Paper].

18. Using child maltreatment incident reports in Mexico City, Cabrera-Hernández and Padilla-Romo use synthetic control and difference-in-difference methodologies to find decreases of 21-30 percent with larger reductions among girls and in higher poverty municipalities. They hypothesize these decreases are due to school closures [Cabrera-Hernández and Padilla-Romo, 2020; University of Tennessee Working Paper].

## ADDITIONAL PAPERS EXPLORE EXPERIENCE OF VAW/C DURING COVID-19, INCLUDING INTERVENTIONS AND HELP-SEEKING DYNAMICS

Five papers explore the experience of VAW/C during COVID-19 from a diverse range of methodologies—including questions around prevalence, mechanisms, intervention campaigns, help-seeking and linkages with other wellbeing outcomes. These studies all collect primary data, including a qualitative multi-country study interviewing adolescent girls and boys via mobile phones paired with [participatory methods](#) in Bangladesh, Ethiopia, Palestine and Jordan. We separate these papers from those summarized above because, though they do not measure the impact of COVID-19 per se, they present related, descriptive information that has the potential to inform a rich set of questions around women and children’s experiences. For example, [Jones and colleagues](#) document narratives of girls experiencing increased tensions inside the home—including violence from diverse perpetrators—particularly married girls. In addition, [Colagrossi and colleagues](#) aim to disentangle the effects of a media campaign aiming at increasing domestic violence help-seeking via the national toll-free helpline in Italy.

### Group B. VAW/C dynamics during COVID-19

	Authors	Location	Data	Sample size	Key findings
1	<a href="#">Boxall et al. 2020</a>	Australia	Primary survey data (online survey)	15,000 women	Approximately 4.6% of women reported experiencing physical or sexual IPV, 5.8% coercive control and 11.6% at least one form of emotional abuse, harassing or controlling behavior in the past 3 months. Two-thirds reported escalation of violence during this period. Women reported safety concerns as a barrier to help-seeking.
2	<a href="#">Colagrossi et al. 2020</a>	Italy	Helpline calls	Approx. 18,650 calls per year	Calls to the toll-free 1522 helpline increased 100 percent in the first week of a domestic violence campaign, and almost 300 percent the fifth week of the campaign using an event study methodology. These increases are lower in areas where women’s employment and share of women holding office are lower.
3	<a href="#">Jones et al. 2020</a>	Bangladesh, Palestine, Ethiopia, Jordan	Primary qualitative data (phone interviews, focus groups & diaries)	Varies (ranging from 33-449 per country)	Adolescent girls, particularly married girls reported high tensions in the home and a small number reported violence from husbands, brothers and fathers. Adolescent boys (Bangladesh) were at risk of police violence if they did not adhere to lockdown and social distancing measures.
4	<a href="#">Lindberg et al. 2020</a>	United States	Primary survey data (online survey)	2,009 adult women	Approximately 16 percent of women reported experiencing IPV in 2020 (to date); Among these, 33 percent reported having trouble or being unable to seek IPV services.
5	<a href="#">Raj et al. 2020</a>	California, United States	Primary survey data (online survey)	2,081 adults	For individuals under lockdown, history of IPV and sexual violence were associated with greater mental health symptom severity in a representative sample of adults.

## PAPERS EXPLORING EXPERIENCES OF VAW/C DURING COVID-19

1. Using primary data collected via online survey in Australia during May among a representative sample of 15,000 adult women, Boxall and colleagues find reported levels of IPV are 6.4 percent to 11.6 percent for physical or sexual IPV and emotional abuse, harassing or controlling behavior in the last 3 months, respectively. Additionally, two-thirds of women reporting IPV indicate an escalation of violence during this period, and safety concerns as a barrier to help-seeking [Boxall et al. 2020; Australian Institute of Criminology Statistical Bulletin].
2. Using calls to the toll-free 1522 helpline, Colagrossi and colleagues use event study estimators to examine the effect of the ‘Libera puoi’ campaign to support domestic violence survivors—finding an increase in 100 percent in the first week of the campaign, and nearly 300 percent increase in the fifth week of the campaign. Although they are not able to fully disentangle the role of the campaign versus the extended effects of the lockdown, their results suggest a role for media in domestic violence reporting [Colagrossi et al. 2020; Working paper].
3. Using primary data collected via mobile phones among adolescents as part of the Gender and Adolescent Global Evidence study (Bangladesh, Palestine, Ethiopia and Jordan), Jones and colleagues find that adolescent girls, and particularly those who are married, report higher tensions at home, including some who report experiencing violence inflicted by their husbands, brothers and fathers. In Bangladesh, adolescent boys report experiencing violence from the policy for not adhering to lockdown and social distancing measures [Jones et al. 2020; GAGE technical report].
4. Using an online survey administered to 2,009 adult women with previous births (aged 18-49) Lindberg and colleagues document 17 percent of women reporting IPV so far during 2020, and 33 percent of those reporting challenges accessing IPV services [Lindberg et al. 2020; Guttacher Institute Report].
5. Using primary data collected via online survey in the two weeks post-stay-at-home order in representative sample of adults in California, Raj and colleagues find 15.5 percent report a history of IPV and 10.1 percent report a history of sexual violence. These factors are associated with greater mental health symptom severity in multivariate regression models [Raj et al. 2020; EClinicalMedicine].

## A FINAL GROUP: ANALYSIS OF VAW/C SERVICE PROVISION

A final group of recently released studies reflect the experiences of service providers, including staff and volunteers at shelters, hotlines, information centers, and other touchpoints that survivors rely on for support. These new studies confirm what was suggested by those we previously reviewed – that in spite of demand for VAW/C services mostly increasing across contexts, those on the frontlines positioned to support survivors face challenges related to lockdown measures and resource constraints that allow them to meet this increased need, all while seeking to adjust the services they provide to the changing circumstances.

### Group C. Surveys of VAW/C service providers

	Authors	Location	Data	Sample size	Key findings
1	<a href="#">Trudell &amp; Whitmore, 2020</a>	Canada	Primary data of shelter staff & volunteers (online survey)	376 respondents	42 percent of respondents report changes in the prevalence and severity of violence, with 82 percent of this group reporting an increase in both. In addition, 81 percent report increased job-related stress, and 23 percent report concerns about shelters' financial resources.
2	<a href="#">GBV Sub-Cluster Iraq, 2020</a>	Iraq	Primary data (online survey)	49 national and international NGOs	65 percent of service provision points report an increase in GBV, with 94 percent of these reporting an increase in domestic violence. The vast majority report increases in survivors' financial constraints and stress levels.
3	<a href="#">Overlien 2020</a>	Norway	Primary data among violence refuges (online survey)	46 refugees	56 reported reductions in requests from clients, but fear this is due to underreporting. 83 percent report particular concerns about VAC. In addition, 90 percent report making adjustments to service provision.
4	<a href="#">Bagwell-Gray &amp; Bartholmey 2020</a>	United States	Primary qualitative data (interview with violence practitioner & researcher)	Dialogue with one practitioner	A practitioner provides perspective on how COVID-19 has exacerbated already-present challenges facing violence survivors, limiting survivors' financial security and access to networks, and how service provision (and research) must respond accordingly.
5	<a href="#">UNICEF, 2020</a>	Global	Primary survey data (online survey of UNICEF country offices)	136 offices (out of a possible 157)	66 percent of offices report a disruption in VAC-related services. In addition, 70 percent of offices report instituting mitigation measures and adaptive responses.

## PAPERS SURVEYING SERVICE PROVIDERS AROUND VAW/C

1. Surveying 376 staff and volunteers from Canadian shelters, Trudell and Whitmore document that 42 percent of respondents report changes in the prevalence and severity of violence they observe, with 82 percent of this group reporting an increase in both. Service providers also report the adaptations they have made to provide support to survivors, including through the use of personal protective equipment (PPE) and technology to connect with survivors through virtual channels. The vast majority report fear around health risks (84 percent) and increased stress (81 percent), and 23 percent report concerns about shelters' financial resources [[Trudell and Whitmore 2020](#); Technical Report].
2. The GBV Sub-Cluster in Iraq, drawing upon data from 39 NGOs (36 national and 13 international), covering 109 service points across the country (both stationary and mobile), document that 65 percent of service provision points reported an increase in GBV, with 94 percent of

these reporting an increase in domestic violence. Nearly all (87 percent) of service points were subject to movement restrictions, with 94 percent reporting survivors' increased financial constraints, 92 percent reporting increases in their stress levels, 64 percent an absence of cash assistance/livelihoods support, 53 percent a lack of legal support, and 43 percent a lack of secure shelter [GBV Sub-Cluster Iraq 2020; Technical Report].

3. Overlien surveys representatives from all 46 violence refuges in Norway, 56 percent of whom report reductions in requests from clients – but suspect that this is a result of underreporting due to lockdown restrictions. 83 percent of respondents report particular concerns about increased violence against children, with 90 percent reporting making adjustments to their services in light of COVID-19 [Overlien 2020; Child Abuse Review].
4. A “conversation” between a researcher and a practitioner explores how COVID-19 has exacerbated already-present challenges facing violence survivors, including those related to joblessness, homelessness, and isolation, which due to economic strains and lockdown measures have worsened, limiting survivors' financial security and access to networks. They discuss the importance of adjusting service provision to address these challenges and emphasize the importance of collaboration between researchers and practitioners [Bagwell-Gray and Bartholmey 2020; Psychological Trauma: Theory, Research, Practice and Policy].
5. A survey of 136 UNICEF country offices (covering countries where 82 percent of the world's children live) reveals that 66 percent of offices reported a disruption in VAC-related services, including household visits, case management services, and violence prevention programs. 70 percent of offices report instituting mitigation measures and adaptive responses, including providing mobile support services (Guinea-Bissau), training 911 operators to respond to children's calls (Mexico) and offering new channels for reporting, such as through WhatsApp (Kazakhstan) [UNICEF 2020; Brochure].

## WHAT CAN WE LEARN FROM THIS EVIDENCE, AND WHAT DO WE STILL NEED TO KNOW?

Having reviewed 44 papers in total, we can assert with increased confidence based on rigorous studies that COVID-19 and its related policy response measures are driving increases in VAW/C in many settings. For example, of 30 studies aiming to investigate changes in VAW/C, 13 show increases (43 percent), in addition 8 (27 percent) show mixed findings, indicating increases in at least one measure. However, this evidence is far from straightforward, with variation in data, context, time period examined and methodology driving differing results. Fortunately, several new papers aim to help unpack some of these differences, for example, analyzing multiple outcomes across data sources—such as [contrasting effects between police reports and internet searches](#), or examining how [reported data varies according to attitudes condoning IPV](#).

As analyses increasingly utilize primary data, often collected via remote methods, [ethical and methodological challenges](#) related to safety and sampling biases will be important considerations. While some papers included here provided descriptions of ethical protocol, others did not, and raise concerns and questions related to the viability of data and the protection of respondents. We also still see gaps in the evidence base, particularly around the prevalence and severity of VAC (a population always difficult to study, and now particularly so due to COVID-related research limitations), studies in LMICs and those that seek to understand COVID's implications for violence occurring outside the home (e.g. public spaces).

Finally, we argue that researchers' attention can and should shift in the direction of more action-oriented studies – those that go beyond identifying trends in violence rates and begin to pinpoint “what works” to effectively prevent and/or respond to VAW/C. Only one included study attempts to directly evaluate an intervention – [a media campaign in Italy](#). We need evidence that can provide governments, donor institutions, and civil society actors with the information they need to make evidence-based, well-informed decisions around which [interventions and policy responses to prioritize](#), both in the current crisis and in the context of future pandemics. We look forward to seeing more exciting, policy-relevant evidence on this intersection in the future.



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