Love in the time of COVID-19: A systematic mapping review of empirical research on romantic relationships one year into the COVID-19 pandemic

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Abstract
The COVID-19 pandemic has affected nearly every area of daily life, including romantic relationships. With the pandemic still ongoing, this study reviewed the existing scholarly literature to document the status of empirical research on how COVID-19 has affected couples during its first year. Studies were identified through searching five databases as well as sources of gray literature. Overall, 42 studies on committed romantic relationships during the first year of the pandemic were identified. The mapping process revealed four main themes: (1) relationship quality; (2) sexuality; (3) couple daily adjustment; and (4) intimate partner violence. The findings suggest that the way romantic relationships were affected by the pandemic depends on a variety of demographic, individual, and couple-level factors. Implications include a call for both the development of evidence-based interventions that consider the current findings and further research to continue exploring the clinical implications of future findings to promote healthy intimate relationships during the ongoing global pandemic.

KEYWORDS
COVID-19, couples, IPV, romantic relationships, sexuality, systematic review

[Correction added on 29 April 2022, after first online publication: footnote on page 1 has been added to this version]
Roi Estlein and Ateret Gewirtz-Meydan contributed equally to the writing of this manuscript.

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INTRODUCTION

At the beginning of March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. Over the following year, COVID-19 has become a global health crisis affecting nearly every area of daily life—work, school, leisure, parenting, and romantic relationships as well. High levels of external daily stress are known to be associated with a decrease in relationship satisfaction, as they find their way into the relationship and cause internal stress (Estlein & Lavee, 2021). The uncertainty and fear accompanying COVID-19 pose additional challenges that may lead partners to drift away from each other, or adopt rigid and even hostile behaviors toward each other. One of the most salient components of the pandemic have been lockdowns, which meant couples had experienced a sudden increase in shared time and space resulting from measures such as curfews or remote work. The relational effects of this enforced closeness are difficult to gauge.

On one hand, COVID-19 has created stress for many couples, generating increased tension due to new added stressors, such as the uncertainty of the future, health concerns, and division of childcare (Goodboy et al., 2021; Hank & Steinbach, 2020). This is especially true for individuals from groups that have been disproportionately affected by the virus, both by COVID directly and by the economic effects, such as job loss and unstable housing (e.g., Latino and Black individuals; Andrasfay & Goldman, 2021; Vargas & Sanchez, 2020).

As a result, some couples may have experienced escalations in relational stress and conflict in their romantic partnership since the spread of COVID-19 (Buttell & Ferreira, 2020; Luetke et al., 2020). On the other hand, some couples may have benefited from the crisis in that they may have experienced the lockdown as an opportunity to reconnect and reinvent their relationship. Hendrick and Hendrick (2020), for example, explained that the love and caring displayed toward a romantic partner during the pandemic could deepen a relationship profoundly.

In this study, we sought to understand how COVID-19 has affected couples. While many daily external stressors (e.g., economic hardships, demanding jobs, and other disasters) can undermine relationships, COVID-19 may impose a specific contextual stressor, which can affect couples. The current review lays on Karney and Bradbury’s (1995) vulnerability-stress-adaptation model that highlights the role of stress in reflecting and shaping couple relationship processes. In a way, COVID-19-related external stress is similar to many other stressors, yet, COVID-19 is unique because of how it impacts so many aspects at once for an ongoing period of time.

Looking back at one year of the global pandemic, the present review sought to document the current status of empirical research on how the pandemic and lockdowns have affected couples. With intermittent rolling lockdowns and periodical changes, couples may have been impacted in various areas in their daily lives, including the need to adapt to the ongoing changes, renegotiate roles and rules, regulate autonomy and togetherness, maintain intimacy in their partnership while balance work demands and childcare responsibilities, and face social distancing and isolation which may have created conditions for increased tension and, for some couples, even violence. More specifically, we sought to: (1) map the relational areas in which romantic couples were affected; (2) understand whether the pandemic has led couples to grow further apart or closer together; and (3) identify the documented associations between specific COVID-19-related stressors and different components of romantic relationships and their nature.

METHOD

Types of studies

We searched for empirical research conducted during the first year of the COVID-19 pandemic and included quantitative, qualitative, and mixed-methodology studies (randomized controlled trials, phenomenological studies, surveys, and cohort studies) (Table S1).
Participants

The target population consisted of adults (over the age of 18) in committed romantic relationships that reported on variables related to the relationship including sexuality, sexual function, relationship satisfaction, intimacy, marital conflict, and interpersonal violence.

Search strategy

This mapping review adhered to the Preferred Reporting Items for mapping reviews (PRISMA-ScR) and a protocol is available through Open Science Framework (see appendix https://osf.io/eq73b/). Using a combination of keywords and relevant subject terms, the third author—the Health and Human Services Librarian—conducted a search of the LitCovid, Web of Science, PsycInfo, CINAHL, and PubMed databases. Due to the rapid publication of new literature, we limited our search results between March 2020 and March 2021. We did not search gray literature databases and search engines, but gray literature did appear in the database search results. The full search strategies for each database can be found in the Table S2. Additional hand-selected citations identified through Google Scholar were included for title and abstract review. A total of 6528 records were saved in the Zotero citation management tool. After removing duplicates, the remaining 2993 records underwent title and abstract screening by the two first authors. Of those, 2885 records did not meet the inclusion criteria, leaving 108 records for full-text screening. An additional 3 hand-searched records were added. The PRISMA Flow Diagram (Figure 1) illustrates the number of citations selected for inclusion and lists the reasons for exclusion after full-text screening. The remaining 42 records were included for synthesis. Titles and abstracts of all records retrieved from searches were independently screened by two authors. At all stages, discrepancies were resolved by discussion and consensus between reviewers, with involvement of a third team member to resolve disagreements if necessary.

FINDINGS

All in all, we categorized 42 studies as indicating the current status of empirical research on how the pandemic and its related lockdowns have affected couples during the first year of the pandemic. We identified four main themes (see themes and measured variables in Figure 1): (1) relationship quality \( (n = 15) \); (2) sexuality \( (n = 15) \); (3) couple daily adjustment \( (n = 8) \); and (4) intimate partner violence \( (n = 13) \).

Relationship quality

Romantic relationships are at the core of the current review thus, it is not surprising that many of the identified studies focused on relationship quality during the pandemic. Relationship quality is an umbrella term that encompasses various aspects assessing the nature of a romantic relationship as more or less positive or negative. Although the literature on relationship quality is vast, it often highlights such aspects as companionship, assistance, cooperation, reciprocity, emotional security, commitment, support, and satisfaction (Demir, 2008; Segrin & Flora, 2018). Prior research suggests that relationship quality is important in romantic relationships because, although being in a committed relationship can be in itself a significant factor in promoting well-being (Dolan & Peasgood, 2008; Verbakel, 2012), it is the quality of the relationship that plays a central moderating role in this association (Holt-Lunstad et al., 2008; Lavee, 2013). Studies identified in our review explored aspects of quality in committed romantic relationships including relationship...
satisfaction, cooperation, reciprocity, closeness, a sense of fairness in the relationship, and support. Given its significant role in establishing and maintaining a sense of emotional security and comfort especially in times of change and uncertainty (Monk & Ogolsky, 2019), this research attempted to understand the dynamics of relationship quality during the COVID-19 pandemic.

**FIGURE 1** Prisma flow diagram
How has relationship quality changed during the first year of COVID-19?

Findings from the current review indicate that couple relationship quality has been either increased or decreased during COVID-19 or, in some cases, unchanged. In a study conducted in Germany, 20% of respondents experienced a positive change in their relationship during the pandemic, whereas double (40%) experienced a negative change (Schmid et al., 2020). Similarly, Li et al. (2020) found that over one third of individuals in an exclusive relationship reported a deterioration in partner relationships during the pandemic. There are, however, couples whose relationship quality remained stable during COVID-19 (Mousavi, 2020; Schmid et al., 2020; Williamson, 2020) pointing to positive, negative, and neutral effects of the pandemic. Our review identifies specific factors that seem to contribute to changes in relationship quality during the first year of the pandemic.

Factors predicting changes in relationship quality during the first year of COVID-19

First, several studies indicated that emotional experience and mental health predicted perceived decrease in partners’ relationship quality during the pandemic. For example, in a study conducted among Israeli married women with children, fear of COVID-19 was negatively associated with marital satisfaction. This association was mediated by psychological distress (Abira et al., 2020). Another study pointed to the important role intimate partnership plays in psychological distress as poorer relationship satisfaction was associated with more depressive symptoms (Pieh et al., 2020). Anxiety also predicted a decrease in the overall marital quality of couples during the pandemic (Panzeri et al., 2020). Finally, elevated psychological distress was negatively associated with relationship quality (Goodwin et al., 2020). The effect of mental health on relationship quality is consistent with pre-pandemic findings (Whitton & Whisman, 2010).

Second, dyadic relationship processes were also examined as a possible mechanism that could explain changes in relationship quality during the first year of the pandemic. External stress, such as the pandemic, can have a significant effect on relationships, as it can create a context in which it is more difficult for partners to be responsive to each other because they are distracted, fatigued, or overwhelmed (Pietromonaco & Overall, 2020). As a result, individuals are more likely to be overly critical or argumentative, blame their partner, provide poorer support and, over time, become less satisfied with their partner and with the relationship. In one study, for example, more than third of the participants reported some degree of conflict with their romantic partner due to COVID-19 and its related restrictions (Luetke et al., 2020). Similar findings were presented by Williamson (2020) who found that whereas there was no change in relationship satisfaction on average over time, levels of conflict did moderate this relationship: for individuals with lower levels of conflict relationship satisfaction increased, whereas among individuals with higher levels of conflict relationship satisfaction decreased. Other possible explanations for the decrease in relationship quality may have to do with the increased load of household duties and childcare, which may lead to parental burnout (Griffith, 2020) especially among women (Marchetti et al., 2020). This may also explain why men reported significantly higher relationship quality than women (Mousavi, 2020).

For many couples, lockdown may well have a lasting adverse effect on couple interactions and on how partners relate to one another. Lockdown, however, may also have the opposite effect on couples and can bring partners closer together. The literature is currently lacking studies that examine the factors that specifically predict an increase in relationship quality. It has been suggested that couples who spend time in joint activities, rely on positive communication, balance autonomy, and connectedness while providing emotional support, and share
parental responsibilities, report higher levels of relationship satisfaction than couples who are lower in these variables (Gabb & Aicken, 2020; Segrin & Flora, 2018). However, individuals with satisfying romantic relationship quality scored better than individuals with poor relationship quality, or individuals not in a relationship, in all mental health scales (Pieh et al., 2020), suggesting that higher relationship quality serves as a protective factor against mental health disorders during the pandemic.

Pietromonaco and Overall (2020) suggest that the key point for couple relationships to be damaged or to thrive during the wake of COVID-19 depends heavily on the broader context of couples’ lives, enduring vulnerabilities, and the degree to which couples are able to adapt together. According to Williamson (2020), the pandemic itself does not change the relationship, but rather intensifies the patterns with which couples had entered the COVID-19 pandemic crisis. However, this may not be true to all couples, and perhaps depends on the ways couples have spent their time together during the pandemic. Moreover, this may also depend on whether one of the partners—or both of them—served as an essential worker during this time. The pandemic can indeed constitute a significant external stressor and impose great challenges even on couples who had enjoyed a good relationship prior to its outbreak.

Sexuality

Sexuality is a significant aspect of any intimate relationship. As such, it directly reflects, relates to, and relies on elements of physical and emotional closeness in the relationship (Estlein & Theiss, 2021). Closeness in romantic relationships can be enhanced through sexual intimacy, which involves acts of physical union between relationship partners that allow them to express their passionate feelings and affection for one another (Theiss & Estlein, 2014). With increased forced shared time at home, each partner could feel they needed space for themselves seeking some time to be alone. On the other hand, partners may have found in the conditions brought by the pandemic an opportunity for increasing and creating new ways to maintain their sexual intimacy. Either way, COVID-19 has created conditions for changes in couples’ sexuality.

How has sexuality changed during the first year of COVID-19?

The majority of studies on sexuality in the first year of COVID-19 showed a decrease in sexual functioning in both men and women, including sex drive, arousal, and orgasm (Fuchs et al., 2020; Karagöz et al., 2020; Li et al., 2020; Omar et al., 2021; Schiavi et al., 2020; Yuksel & Ozgor, 2020). Sexual distress (Schiavi et al., 2020) and dissatisfaction (Omar et al., 2021) also increased significantly during lockdown in both males and females (Li et al., 2020). Finally, several studies indicated that couples have experienced a significant decline in sexual intercourse frequency (Baran & Aykac, 2020; Karagöz et al., 2020; Li et al., 2020; Panzeri et al., 2020; Schiavi et al., 2020). The decline in frequency of sexual intercourse was not always associated with a decrease in sexual functioning. For example, Cito et al. (2021) found that although sexual desire did not decrease, the new setting adapted due to the pandemic (e.g., poor household privacy) led to a decrease in the frequency of sexual intercourse. In another study all participating women experienced a decrease in their sexual functioning, yet there was a significant association between the workplace and the decrease in sexual functioning, with the most significant decrease presented among women who did not work at all (Fuchs et al., 2020). Whereas the current review is a reminder that pandemics impact every aspect of the human experience, including sexuality, it is important to note that some studies showed that the COVID-19 pandemic did not affect all couples’ sexuality, with some couples reported no change in their sexual functioning during the pandemic (Panzeri et al., 2020).
Factors predicting changes in sexuality during the first year of COVID-19

There are various reasons for the decrease in sexual intercourse frequency and sexual functioning, some of which are health-related, including a fear of transmitting COVID-19 to the partner during sexual intercourse (Baran & Aykac, 2020); some relate to the changing conditions generated by the pandemic, including lack of privacy (Cito et al., 2021) and working outside the home; some are mood-related, including experiencing worry, anxiety, and stress (Omar et al., 2021; Panzeri et al., 2020); and yet others have to do with sociodemographic and personal characteristics, including educational level (Schiavi et al., 2020), being a housewife or unemployed, husband's age (younger than 35 years), marriage duration (between 5 and 10 years; Omar et al., 2021), being female, being a healthcare worker, having children at home, and living with the partner (Franco et al., 2021).

Although decreases in sexual satisfaction have been documented during COVID-19 in both genders, it seems that females were at a greater risk of sexual function difficulties and sexual dissatisfaction (Franco et al., 2021; Omar et al., 2021; Panzeri et al., 2020). This risk was attributed to the fact that females suffered higher levels of anxiety and depression than men during the pandemic (Omar et al., 2021). This risk, however, may also be attributed to the fact that women generally carried heavier load of housework and childcare during the pandemic than men, and therefore also experienced more psychological distress than men (Zamarro & Prados, 2021).

The decrease in sexual functioning was significant for many couples during the first year of the pandemic, and similar trends were also found in the romantic relationships of healthcare workers (Bulut et al., 2021; Culha et al., 2021; Franco et al., 2021). In fact, being a healthcare worker has been found to be a risk factor for low sexual desire (Franco et al., 2021). During the COVID-19 outbreak, there was a decrease in healthcare workers’ sexual desires, the frequency of sexual intercourses, and their foreplay times. The decrease in sexual functioning was more significant for healthcare workers who were married and working in units where COVID-19 diagnosed patients were hospitalized (Bulut et al., 2021). These findings are not surprising because during the COVID-19 outbreak, healthcare professionals have been at risk of being exposed to the virus and to psychological trauma, and experienced higher rates of anxiety and depression, which could have separately and all together negatively affected their sexual functioning (Bulut et al., 2021; Franco et al., 2021). However, working as a healthcare worker can also have the opposite effect, as working in this type of work might contribute to a sense of purpose of serving those in need during a hard time (Feingold et al., 2022). Also, in a way, healthcare workers have preserved their work communities, their normal routine, and structure—all aspects that could have a positive effect on their mental health and sexual functioning.

The pandemic has not led to a decrease in sexuality for all couples, as stay-at-home orders have offered an opportunity for more intimacy for some couples. According to a study conducted in China, 26% of couples in an exclusive relationship reported an increase in sexual intercourse frequency (Li et al., 2020). Increase in sexuality aspects can be attributed to more quality time spent together as a couple and to incorporating new sexual activities (Lehmiller et al., 2020). However, the effect of COVID-19 on the ability to engage in intimacy can very much depend on the presence of children at home. When couples had children at home (due to schools moving to remote learning and lockdown), this had an opposite effect on their intimacy with research indicating that the presence of children at home has been associated with lower levels of sexual frequency, satisfaction, and functioning (Franco et al., 2021; Ibarra et al., 2020). Previous studies indicated that the effect of having children at home on couple's sexuality was moderated by the age of the children, with children ages 5–12 taking the most significant toll on the sexuality of couples (Hensel et al., 2020).

It seems that changes in intimate and sexual behaviors and experiences are associated with relational variables as well. This is true in everyday life, and according to studies conducted
during the first year of the pandemic, particularly relevant during COVID-19. A study conducted in China, for example, found associations between sexual satisfaction and intimacy, with respondents who experienced higher quality of sexual life also scored higher in intimacy (Feng et al., 2021). In addition, individuals experiencing frequent coronavirus-related conflict with their partner were significantly more likely to report decreased frequency of partnered intimate and sexual behaviors compared to those not experiencing such conflict (Luetke et al., 2020). Potentially, studies suggest that the availability of time may have led partners to reconnect at an intimate level and to improve their sexuality (Cito et al., 2021). Couples who spent more shared time together during the pandemic reported better sexual function scores than couples who did not (Cito et al., 2021; Karagöz et al., 2020).

**Couple daily adjustment**

The new conditions brought by the prolonged lockdown required family members to spend significantly more time together confined at home. The enforced cohabitation was accompanied by decreased access to support from extended family and friends, and often by changes in employment conditions such as working from home, increased parental demands including switching to homeschooling, and economic strain (Günther-Bel et al., 2020; Rapelli et al., 2020). Although countries and states might have differed in length and characteristics of these conditions (Spinelli & Pellino, 2020), couples had to respond to the changes in their daily routines, and to adjust to the “new normal” (Goodboy et al., 2021) over time. Adjustments had to be made to address changes in any and all areas in the couple life generated by the outbreak. To adjust to these changes partners had to cooperate and orchestrate their interdependence in their daily routines (Jones & Theiss, 2021). With the ever-changing routine for both the individual and the couple, especially at the beginning of the pandemic, partners had to reorganize their daily tasks and goals while considering each partner’s needs and schedules.

**How has couple daily adjustment changed during the first year of COVID-19?**

Changes in the lives of couples during the first year of COVID-19 were vast and related to many areas. First, couples’ daily routine itself had to change with increased childcare responsibilities that put extra pressure on partners who were also parents (Brown et al., 2020). In such families, partners had to manage their co-parenting (Lucassen et al., 2021) and adjust to conditions where children studied from home (Lee et al., 2021). Second, many couples experienced changes in financial conditions, including reduces in the family income (Prime et al., 2020; Wang et al., 2021). Adjusting to new financial conditions combined with a reduction in working hours for many, or even job loss, partners had to renegotiate division of household tasks and address changes in family–work balance (Adisa et al., 2021). Third, couples also reported increases in health concerns. In fact, in a sample of adoptive parents, Goldberg et al. (2021) found that the most pressing concern specific to the pandemic and related challenges was health. Considering the nature of the current crisis (i.e., a pandemic), it is not surprising that individuals were worried with their family members’ and their own physical health, requiring them to adapt to health-related constrains, instructions, and concerns. Whereas Goldberg et al. describe a variety of strategies for how individuals adjusted to the health concerns (e.g., eat healthier, devote increased time for exercising), it is less clear how partners adjusted together in the face of these concerns. In a study conducted in Spain at the beginning of the pandemic, Günther-Bel et al. (2020) shed some light on such strategies, highlighting several ways participants reported as dyadic mechanisms that helped them to adjust to the stressful routine. These included having more conversations about what worries the partners, appreciating and
enjoying time spent in joint activities, and increasing a sense of togetherness by reestablishing a teamwork spirit. Finally, conditions of quarantine, social distancing, and stay-at-home orders meant that partners had to spend increased time together under the same roof. Under such conditions, individuals usually experience either increased interference or facilitation from partners (Solomon et al., 2016). During the pandemic, having to negotiate shared living space and daily responsibilities, partners who had difficulties coordinate their actions could have experienced their partners as interfering and interrupting with their attempts to adjust, whereas partners who successfully cooperated could have experienced they and their partner facilitate each other in adjusting and reestablishing a shared routine (Jones & Theiss, 2021).

Factors predicting couple adjustment during the first year of COVID-19

Adjustment was easier for couples who were satisfied with their relationship. In fact, Donato et al. (2021) found that the unusual stress brought by the COVID-19 pandemic actually activated a stress management process through which satisfied partners were able to directly interact about their current pandemic-related concerns. Explicitly interacting about their worries enabled such couples to jointly cope with the unusual stress which, in turn, positively predicted psychological well-being. Contrary to satisfied partners, however, dissatisfied partners were less able to employ explicit stress communication and thus, performed less positive dyadic coping during the lockdown (Donato et al., 2021). Importantly, some studies documented associations between couple adjustment and relationship characteristics. Günther-Bel et al. (2020) found that relationship functioning in the form of couple adjustment during the COVID-19 lockdowns was accompanied by perceived relational improvement or deterioration: the more positive dyadic strategies, such as emotional expressiveness and balancing individual and shared needs, were used, the more improved the couple relationship was perceived; the more negative dyadic strategies, such as increased conflict frequency and constructing couple distance, the partners relied on, the more deteriorated the relationship was perceived. As mentioned earlier, Donato et al. (2021) documented associations between couples’ dyadic coping responses and psychological well-being. This association was present among couples who reported high levels of relationship satisfaction. It remains to further explore specific couple adjustment mechanisms and characteristics and their associations with relationship and individual outcomes during the pandemic in general and in times of stay-at-home measures in particular.

Although both male and female partners probably contributed to the co-construction of the stress management, some studies point to gender differences in terms of the experience of and strategies employed by men and women during the pandemic. In a study that explored how married partners with children who both worked managed family–work demands during the lockdown in Italy, Del Boca et al. (2020) found that mothers usually took on additional housework responsibilities and childcare activities compared to fathers. This trend was not associated with the husband's working arrangements (i.e., whether he worked from home or continued to work outside the home), meaning that even when the male partner did work from home, most of the additional responsibilities for housework and childcare fell on the female partner. Such gender differences were documented also in another study conducted in Australia (Craig & Churchill, 2021) where although male participants reported increased time spent on domestic labor and childcare during the lockdown, female participants’ unpaid work time (i.e., housework and childcare) increased disproportionately compared to their male partner. Many women in this study reported high levels of dissatisfaction with their perceived work–family balance and with the way their spouse shared the load. Supporting this latter finding, Calarco et al. (2020) also report that approximately 40% of the mothers in their sample were frustrated with their male partner’s support with parenting during the pandemic leading to increased
marital conflict and stress among mothers. Findings from a dyadic study also supported these results, showing that over one third of the participating couples used strategies where the female partner did most or all childcare during the time of the stay-at-home orders, and that women in such couple type reported the lowest well-being and job performance compared to women in more egalitarian couple categories (Shockley et al., 2021).

Intimate partner violence

Intimate partner violence (IPV) refers to any form of aggressive behavior taken by an intimate partner toward the other partner. It can take a physical, psychological, or sexual form and causes harm to those in the relationship (World Health Organization, 2012). Although IPV was a global concern prior to the COVID-19 outbreak (Walton et al., 2015) and its destructive outcomes are well-documented in pre-pandemic literature (see Lagdon et al., 2014), it has received increased scholarly and public attention during the COVID-19 pandemic (Abdel Rahman, 2021) due to concerns for the potential impact of the preventive measures taken, such as home confinement, and the additive stress, such as financial strain, on domestic violence, especially against women (Gebrewahd et al., 2020; van Gelder et al., 2020). These policies have raised concerns among professionals in terms of their potential impact to increase IPV in all cultural and socioeconomic contexts (Agüero, 2021) but especially in developing countries and disadvantaged populations in which many couples and families live in houses lacking sufficient space, forced to be in a significantly closer proximity (Brown et al., 2020).

How has IPV changed during the first year of COVID-19?

Indeed, most studies identified within this category have documented increases in the number of IPV cases during the lockdown period between March and May 2020 (Fawole et al., 2021; Hamadani et al., 2020). Some studies, however, found that IPV levels actually decreased (Abujilban et al., 2021; Naghizadeh et al., 2021) or remained the same (Jetelina et al., 2021) during that time, yielding somewhat mixed findings that require taking a closer look at the findings on IPV dynamics during the lockdown.

A closer examination of the findings on IPV during COVID-19 suggests that one reason for the mixed results may have to do with the quality, rather than the quantity of the violence; that is, the type of violence that was taken against the partner. IPV includes different types of violence that can manifest in the form of physical aggression, sexual coercion, emotional or psychological abuse, and controlling behaviors (World Health Organization, 2012). Whereas physical aggression refers to such acts as hitting and beating the partner, sexual coercion refers to forced sexual intercourse or other sexual acts, emotional/psychological abuse is reflected in insults, humiliating communication, and intimidation, and controlling behaviors include closely monitoring a partner's movements and preventing them from maintaining social interaction with others and access to financial resources, education, and medical care. Some studies in the current review explored the prevalence of each IPV type showing that different types may have changed (increase/decrease) differently during the pandemic.

In one such study, for example, Jetelina et al. (2021) found that, among participants who screened positive for IPV, the increase in intimate physical aggression toward a partner during the first lockdown in April 2020 was almost as twice as higher than the increase in intimate sexual aggression. In another study, Gebrewahd et al. (2020) examined the level of change in each IPV type during the April–May 2020 lockdown in Ethiopia and found that psychological aggression was the most prevalent during that period, followed by physical, and then sexual violence. Similarly, studies conducted in Ethiopia and in Iran during the first months of the
pandemic found that among pregnant women, psychological aggression was the most prevalent type of violence and physical was the least (Naghizadeh et al., 2021; Teshome et al., 2021). These findings suggest that IPV should be considered as a multifaceted concept where each facet is independently measured rather than an umbrella term for all types of violence.

Furthermore, a closer reading of the current review’s identified studies on IPV draws attention to the significance of considering not only the number of IPV cases or the number of reports on each type of IPV as a marker of IPV change during the pandemic, but also the degree of severity of the violence against a partner. For example, Gosangi et al. (2021) pointed that whereas the number of patients screening positive for IPV in a large US medical center between March and May 2020 was smaller compared to the equivalent periods in 2017–2019, the severity of the reported physical injury due to the violent act was significantly higher. The authors propose that victims may have delayed reaching out to healthcare services until the last stages of the abuse during the pandemic, leaving them at a greater risk for more severe violence. Findings from another study may provide support for Gosangi et al.’s interpretations. In that study, Fawole et al. (2021) found that women in Nigeria who were experiencing IPV prior to the lockdown reported more severe violence during the lockdown, in all forms of IPV. The researchers indicate that the violent partner made use of the conditions of the lockdown to more closely monitor and control their victim partner and threaten their sense of security. Such findings may justify the concern raised during the pandemic about how the ongoing conditions of social distancing and isolation could cultivate and allow controlling isolative IPV (Humphreys et al., 2020; Xue et al., 2020). Taken together, these findings call for a more nuanced examination of both IPV types and degree of severity during the COVID-19 pandemic lockdowns.

Factors predicting IPV change during the first year of COVID-19

In addition to documenting IPV change during the first year of the pandemic, studies have also focused on identifying potential risk factors that may serve as predictors of IPV during that time. It is important to note that results in this context are rather mixed and whereas some studies revealed associations between certain factors and IPV, others did not find support for such associations. Thus, the presented findings should be read as initial results that require further examination. First, several sociodemographic factors seem to be related to incidences of IPV. Haq et al. (2020) found that unemployed women with lower education were more likely than women who did work and were higher educated to experience IPV during the COVID-19 induced lockdown, probably due lower levels of independence and awareness of one’s rights. Age was also correlated with IPV whereas some studies found that younger women were more exposed to IPV (Gebrewahd et al., 2020), others indicated a positive association between age and IPV, at least in its emotional form of verbal aggression (Abujilban et al., 2021). Second, characteristics of the intimate partnership were associated with IPV. Duration of marriage, living alone with the spouse, and being in an arranged marriage were all positively associated with IPV (Abdel Rahman, 2021; Gebrewahd et al., 2020; Ghimire et al., 2020). Marital conflict was also positively associated with all IPV forms (Abujilban et al., 2021). Finally, partner substance abuse (i.e., alcohol, tobacco, Khat, and drugs) was linked to IPV during the COVID-19 quarantine (Ghimire et al., 2020; Tadesse et al., 2020; Teshome et al., 2021).

Importantly, because IPV has severe short- and long-lasting implications for individuals and couples, we believe it is important to look into the consequences it has had in the first year of the pandemic. Few studies in this category explored possible outcomes related to IPV during the pandemic, especially in terms of emotional and mental experiences. Not surprisingly, findings point to associations between IPV experiences and psychological distress. Looking at group differences among individuals who identified as single, in a relationship with no IPV, and in a relationship with IPV during COVID-19, Buttell et al. (2021) found that those who
experienced IPV reported significantly lower resilience and higher perceived stress than those in the other two groups. The researchers conclude that COVID-19 seems to have differential impacts on resilience and stress for individuals who experienced IPV and those who did not. These findings are important because both resilience and stress have been associated with mental well-being in prior research (Chao, 2011; Davydov et al., 2010). Indeed, during the COVID-19 pandemic, women who were exposed to IPV reported poorer mental health in the form of reduced joy and energy, emotional problems, low social functioning, and feeling less calm and satisfied with life than women who were unexposed to IPV (Ghimire et al., 2020; Naghizadeh et al., 2021). In turn, women who were facing IPV during the lockdown and were characterized by higher levels of stress, anxiety, and depressive symptoms, were less happy than women who were facing no IPV (Haq et al., 2020). Fawole et al. (2021) add that beyond mental outcomes, the lockdowns during COVID-19 also placed women who were experiencing IPV at a real physical risk because abusive partners could use the lockdown as a way to deprive their partner from receiving treatment or protection by either isolating them within the home or threatening them to be thrown out of their home.

In light of the various findings that point to increases in the rates of IPV during the first year of the pandemic, the United Nations Women (2020) has termed COVID-19 a shadow pandemic. Although different types of IPV have shown somewhat different patterns of change over the first one-year time of the pandemic, the increased amount of severe IPV incidences and their destructive physical and psychological consequences should motivate both scholarly and professional work to focus on developing interventions and policies aiming to eliminate IPV. However, it is important to take caution when interpreting the changes in IPV exclusively as a result of the pandemic because several of the associations reported in the reviewed studies were documented in research prior to the pandemic as well (e.g., marital conflict and IPV; Marshall et al., 2011; Vives-Cases et al., 2009).

DISCUSSION

The current review was conducted one year into the COVID-19 global pandemic, and sought to understand how the pandemic and its related lockdowns have affected couples in romantic relationships. Recall this review had three main aims, including mapping the relational areas in which romantic couples were affected during the first year of the pandemic, understanding how each area changed in couples’ relationships during that period of time, and identifying factors predicting this change. First, regarding our first aim, we found 42 studies that examined relational aspects affected by the pandemic. All 42 studies were categorized within one of the following four themes: relationship quality, sexuality, couple daily adjustment, and intimate partner violence (IPV). The number of publications on romantic relationships during the COVID-19 pandemic is significant and keeps increasing. Looking ahead, further published research on this topic will no doubt shed additional light on couples’ challenges and relational dynamics during the current pandemic. Furthermore, in addition to the accumulating findings on couple change and adjustment, it will be important to examine the after effects of the pandemic on couples.

Second, our review showed that changes in the identified relational areas were different across couples. In terms of relationship quality, sexuality, and couple daily adjustment, we found that for some couples, the pandemic facilitated an opportunity to spend more time together, bringing them closer and strengthening their relationship, whereas other couples were experiencing relational difficulties during COVID-19 (Schmid et al., 2020). Couples who spent more time together, especially in positive joint activities, also engaged in more sexual activity and were better in establishing intimacy compared to couples who spent less time together during the pandemic (Lehmiller et al., 2020). Moreover, the adjustment to the ongoing
changing routine was reportedly easier for satisfied couples than dissatisfied couples (Franco et al., 2021). Couples whose relationship satisfaction was high were able to manage their communication about stress effectively, helping them to jointly cope with the unexpected change and challenges (Donato et al., 2021). For other couples, however, the need to adjust to a new reality, increasing work demands, constant stress due to the ongoing uncertainty, social distancing, incessant worry about the possibility that loved ones may be exposed to the virus, and economic hardship could all lead to more relational stress and conflicts, and increased sexual distress and dysfunction (Günther-Bel et al., 2020).

In terms of IPV, which constituted a major concern among scholars and professionals, we identified two main trends. First, although COVID-19 has been described as a shadow pandemic where IPV has increased all over the world (United Nations Women, 2020), studies yielded mixed results revealing both increases (Fawole et al., 2021) and decreases (Abujilban et al., 2021), as well as no change (Jetelina et al., 2021) in IPV during the first year of the pandemic. This discrepancy could be due to differences in conceptualization: whereas IPV as a global concept may have increased, different types of IPV (i.e., physical, psychological, and sexual) have shown different patterns of change. It could also be that for some couples, changes have actually alleviated stress (e.g., working from home without the need to experience a stressful work environment or the stress of getting to work in time), which opened the possibility for decreases in IPV. Second, some studies showed that even when the number of IPV cases or reports has not increased, the severity of the aggressive acts, particularly physical violence, has grown pointing to increased vulnerability of women in abusive relationships during the pandemic. As studies on IPV were conducted in different countries across the world, it is worth to further explore cultural factors that may serve as either a trigger or a buffer against increased IPV of all forms.

Our third aim was to identify factors that played as stressors predicting the change in couples’ relational aspects. The findings suggest that the way romantic relationships were affected by the pandemic depended on a variety of factors, such as internal and external stressors related directly or indirectly to the pandemic, characteristics of the relationship quality prior to the pandemic, and individual vulnerabilities. More research is needed to determine which protective variables play a role in moderating potential decreases in relationship quality and sexual intimacy, as well as couple adjustment and intimate partner violence.

Interestingly, several factors identified as predictors of change were similar across areas, whereas others were unique in predicting changes within areas. Across all areas, relational processes constituted predictors of change. Specifically, conflict among partners was associated with all identified areas. This is not surprising, as relationship conflict has long been associated with negative relational outcomes (e.g., low relationship satisfaction, topic avoidance, and relational aggression; Carroll et al., 2010; Frye et al., 2020; King & Theiss, 2016). Couple conflict, however, may also reflect the increased stress partners were experiencing during the first year of the pandemic thus, constituting both a marker of that stress as well as generating additional stress. Indeed, destructive communication behavior in couples, including conflict, has been said to play a double role of reflecting as well as creating distress (Estlein, 2016). Our findings suggest that during a time of change and uncertainty such as the current pandemic, conflict is a significant element in couples’ dynamic, projecting on all areas of their lives.

Emotional distress was also a predictor shared by some of the identified areas. Sometimes referred to as mental health (Pieh et al., 2020), psychological distress (Abira et al., 2020), or depressive symptoms (Haq et al., 2020) and anxiety (Panzeri et al., 2020), emotional distress was negatively associated with relationship quality and sexuality in the identified studies. It may be that prior research that pointed to associations between psychological state and relationship quality and sexuality (Frost, 2013; Ganong & Larson, 2011) guided this exploration during the first year of COVID-19. Whether emotional distress during the pandemic is associated with
couple adjustment and with IPV still remains to examine; however, these associations will have to be explored at later stages of COVID-19 because studies investigating these relationships during the first year of the pandemic were not identified in our mapping.

Sociodemographic variables also predicted change in three out of the four areas. Particularly, gender and employment during the tested period negatively predicted sexuality, couple daily adjustment, and IPV with women who did not work during that time reported decreases in sexual activity, desire, and satisfaction, difficulties in adjusting to the changing daily routine probably because often they took on more family and childrearing responsibilities than men, and increases in aspects of IPV. These findings suggest that during the first year of COVID-19, women—more than men—were vulnerable to risk outcomes related to changing conditions due to the pandemic (e.g., social distancing and stay-at-home orders, financial strain), highlighting the potential for increasing gender inequality in the shadow of the pandemic (see Alon et al., 2020).

Few factors were unique in predicting changes in each specific area. First, relationship quality was the only documented relational aspect associated with the increased household chores and childcare tasks related stress. Prior research pointed to how spillover effects—where experiences of increased stress in one setting in life are transferred onto another—explain increased strain in marital quality (Schulz et al., 2004). Thus, increased stress in the realm of household chores and child-rearing may have spilled over onto the couple relationship, generating a more negative perception of the quality of the relationship. Sexuality was associated with intimacy, which speaks to the interplay between the two aspects: as a way to construct intimacy, partners employ sexuality and have to openly communicate about it. The circumstances generated by the pandemic, especially in its early stages, could have been fraught with uncertainty and change that could undermine the efficacy of couples to communicate openly about their sexual relationship and decreased the quality of their intimate encounters (Estlein & Theiss, 2021).

Although relational processes predicted all four areas, positive couple daily adjustment was specifically associated with increasing conversations about worries related to COVID-19 and with reestablishing a teamwork spirit. It seems that in order to adapt to a unique ever-changing reality, partners needed to rely on constructive communication that promotes both interpersonal support and cooperation, resonating prior research that pointed to the critical role of couple collaboration in promoting positive couple adjustment in times of change (Cowan & Cowan, 2000). Finally, IPV was the only area which was associated with partner substance abuse. Prior research has previously documented the association between perpetrator substance abuse and IPV (Macy & Goodbourn, 2012). It may be, however, that due to the ongoing uncertainty that has been accompanying the pandemic, substance use has increased among violent partners for self-soothing. Increased substance abuse during the pandemic may have created an increased risk for violence against their partner. All these associations should be further explored in future research.

It's not you, it's COVID?

One main question that arises from this mapping review is: what differentiates COVID-19 as a context from other daily external stressors (e.g., economic hardships, demanding jobs, and other disasters) that undermine relationships? Various findings in the current review are generally known—for example, men reporting higher relationship satisfaction than women (Jackson et al., 2014); relationship between mental health and marital satisfaction (Shahi et al., 2011); and relationship between job satisfaction and relationship satisfaction (Michalos, 2003). However, whereas these dynamics are held in common, COVID-19 may impose a specific contextual stressor, which can affect couples. This is in line with Karney and Bradbury's (1995) key vulnerability-stress-adaptation model that highlights the role of stress in reflecting and
shaping couple relationship processes. The model suggests that depending on individual, relational, and event-related characteristics, couples vary in their response to external stressors, such as COVID-19. In a way, COVID-19-related external stress is similar to many other stressors which intensify or reflect on existing relational or social problems (e.g., in an attempt to obtain family–work balance, women—more than men—experience high levels of distress). Yet, COVID-19 is not similar to any other stressor, as unlike other stressors, COVID-19 impacts many aspects at once, is extremely intensive, and has been wearing on for a prolonged period of time, and is spread across the world.

The pandemic has also brought up opportunities for individuals and couples, such as staying at home with partners, spending more time together, and working from home. In this sense, the pandemic has also given couples an opportunity to join hands and move through tough times by presenting a “united front” against a shared stressor. Learning how to identify and verbally communicate these stressors help relationships stay resilient.

Papers included in this review vary significantly in their methods. Some researchers have included strategies in their studies to better understand the association between COVID-19 and relationship quality. Other researchers, however, did not implement research strategies to allow them to determine that what they found could be exclusively attributed to COVID-19. To conclude, it is impossible to determine causality and point to the pandemic as the exclusive stressor generated relational problems for couples. Nevertheless, this review aimed to identify and map the issues couples were dealing with during the first year of the pandemic, and tried to interpret them within this context. Clearly, additional longitudinal data (collected before, during, and after COVID-19) is essential to draw more firm conclusions about how the pandemic has affected couples’ dynamics.

Limitations and future research directions

Almost all of the studies in the current review employed online surveys. Except for two studies (Fawole et al., 2021; Shockley et al., 2021), none of the studies were conducted from a qualitative approach. While this was perhaps the most effective way to conduct research during the early stages of the pandemic and the social distancing restrictions, moving forward, more research is needed to fill the gap on how couples experienced the pandemic and lockdowns using various research methodologies, such as face-to-face interviews, observational data, and experimental designs, which were naturally more difficult to conduct early in the pandemic with intense restrictions and concerns limited researchers in receiving confirmation for non-online data collection. In addition, the vast majority of studies identified in the current review included individuals rather than both partners. Future research should use a dyadic approach to better understand not only the effect the pandemic had on the individual but the effects on the couple level as well. Effects on each level can be either similar or different. For example, whereas individual sexual desire might have remained similar during the pandemic, on the dyadic level couple sexual intimacy might have decreased due to high levels of distress in the other partner. Such dyadic effects can explain both individual and couple outcomes and thus, are important to explore. In addition, many of the studies presented in the current review were cross-sectional or included only descriptive data, so causality could not be drawn. It is difficult to determine whether, for example, low levels of relationship satisfaction could be attributed exclusively to the pandemic.

Our mapping review is somewhat limited in terms of its timeframe. This study started one year after the outbreak of COVID-19 to explore the nature of the effects it has had on couples. Naturally, the work process has expanded over time, with the literature on COVID proliferating very quickly. Thus, although we set a timeframe, we were certain that more research be published after that timeframe which is beyond what we have discussed in the current
review. Future work should look into the accumulating studies in this field beyond the first year. Nevertheless, our review was able to reveal an interesting finding regarding the cultural variety of studies in this growing body of research. Many of the studies in this review were conducted in different parts of the world, representing both Western (e.g., United States, Italy) and Eastern (e.g., China, Nepal) countries. This diversity could be the result of the nature of COVID-19 as a global pandemic that has affected countries all over the world. It remains to pinpoint similarities and dissimilarities across countries in future scholarly work. While papers represented different parts of the world, the studies identified in this review seem to overlook health disparities and stressors that some groups have faced during the pandemic more than others. Latino and Black individuals, for example, have been disproportionately affected by the Virus, both by COVID directly, but also by the economic effects, such as job loss and unstable housing (Andrasfay & Goldman, 2021; Vargas & Sanchez, 2020). These major health and economic stressors might also have negatively affected relationships. At the same time, since these communities face greater adversity in the form of racism on a daily basis, they might have more established coping strategies to contend with external stress and therefore are able to be more resilient in the face of COVID-19. Also, early in the pandemic, the Black Lives Matter protests proliferated more frequently which could have impacted the functioning of Black communities especially, over and above the effect of COVID-19 itself. To sum, the effect of COVID-19 on the experiences of different ethnic groups during the first year of the pandemic requires further in-depth investigation.

Clinical implications

The current review identified the effects COVID-19 has had for couples during an unusual global crisis. Specifically, numerous variables were identified as associated with couple outcomes in the form of relationship quality, intimacy and sexual dynamics, couple adjustment, and intimate partner violence. These variables constitute both risk and protective factors for satisfying resilient romantic relationships that can inform the employment—or development—of intervention programs to help couples navigate through the hardships of the pandemic. Particularly, our review calls for interventions to consider specific demographic (e.g., education level, (un)employment), individual (e.g., sex, substance abuse), and couple (e.g., marital conflict management, couple teamwork spirit) factors in order to characterize couples who have been struggling the most during the world pandemic. While COVID-19 may intensify couple's dynamics, interventions tailored for couples during this time can be beneficial in helping couples thrive (Tsai et al., 2020). Another point to consider is providing online interventions that limit the exposure to other people and prevent further spreading of the virus. Importantly, associations between some of the identified factors and relationship hardship were documented before COVID-19 (e.g., financial strain, high conflict) but it seems that the contextual change brought by the pandemic may have intensified preexisting factors (Pietromonaco & Overall, 2020). Thus, it is imperative to pay extra attention to factors that, although retain destructive effects for couples during times of routine, can have particularly devasting impact on couples during the global health crisis. In particular, interventions should target risk factors—such as dissatisfaction with work–family balance, lack of privacy, frustration with partner (insufficient) support with childcare and housework, and living alone with partner—as well as protective factors—such as effective communication strategies to manage relational stress in order to improve couples’ coping with the pandemic and its related worries. Finally, future scholarly work will hopefully document both dyadic and longitudinal effects of COVID-19 on couples, allowing therapists and practitioners to encourage the participation of both partners in the intervention process. Future research should continue exploring the
clinical implications of the accumulating findings for promoting healthy intimate relationships during the ongoing global pandemic.

CONFLICT OF INTEREST
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