Reporting to police by intimate partner violence victim-survivors during the COVID-19 pandemic

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Abstract
There is evidence from around the world that rates of intimate partner violence (IPV) recorded by police have been impacted by the COVID-19 pandemic. However, not all studies or data sources have shown a consistent increase, and it is not clear how these observed trends may have been influenced by changes in the propensity of victim-survivors to contact police during the pandemic. We use data from a large survey of women in Australia drawn from a national online research panel to examine correlates of police reporting and barriers to help-seeking among a subset of respondents who had experienced physical or sexual IPV during the period of the first national lockdown. Victim-survivors were less likely to have contacted police following the most recent incident if the time spent at home with their partner had increased. They were also more likely to say they were unable to safely seek advice or support on at least one occasion. Police were more likely to be contacted by the victim-survivor if they or their partner had lost their job or taken a pay cut, but there was no relationship with changes in financial stress. Results suggest containment measures introduced in response to COVID-19 may have influenced help-seeking behavior among IPV victim-survivors. This needs to be considered when conducting or interpreting studies on the impact of the pandemic on IPV using police data. Proactive responses to support IPV victim-survivors are needed during current and future restrictions and periods of reduced mobility.

Keywords
Intimate partner violence, help-seeking, police, victims, COVID-19

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Introduction

The SARS-CoV-2 novel coronavirus-19 (COVID-19) pandemic, and the public health measures that have been implemented to contain the virus, have had a profound impact on people’s lives. Concerns about the implications for a “shadow pandemic” of intimate partner violence (IPV) were raised almost immediately (van Gelder et al., 2020). The effects of the pandemic in terms of financial stress and economic insecurity, limits on mobility during lockdown periods which prevent victim-survivors from being able to temporarily escape abusive partners, reduced access to formal and informal sources of support, and the trauma associated with unrest and instability, were all expected to exacerbate the risk of IPV, particularly for women (Peterman et al., 2020). There is now a large body of evidence that suggests the pandemic has impacted IPV in low-, middle-, and high-income countries (Bourgault et al., 2021; Peterman & O’Donnell, 2020; Piquero et al., 2021).

Routinely collected police data, including calls for service, recorded incidents and arrest data have been used extensively to measure the impact of the pandemic on IPV. These established data sources allow for trends pre- and post-pandemic to be compared. Different methods have been employed, but most studies have compared actual recorded rates of violence with synthetic forecast rates based on pre-pandemic trends, while others have exploited variation in the intensity and timing of restrictions in different localities to determine the effect of containment measures on IPV. Piquero et al. (2021) conducted a systematic review and meta-analysis of 18 studies which used officially recorded rates of domestic violence to measure the impact of the pandemic, the majority of which analyzed police data (especially calls for service data). They reported an average increase in domestic violence incidents of 8%. However, not all studies included in the review observed an increase in IPV, nor have subsequent studies, including those conducted outside of the United States (Freeman & Leung, 2020; Hoehn-Velasco et al., 2020; Silverio-Murillo et al., 2020). While calls to police have increased in many cities (Leslie & Wilson, 2020; Nix & Richards, 2021), recorded incidents and arrests have not (Bullinger et al., 2020; Miller et al., 2020). These mixed findings may be due to the differential impacts of locality-specific restrictions on recorded violence (Nivette et al., 2021). Other factors may be at play, such as a decline in police–citizen contact during the pandemic, an increase in unsubstantiated calls by third parties, an increase in less serious violence (especially involving first-time victim-survivors) that does not meet the threshold for arrest, or increases in some forms of violence but not others (e.g., an increase in current partner violence but fall in IPV involving former partners) (Bullinger et al., 2020; Ivandic et al., 2020; Leslie & Wilson, 2020; Miller et al., 2020). It is also possible that it may be a consequence of changes in the rate of reporting to police, especially among certain groups of vulnerable victim-survivors.

Implicit in studies that have used police data to measure the impact of the COVID-19 pandemic on IPV is an assumption that rates of victim-survivor reporting or help-seeking have remained constant. In other words, any increase or decrease in recorded rates of IPV is a function of actual increases or decreases in victimization. We know, however, that the majority of victims do not seek assistance from police (Akers & Kaukinen, 2009; Felson et al., 2002; Stavrout et al., 2016; Voce & Boxall, 2018). It is possible that public health containment measures associated with COVID-19 have further compounded the problem of under-reporting of IPV (Boxall et al., 2020; Gama et al., 2021; Pfitzner et al., 2020). While studies using police data to measure the impact of COVID-19 have acknowledged the issue of victim-survivor
under-reporting, generally and specific to the pandemic, the inevitable limitation of relying on recorded crime data is that it cannot account for changes in the propensity to report to police. Researchers have attempted to overcome this issue by looking to other sources, such as calls to domestic violence hotlines, as alternative measures of help-seeking. These studies have tended to show large increases in calls early in the pandemic (Beigelman & Castelló, 2020; Perez-Vincent et al., 2020; Richards et al., 2021), though not exclusively (Sorenson et al., 2021). While there may not be the same barriers to reporting to hotlines as there are with police, they still represent measures of service usage, rather than the actual levels of IPV (Sorenson et al., 2021). Self-report surveys, which are less susceptible to reporting biases, have consistently observed a strong link between pandemic-related stressors and increased likelihood of experiencing violence, especially among women, including from economic consequences (Arenas-Arroyo et al., 2021), the inability to meet financial obligations (Béland et al., 2020), the time spent at home during lockdown (Perez-Vincent et al., 2020) and their partner’s unemployment (Fereidooni et al., 2021) or decrease in income due to COVID-19 (Perez-Vincent et al., 2020). These studies have been constrained in most instances by the absence of comparable baseline data (i.e., most surveys have been conducted after the beginning of the pandemic, and very few have been able to compare with pre-pandemic surveys). Together, studies using hotline calls and self-report surveys offer compelling evidence that IPV has been impacted during the pandemic, which suggests data recorded by police may not provide a complete picture.

COVID-19 in Australia

The rate of infection, associated hospitalizations, and deaths attributable to COVID-19 in Australia in the first year of the pandemic were low compared with many other countries (John Hopkins University of Medicine, 2021; O’Sullivan et al., 2020). The first case of community transmission occurred in February 2020 and, although containment measures were gradually introduced, the more severe restrictions were introduced in March 2020. As case numbers increased, many non-essential businesses closed, as did schools, and rules were introduced which allowed people to leave their homes for only four reasons: work (if not possible to work from home), essential shopping, exercise, and care or care giving. These public health measures had wide-ranging impacts on the Australian community, resulting in significant changes to people’s mobility and social interaction (Australian Bureau of Statistics (ABS), 2020) and the amount of time spent at home (Google, 2021). There were significant job losses and an increase in financial stress during the first national lockdown (ABS, 2020) and, while the situation improved, these consequences persisted throughout 2020 and into 2021 (ABS, 2021).

Australian studies exploring the impact of the pandemic on IPV using police data have produced mixed findings. In New South Wales, the most populous Australian state, there was very little evidence of an impact on domestic violence-related assaults, police calls for service, or helpline calls (Freeman, 2020a, 2020b; Freeman & Leung, 2020). There was, however, a significant increase in domestic violence episodes attended by police where no criminal incident was detected when the most socially restrictive orders were in place. Research from Queensland found there was no immediate increase in breaches of domestic violence protection orders (Payne et al., 2020). Three studies from Victoria, affected by both the national lockdown in early 2020 and the second 4-month lockdown from the middle of the year, did show a small
increase in family violence, but this did not persist for the duration of either lockdown, with some evidence that increases coincided with the easing of restrictions (Burgess et al., 2021; Gare et al., 2020; Rmandic et al., 2020).

Conversely, surveys of domestic violence service providers in several states, including New South Wales (Foster & Fletcher, 2020a, 2020b), Victoria (Pfitzner et al., 2020), Queensland (Pfitzner et al., 2020) and then nationally (Carrington et al., 2021), reported increases in client numbers among many (but not all) services, especially for the first-time clients. They also reported barriers for women seeking help or attempting to leave abusive relationships, an increase in the complexity and severity of cases of abuse, and examples where perpetrators were exploiting certain aspects of the pandemic to control their partner. Similarly, a survey of Australian women found that two in three women who had experienced physical or sexual IPV in the first 3 months of the pandemic said it was either the first time their partner had been violent, or that the violence had increased in frequency or severity (Boxall et al., 2020).

Many victim-survivors reported barriers to seeking help during this period due to concerns about safety. These findings were repeated in a second survey covering the first 12 months of the pandemic (Boxall & Morgan, 2021). Additional analyses revealed that an increase in the amount of time spent at home with their partner was not associated with first-time or repeat violence, but that women who experienced an increase in financial stress during the 3-month period were nearly twice as likely to experience first-time IPV (Morgan & Boxall, 2020).

Collectively, these studies suggest that there has been an impact on IPV, and that it is possible that trends in official data—particularly data from law enforcement—have been impacted by changes in help-seeking by victim-survivors. However, there has been little research directly examining this issue. This study aims to fill this knowledge gap, using a survey of IPV victim-survivors from Australia to examine the correlates of reporting to police and barriers to help-seeking during the early stages of the COVID-19 pandemic.

**Methodology**

**Data**

This study uses data from an online survey of adult women in Australia drawn from a large national online research panel. The survey, conducted over 4 weeks in May and June 2020, asked respondents about their experience of IPV in the 3 months prior to the survey during the early stages of the COVID-19 pandemic. This captures the period during which the major containment measures were introduced nationally, particularly following the declaration of a human biosecurity emergency in mid-March (Parliament of Australia, 2020a, 2020b). It also captures the experiences of a diverse group of victim-survivors, including culturally and linguistically diverse women, women with disabilities, and women living in regional and remote communities, who are frequently under-represented in criminal justice or service provider samples.

The survey was sent to female members of an online research panel aged 18 years or over. Proportional quota sampling, a non-probability sampling method, was used. Quotas were based on the Australian, adult, female population stratified by age and usual place of residence using the estimated residential population from the ABS (2019). Invitations were sent to panel members, in line with these quotas, until the survey was completed by 15,000 respondents.
The overall completion rate for the survey was 13.7%, based on the total number of invitations sent to panel members, which is well within the range for online panels (Pennay et al., 2018), including for research into IPV (Miller et al., 2016). Importantly, to minimize self-selection bias and to ensure the safety of respondents in accordance with the approved ethics protocol, respondents were not aware of the topic of the survey until they had passed through a screening process and reached the informed consent page. This included an eligibility assessment, a safety trap, and information about safe participation. Among those women who were deemed eligible, and reached the consent form (at which point becoming aware of the survey content), 94% consented to the research and completed the survey. The survey took an average of around 10 min to complete. Though not a representative sample of the population, the final sample demonstrated a high degree of concordance with known population characteristics, including relationship status, having a non-English speaking background, education level, and usual place of residence (Boxall et al., 2020).

Physical or sexual IPV was defined as the occurrence, attempted or face-to-face threat of physical or sexual violence by an intimate partner. Six questions about physical and sexual violence were derived from the Personal Safety Survey conducted by the ABS (2017), widely regarded as a reliable source of data about IPV victimization. Respondents were asked about a range of behaviors, including whether their partner had choked, strangled, or grabbed them around the neck; hit them with something that could hurt them, beat them, stabbed them with a knife or shot them with a gun; thrown anything at them that could hurt them, slapped, bit, kicked or hit them with a fist; pushed, grabbed or shoved them; or physically assaulted them in any other way. Respondents were also asked a question about sexual violence; specifically, whether their partner had forced them, tried to force them or threatened to force them to take part in sexual activity against their will. Respondents were classified as having experienced physical IPV if they said they had experienced at least one of these behaviors in the 3 months prior to the survey.

For the purpose of the current study, we limited the sample to women in a current relationship at the time of completing the survey (n = 8391). Women who were not in a current relationship were excluded because they were not asked to report the time spent at home with their partner in the 3 months prior to the survey. We note also that women in current relationships have borne the worst of the impact of COVID-19 containment measures (Gare et al., 2020; Ivandic et al., 2020). There were 636 women (7.6%) who said they had experienced attempted, actual or threatened physical or sexual IPV by their intimate partner in the 3 months prior to the survey. There was a small group of women who did not answer the questions about help-seeking (n = 12), resulting in a final sample of 624 women.

**Dependent variables**

Women who experienced actual, attempted, or threatened physical IPV in the 3 months prior to the survey were asked whether police had been contacted following the most recent incident, including whether it was by them or by someone else. Victim-survivors were also asked whether there had been any time in the 3 months prior to the survey where they wanted to seek advice or support because of their partner’s behavior, but weren’t able to do so safely. Though not specific to police, it nevertheless provides a measure of whether victim-survivors had been unable to seek assistance on at least one occasion during the pandemic (i.e., it was not limited to the most recent incident of IPV).
**Main variables of interest**

There were several pandemic-related variables of interest in this study. We were particularly interested in measuring changes in the time spent at home, given the significant increase in the amount of time spent at home during the first national lockdown (Google, 2021). Respondents were asked to report how many days per week, on average, they spent the entire day at home with their partner in the 3 months prior to the survey (0–7 days). They were also asked the same question about the 6-month period before February 2020. Responses to these two questions were compared to determine whether the amount of time had increased, decreased, or stayed the same.

We included two questions that measured the economic consequences of the pandemic. Respondents were asked whether they or their partner had lost their job or had taken a pay cut in the 3 months prior to the survey. Given the length of the survey was necessarily short, primarily for safety reasons, we were unable to differentiate between whether the respondent, their partner, or both had lost their job or taken a pay cut (or the specifics of the impact on their employment). Respondents were also asked to rate the level of financial stress they had experienced in the 3 months prior to the survey on a scale from 1 to 5 (where 1 = none and 5 = extreme), and in the period before February 2020. Responses to these items were compared to determine whether financial stress had increased, decreased, or stayed the same. We included an additional control for the level of financial stress prior to February 2020 (baseline financial stress). There is some evidence that the absolute level of financial stress experienced by victim-survivors (as distinct from changes in financial stress) is associated with police help-seeking (Stavrou et al., 2016), though evidence from quantitative studies is mixed (Voce & Boxall, 2018).

**Control variables**

We included several controls for variables known to be related to police help-seeking among IPV victim-survivors in Australian and overseas samples (Akers & Kaukinen, 2009; Ammar et al., 2005; Barrett & Pierre, 2011; Birdsey & Snowball, 2013; Hamadani et al., 2020; Stavrou et al., 2016; Voce & Boxall, 2018). Respondents were asked to provide basic demographic information including age, whether they speak a language other than English most often at home, their highest education level, whether they were pregnant, presence of long-term health conditions that impacted everyday activities (a measure of disability) and whether they had children living at home. We also included a control for respondents’ level of social support, based on the frequency of contact with people outside of their household, whether in person, on the phone, by email, or online via messenger apps or social media (0 = at least weekly contact and 1 = less than weekly contact). Though previous studies have found limited evidence of a relationship between social support and police help-seeking (Ammar et al., 2005; Johnson, 1990; Stavrou et al., 2016), we wanted to account for whether women had options for informal help-seeking.

Finally, respondents were categorized according to whether they had experienced first-time, repeat, or escalating violence. This was based on their answers to questions about whether they had experienced physical or sexual IPV in the 3 months prior to the survey, whether they had experienced violence prior to February 2020 and, if they had experienced violence in the 3 months prior to the survey and prior to February, whether the violence had increased in
frequency or severity. The type and severity of violence have been consistently shown to be important predictors of police contact (Birdsey & Snowball, 2013; Bonomi et al., 2006; Stavrou et al., 2016). We included the same variables for non-physical IPV, which was measured based on 13 items capturing different forms of behavior collectively referred to as emotionally abusive, harassing, or controlling behavior.

**Analytic strategy**

The analysis was undertaken in two stages. We used multinomial logistic regression to estimate the independent effect of the major variables of interest on the likelihood that police were contacted following the most recent incident of physical or sexual violence, whether by the victim-survivor or by someone else. The base category was police not having been contacted about the most recent incident. Model fit was assessed using the generalized Hosmer–Lemeshow goodness-of-fit test for multinomial regression models (Fagerland & Hosmer, 2012). Robust-clustered standard errors were used with clustering by jurisdiction to account for the sampling method and for potential unmeasured variance in reporting between state and territory police. To aid with the interpretation of results, we estimated the average predictive margins, adjusted for covariates using marginal standardization (Muller & MacLehose, 2014), for the main variable of interest that were statistically significant. Predictive margins indicate the average predicted probability of the outcome of interest being observed while controlling for the other variables in the model. We also calculated the average marginal effect (AME).

We then used a multivariate logistic regression to estimate the independent effect of the major variables of interest on the likelihood of a victim-survivor of physical or sexual IPV wanting to seek advice or support because of their partner’s behavior but being unable to do so safely (i.e., encountering safety barriers to help-seeking). We included the same covariates as in the multinomial logistic regression, with the inclusion of a control for whether the respondent said police had been contacted for the most recent incident (recoded as a binary variable where 0 = no and 1 = yes). Robust clustered standard errors were used. Model fit was assessed using the Hosmer–Lemeshow goodness-of-fit test (Hosmer & Lemeshow, 1980) and the area under the receiver operating characteristic curve. Multicollinearity was also examined, with the mean-variance inflation factors well below the acceptable threshold. We report the results for unweighted data in the current study, partly because we are analyzing a sub-sample of all respondents (and post-stratification weights were calculated based on the full sample), but also because our analysis controls for the main post-stratification weights. We confirmed this decision by comparing results from both models using weighted and unweighted data, which showed there were no substantive differences between model coefficients. Further, we conducted weight association tests using the method proposed by DuMouchel and Duncan (1983), and tests for both models were non-significant, indicating the weights were not influential in model fitting.

**Results**

**Descriptive statistics**

We begin by providing some descriptive statistics for the sample used in the analysis, which are presented in Table 1. Among women who had experienced physical or sexual IPV in the 3
months prior to the survey, 41.2% said it was the first time their partner had been violent towards them, 29.8% reported ongoing (but not worsening) physical or sexual violence, and 29.0% said they had experienced physical or sexual violence prior to the pandemic and that it had increased in frequency or severity in the 3 months prior to the survey. Two-thirds of respondents (33.7%) said they experienced non-physical abuse by their current partner for the first time or not at all, 31.9% said they experienced non-physical abuse that started prior to the pandemic that had not worsened, and 34.5% said they experienced non-physical abuse both during and prior to the pandemic and that it had become more serious or frequent.

Victim-survivors of physical and sexual IPV reported spending an average of 3.1 days at home with their partner before February 2020. 44.9% of victim-survivors reported that the average days spent at home with their partner had increased since the onset of the pandemic, 34.9% said it had not changed, and 20.2% said it had decreased. More than half of the women who had experienced physical or sexual IPV said that they or their partner had lost their job or taken a pay cut in the 3 months prior to the survey (55.5%). The mean rating for financial stress before February 2020 was 3.6 (SD = 1.1), while 36.9% said their level of financial stress had increased since the onset of the pandemic, 12.8% said it had decreased, and 50.3% said it had stayed the same.

Around one in four women who had experienced physical or sexual IPV (n = 180, 28.9%) said they had contacted police following the most recent incident, 10.7% (n = 67) said someone else had contacted police, and 60.4% (n = 377) said that police had not been contacted. More than two in five women (44.9%, n = 280) said there had been at least one time in the 3 months prior to the survey where they wanted to seek advice or support because of their partner’s behavior, but weren’t able to do so safely. For the purpose of our multivariate analysis, we recoded this into a binary variable, and treated unsure respondents (n = 43, 6.9%) as missing.

**Multivariate analysis**

The results from the multinomial logistic regression model estimating the likelihood of police being contacted following the most recent incident of physical or sexual IPV experienced by women in the 3 months prior to the survey are presented in Table 2. Victim-survivors were more likely to contact police following the most recent incident if they had experienced emotionally abusive, harassing, or controlling behavior that was escalating (RRR = 1.65; CI = 1.03–2.67), repeat physical or sexual IPV (RRR = 2.22, CI = 1.54–3.21) or escalating physical or sexual IPV (RRR = 7.16, CI = 6.09–8.42), and if they were pregnant (RRR = 4.58, CI = 2.45–8.55) or from a non-English speaking background (RRR = 1.95, CI = 1.26–3.04). Older women were less likely to say police had been contacted, either by them (RRR = 0.96, CI = 0.95–0.97) or by someone else (RRR = 0.96; CI = [0.92–0.99]). Escalating non-physical abuse was also associated with a higher likelihood of police being contacted by someone else (RRR = 3.70, CI = 1.22–11.16). There was also some evidence of a relationship between education level and the likelihood of police being contacted. Victim-survivors were more likely to say they had contacted police (RRR = 1.74, CI = 1.27–2.39) or that someone else had contacted police (RRR = 3.41, CI = 2.33–5.00) following the most recent incident of physical or sexual IPV if they had less than weekly contact with friends or family outside their own household.

Importantly, victim-survivors who said the average time spent at home with their partner had increased were significantly less likely to say they had contacted police
Table 1. Sample characteristics (n = 624).

| Variable                                                                 | % or Mean (SD) |
|--------------------------------------------------------------------------|----------------|
| **Main variables of interest**                                          |                |
| Change in the average number of days per week spent at home with partner |                |
| Decreased                                                               | 20.1           |
| Remained the same                                                       | 34.9           |
| Increased                                                               | 44.9           |
| Average number of days spent at home with partner prior to February 2020| 0–7 days 3.1 (2.1) |
| Respondent or partner lost their job or took a pay cut                  |                |
| Yes                                                                     | 55.5           |
| No                                                                      | 44.6           |
| Change in level of financial stress                                     |                |
| Decreased                                                               | 12.8           |
| Remained the same                                                       | 50.3           |
| Increased                                                               | 36.9           |
| Financial stress prior to February 2020                                 | I = None–5 = extreme 3.2 (1.3) |
| **Control variables**                                                   |                |
| Age                                                                     | 34.0 (11.7)    |
| Cohabiting                                                              | 92.0           |
| No                                                                      | 8.0            |
| Usual place of residence                                                |                |
| Major city                                                              | 83.0           |
| Regional or remote                                                      | 17.0           |
| Pregnant                                                                | 19.2           |
| No                                                                      | 80.8           |
| Non-English speaking background                                         |                |
| Yes                                                                     | 38.6           |
| No                                                                      | 61.4           |
| Any children at home                                                    |                |
| Yes                                                                     | 58.2           |
| No                                                                      | 41.8           |
| Restrictive health condition                                           |                |
| Yes                                                                     | 35.3           |
| No                                                                      | 64.7           |
| Highest level of education                                              |                |
| Up to year 11 or equivalent                                             | 10.7           |
| Year 12 or equivalent                                                   | 10.9           |
| Vocational qualification                                                | 26.9           |
| University                                                              | 51.4           |
| Non-physical IPV                                                        |                |
| First-time or no non-physical IPV                                       | 33.7           |
| Repeat non-physical IPV                                                 | 31.9           |
| Escalating non-physical IPV                                             | 34.5           |
| Physical or sexual IPV                                                  |                |
| First-time physical or sexual IPV                                       | 41.2           |
| Repeat physical or sexual IPV                                          | 29.8           |
| Escalating physical or sexual IPV                                       | 29.0           |
| Frequency of social interaction with family and friends                 |                |
| Weekly or more                                                          | 52.2           |
| Less than weekly                                                        | 47.8           |

Note. Totals may not add to 100% due to rounding. IPV = intimate partner violence.
Table 2. Multinomial logistic regression model predicting whether police were contacted following the most recent incident of physical or sexual violence (n = 624).

| Variable                                      | By respondent |          | By someone else |          |
|-----------------------------------------------|---------------|----------|-----------------|----------|
|                                               | RRR 95% CI    | RRR 95% CI|
| Age                                           | 0.96***       | 0.95–0.97| 0.96*           | 0.92–0.99|
| Cohabiting                                    |               |          |                 |          |
| No                                            | Ref.          |          | Ref.            |          |
| Yes                                           | 0.70          | 0.22–2.20| 0.82            | 0.36–1.88|
| Usual place of residence                      |               |          |                 |          |
| Major city                                    | Ref.          |          | Ref.            |          |
| Regional or remote                            | 0.78          | 0.44–1.37| 1.02            | 0.70–1.49|
| Currently pregnant                            |               |          |                 |          |
| No                                            | Ref.          |          | Ref.            |          |
| Yes                                           | 4.58***       | 2.45–8.55| 2.26            | 0.73–6.98|
| Non-English-speaking background               |               |          |                 |          |
| No                                            | Ref.          |          | Ref.            |          |
| Yes                                           | 1.96**        | 1.26–3.04| 1.37            | 0.73–2.60|
| Any children at home                          |               |          |                 |          |
| No                                            | Ref.          |          | Ref.            |          |
| Yes                                           | 1.67          | 0.89–3.14| 1.03            | 0.48–2.23|
| Restrictive health condition                  |               |          |                 |          |
| No                                            | Ref.          |          | Ref.            |          |
| Yes                                           | 3.04**        | 1.34–6.93| 1.48            | 0.74–2.96|
| Highest level of education                    |               |          |                 |          |
| Up to year 11 or equivalent                   | 0.44**        | 0.24–0.81| 0.49            | 0.21–1.15|
| Year 12 or equivalent                         |               |          |                 |          |
| Vocational qualification                      | 1.14          | 0.62–2.08| 0.35*           | 0.16–0.79|
| University                                    | 1.31          | 0.80–2.13| 0.44*           | 0.20–0.98|
| Non-physical IPV                              |               |          |                 |          |
| First-time or no non-physical IPV             | Ref.          |          | Ref.            |          |
| Repeat non-physical IPV                       | 1.39          | 0.59–3.29| 1.53            | 0.86–2.70|
| Escalating non-physical IPV                   | 1.65*         | 1.03–2.67| 3.70*           | 1.22–11.16|
| Physical or sexual IPV                        |               |          |                 |          |
| First-time physical or sexual IPV             | Ref.          |          | Ref.            |          |
| Repeat physical or sexual IPV                 | 2.22***       | 1.54–3.21| 1.70            | 0.62–4.65|
| Escalating physical or sexual IPV             | 7.16***       | 6.09–8.42| 0.77            | 0.39–1.55|
| Frequency of social interaction               |               |          |                 |          |
| with family and friends                       |               |          |                 |          |
| Weekly or more                                | Ref.          |          | Ref.            |          |
| Less than weekly                              | 1.74**        | 1.27–2.39| 3.41***         | 2.33–5.00|
| Average number of days spent at home with     |               |          |                 |          |
| partner prior to February 2020                | 0.90          | 0.79–1.03| 0.86*           | 0.74–1.00|
| Change in the average number of days per week|               |          |                 |          |
| spent at home with partner                    |               |          |                 |          |
| Decreased                                     | 1.47          | 0.88–2.48| 1.47            | 0.74–2.91|
| Remained the same                             | Ref.          |          | Ref.            |          |
| Increased                                     | 0.47***       | 0.34–0.65| 0.52*           | 0.32–0.86|
| Respondent or partner lost their job or took   |               |          |                 |          |
| a pay cut                                     |               |          |                 |          |
| No                                            | Ref.          |          | Ref.            |          |
| Yes                                           | 1.99**        | 1.25–3.16| 1.96*           | 1.01–3.79|

(continued)
(RRR = 0.47, CI = 0.34–0.65), and to say someone else had contacted police (RRR = 0.52; CI = 0.32–0.86) following the most recent incident. Victim-survivors who spent more time at home with their partner prior to February 2020 were less likely to say police were contacted by someone else following the most recent incident (RRR = 0.86, CI = 0.74–1.00). The probability of contacting police following the most recent incident was 0.25 among victim-survivors who said the amount of time at home with their partners had increased, compared with 0.31 among victim-survivors who said the time at home had not changed (AME = −0.06, z = −3.49, p < .001). The probability that police were not contacted was significantly higher for victim-survivors who said the amount of time at home with their partner had increased (0.66 vs. 0.58; AME = 0.09, z = 5.56, p < .001). We also observed a significant relationship between a respondent saying they or their partner had lost their job or taken a pay cut and police being contacted following the most recent incident of physical or sexual violence, including by the respondent (RRR = 1.99, CI = 1.25–3.16) or by someone else (RRR = 1.96; CI = 1.01–3.79). For the former, this was equivalent to an AME of 0.05 (z = 2.56, p < .05); however, the difference in the probability of police being contacted by someone else was not statistically significant (AME = 0.04, z = 1.68, p = .09). There was no association between the level of financial stress before February 2020 or changes in the level of financial stress since the onset of the pandemic and the likelihood of police being contacted following the most recent incident.

Results from a logistic regression model estimating the likelihood of women who experienced physical or sexual IPV being unable to seek advice or support on at least one occasion are presented in Table 3. Victim-survivors who said police were contacted following the most recent incident of physical or sexual IPV were more likely to have been unable to seek advice or support on at least one occasion (OR = 2.79, CI = 1.74–4.48). Victims of repeat (OR = 2.68, CI = 1.30–5.52) or escalating (OR = 3.89, CI = 2.30–6.60) physical or sexual IPV, and victims of repeat (OR = 2.14, CI = 1.50–3.05) or escalating (OR = 4.38, CI = 2.31–8.33) non-physical abuse were significantly more likely to have been unable to seek help, as were victim-survivors who had at least one child living at home (OR = 1.86, CI = 1.09–3.17). The level of financial stress entering into the pandemic was associated with the likelihood of being unable to seek help (OR = 1.16, CI 1.00–1.33), while a decrease in financial stress was associated with a
Table 3. Logistic regression model predicting whether women who experienced physical or sexual IPV were unable to seek advice or support on at least one occasion (n = 581).

| Variable                                      | Adj. OR | 95% CI       |
|------------------------------------------------|---------|--------------|
| Age                                           | 0.98    | 0.96–1.00    |
| Cohabiting                                    |         |              |
| No                                            | Ref.    |              |
| Yes                                           | 0.67    | 0.37–1.22    |
| Usual place of residence                      |         |              |
| Major city                                    | Ref.    |              |
| Regional or remote                            | 1.38    | 0.91–2.11    |
| Currently pregnant                            |         |              |
| No                                            | Ref.    |              |
| Yes                                           | 1.79    | 0.82–3.89    |
| Non-English-speaking background                |         |              |
| No                                            | Ref.    |              |
| Yes                                           | 1.15    | 0.74–1.80    |
| Any children at home                          |         |              |
| No                                            | Ref.    |              |
| Yes                                           | 1.813   | 0.582        |
| Restrictive health condition                  |         |              |
| No                                            | Ref.    |              |
| Yes                                           | 1.37    | 0.67–2.77    |
| Highest level of education                    |         |              |
| Up to year 11 or equivalent                   | Ref.    |              |
| Year 12 or equivalent                         | 0.76    | 0.28–2.09    |
| Vocational qualification                      | 0.87    | 0.52–1.44    |
| University                                    | 0.98    | 0.65–1.48    |
| Non-physical IPV                              |         |              |
| First-time or no non-physical IPV             | Ref.    |              |
| Repeat non-physical IPV                       | 2.14*** | 1.50–3.05    |
| Escalating non-physical IPV                   | 4.38*** | 2.31–8.33    |
| Physical or sexual IPV                        |         |              |
| First-time physical or sexual IPV             | Ref.    |              |
| Repeat physical or sexual IPV                 | 2.68**  | 1.30–5.52    |
| Escalating physical or sexual IPV             | 3.89*** | 2.30–6.60    |
| Frequency of social interaction               |         |              |
| with family and friends                       |         |              |
| Weekly or more                                | Ref.    |              |
| Less than weekly                              | 1.04    | 0.64–1.71    |
| Average number of days spent at home with partner prior to February 2020 | 1.02 | 0.93–1.11 |
| Change in the average number of days per week spent at home with partner |         |              |
| Decreased                                     | 1.51    | 0.71–3.19    |
| Remained the same                             | Ref.    |              |
| Increased                                     | 1.50*   | 1.06–2.11    |
| Respondent or partner lost their job or took a pay cut |         |              |
| No                                            | Ref.    |              |
| Yes                                           | 1.33    | 0.92–1.93    |
| Financial stress prior to February 2020       | 1.16*   | 1.00–1.33    |
| Change in the level of financial stress       |         |              |
| Decreased                                     | 0.50**  | 0.30–0.83    |
| Remained the same                             | Ref.    |              |
| Increased                                     | 0.83    | 0.50–1.37    |
| Police contacted following the most recent incident |         |              |
| Constant                                      | 2.79*** | 1.74–4.48    |

Note. Adj. OR = adjusted odds ratio; CI = confidence intervals; IPV = intimate partner violence; log pseudolikelihood = −251.95; Cragg–Uhler (Nagelkerke) $R^2 = 0.539$; Hosmer–Lemeshow test: $\chi^2 (8) = 9.91$; $p = .27$. 

***$p \leq .001$. **$p \leq .01$. *$p \leq .05$.  

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lower likelihood of having been unable to seek help on at least one occasion (OR = 0.50, CI = 0.30–0.83). Notably, the odds of being unable to seek advice or support on at least one occasion due to safety concerns were 50% higher among victim-survivors who said the average time spent at home with their partner since the onset of the pandemic had increased (OR = 1.50, CI = 1.06–2.11). The probability of being unable to seek help was 5.61% points higher among victim-survivors who said the average time at home with their partner had increased (0.50 vs. 0.44; AME = 0.06, z = 2.57, p < .05).

Discussion

In this paper, we explored the relationship between the effects of the COVID-19 pandemic and associated containment measures and police reporting among victim-survivors of physical or sexual IPV. We undertook this study within the context of considerable concern about the safety of victim-survivors during the pandemic (Peterman et al., 2020; Pfitzner et al., 2020; van Gelder et al., 2020), and a substantial body of research that has used police data, among other sources, to measure the impact of the pandemic on IPV (Piquero et al., 2021). We used data from a large online survey of women in Australia conducted following the implementation of strict national containment measures to measure correlates of police reporting among IPV victim-survivors. Consistent with a large body of research into police reporting by IPV victim-survivors, we show that the likelihood of reporting to police varied according to individual, relationship, and abuse characteristics.

We found a number of pandemic-related factors were associated with the likelihood of police being contacted following the most recent incident of physical or sexual IPV. Women who experienced physical or sexual IPV in the early stages of the pandemic were less likely to have reported the most recent incident to police if the amount of time spent at home with their partner had increased. They were also more likely to say they were unable to safely seek advice or support on at least one occasion. This is an important finding, given the significant impact of the COVID-19 pandemic on the amount of time spent at home (Baxter et al., 2020; Google, 2021). This is consistent with the concerns raised early in the pandemic about women being “trapped” in their homes with abusive partners (Peterman et al., 2020; van Gelder et al., 2020), and with subsequent reports from service providers about women being unable to find opportunities to contact support services or to communicate openly because of the constant presence of the perpetrator (Leigh et al., 2022; Pfitzner et al., 2022).

Victim-survivors were more likely to say police were contacted following the most recent incident of IPV if they or their partner had lost their job or taken a pay cut. It is important to note that we were unable to distinguish whether it was the respondent or their partner whose job had been affected. It is possible that women were more likely to contact police following the most recent incident if their partner had lost their job because the potential loss of work no longer acts as a barrier to reporting their partner’s behavior to police. Economic dependence has been identified as a barrier to leaving violent relationships (Anderson & Saunders, 2003) and formal help-seeking (Barrett & Pierre, 2011), but there is less evidence of an impact on police reporting (Akers & Kaukinen, 2009; Voce & Boxall, 2018), except in qualitative studies (Wolf et al., 2003). It is also possible that the loss of work or hours—whether by the respondent or their partner—was associated with an escalation in the severity of physical or non-physical abuse, which is a strong predictor of police help-seeking (Bonomi et al., 2006). Certainly, economic shocks can increase the likelihood of severe physical IPV
However, having lost a job or taken a pay cut was independently associated with the likelihood of contacting police even after controlling for the escalation of physical and non-physical forms of IPV and changes in financial stress, though it is possible that our measure of escalation did not entirely capture the seriousness of the most recent incident. Finally, we do not have information on the temporal order between IPV and changes in employment, and it is possible that the respondent’s partner lost their job as a consequence of the IPV being reported to police and the resulting criminal justice response. Given the survey was focused on a relatively short time period of 3 months, and the time and attrition that occurs between an incident being reported to police and a perpetrator being charged or going to court (ABS, 2017), it seems unlikely that both the abuse and consequences of reporting to police would have been observed in that period.

These findings highlight the importance of proactive measures to support victim-survivors who may be unable to seek help from police because of the amount of time spent at home with their partner. This will be relevant during any further periods of stay at home measures, which have—at the time of writing—been relaxed in Australia and in other parts of the world. Increasing hospitalizations and deaths may result in measures being re-introduced in other parts of the world, though it is possible these measures will not be as stringent as during the earlier stages of the pandemic. It is also likely that many people will continue to self-isolate and limit their own mobility, especially those people with pre-existing health conditions or vulnerability to infection or serious illness, alongside mandatory isolation periods following infection or associated with travel requirements. Given the isolation and control exerted by many perpetrators of IPV (Stark & Hester, 2019), being trapped at home with an abusive partner is likely to impact help-seeking even outside of pandemic conditions, meaning this research has implications that extend beyond COVID-19. This includes other natural disaster events, such as the serious bushfire and flood events which have impacted Australia in recent years and which are also associated with an elevated risk of IPV (Peterman et al., 2020).

There is evidence that police have been proactive in implementing innovative strategies to help ensure the safety of victim-survivors during the pandemic (Walkate et al., 2021), including proactively contacting known victims of IPV and implementing alternative reporting processes and other technology-based solutions. One Australian state introduced online reporting for victim-survivors during the pandemic in early 2020, while others have implemented widely publicized proactive operations targeting known offenders and their victims. While there are likely other examples of innovation from around the world, given the global impact of the pandemic, COVID-19 has been disruptive to policing and in some places actually led to a decline in proactive activities (Lum et al., 2020). Importantly, proactive policing measures have been shown to increase victim disclosures of IPV to police, particularly among repeat victims (Davis et al., 2008), while reporting IPV to police reduces the likelihood of repeat victimization (Xie & Lynch, 2017). While not all victim-survivors seek criminal justice involvement (Hoyle & Sanders, 2000), there may be lessons from the ways in which victim support services have adapted their service delivery models, including transitioning to remote options and integrating outreach with essential services that remained open even during lockdown periods (Pfitzner et al., 2020).

However, women with no prior history of IPV by their current or most recent intimate partner prior to the pandemic (i.e., first-time victims) accounted for 41% of IPV victim-survivors in our sample. There has been evidence of an increase in first-time victims during
the pandemic, at least in the United States (Leslie & Wilson, 2020), and in no-offence domestic episodes primarily involving verbal arguments (Freeman & Leung, 2020), which may be more likely to involve first-time victims. Other research has shown a strong link between the economic effects of the pandemic and first-time violence (Morgan & Boxall, 2020). Between 42% and 67% of service providers reported an increase in first-time victims contacting their services (Carrington et al., 2021; Pfitzner et al., 2020). While the number of first-time victims may have increased, we found (not unexpectedly) that women who had not been subject to IPV by their partner prior to the pandemic were significantly less likely to say police had been contacted following the most recent incident. Proactive policing measures are, for obvious reasons, limited in their ability to offer support to victims not already known to police. Other measures to support first-time victim-survivors, and to encourage help-seeking (whether to police or other support services), may assist in preventing patterns of abuse from persisting, or violence from escalating, well beyond the pandemic. Indeed, the pandemic has drawn attention to the limitations of existing responses to IPV and provides an opportunity for innovation in the front-line response to victim-survivors and perpetrators.

The findings of this study also provide important context for interpreting studies on the impact of pandemics that have used police data. This research was undertaken in the context of mixed Australian evidence regarding changes in IPV incidents recorded by police (Burgess et al., 2021; Freeman & Leung, 2020; Payne et al., 2020). Despite evidence of an overall increase in IPV (Piquero et al., 2021), results from overseas have also produced variable findings. Though our results are based on a cross-sectional survey, they suggest a relationship between public health measures and reporting to police among IPV victim-survivors. The exact direction—and magnitude—of that relationship is difficult to determine. In any case, we strongly encourage future studies that rely on police data to measure the impact of COVID-19 on IPV to take into account these potential changes in reporting when interpreting results. This is also true when interpreting the many studies that have already been conducted using police data. Any effect on reporting is likely to be highly context-specific, similar to the effects of the pandemic on crime (Nivette et al., 2021), meaning the potential effects on reporting will depend on the specific circumstances, and the containment measures introduced, in the relevant jurisdiction.

There are a number of limitations to this study. A cross-sectional survey does not allow for a causal relationship between the onset of the pandemic and reporting propensity to be established. The fact that the survey was conducted early in the pandemic during the most widespread period of restrictions enhanced our ability to link pandemic stressors with help-seeking; though it does not allow us to speak to trends that might have been observed in later stages of the pandemic, particularly during more intensive but localized containment measures in some Australian states. The use of non-probability sampling from an online panel means that not all women had an equal likelihood of being selected to participate in the research and results are specific to the women who participated in the survey. We note that some women may have chosen not to participate if they had safety concerns (which was encouraged by the safety protocols). Some women who did not speak English as their first language, and women with disability, may have also been unable to participate in the survey. Finally, while we were able to control for a range of factors shown to be related to reporting to police by victim-survivors of IPV, we could not control for others, including attitudes towards police and certain incident-level factors, and cannot rule out the possibility of these omitted variables having influenced the propensity of victim-survivors in our sample to contact police.
Limitations aside, this paper adds to and extends on the substantial body of research that has been conducted since the beginning of the pandemic on the impact of COVID-19 on IPV (Bourgault et al., 2021; Peterman & O’Donnell, 2020; Piquero et al., 2021). Given many countries are experiencing a rise in cases and associated harms, combined with people’s mobility constrained by government or self-imposed restrictions, the findings of this study will continue to be relevant to future stages of the pandemic, as well as to other natural disaster events that impact people’s mobility. There is a need to look beyond studies that focus solely on whether the pandemic has impacted rates of recorded IPV and to expand our understanding of how COVID-19, and the associated containment measures, have impacted victim-survivor access to assistance and support from police and other support services.

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