

Exploring Domestic Violence During the COVID-19 Pandemic: Series of Case Studies and the Potential Role of Family Supportive Therapy

Jelena Milić^{1,2}, Iva Zrnić³, Milica Vučurović¹

¹ Institute of Public Health of Serbia "Milan Jovanović Batut"

² European Faculty "Kallos" Belgrade, Serbia

³Regional Medical Chamber of Belgrade

Author1: Jelena Milić, MD, MPH, PhD, Assistant Professor (Docent), a specialist in social medicine, family systemic psychotherapist, Department for Methodological Principles and Standards of integrated health information system and Reporting, Institute of Public Health of Serbia "Dr Milan Jovanovic Batut". Dr Subotića staring 5, 11000, Belgrade, Serbia, email: jelena_milic@batut.org.rs, mobile phone: +38163246404 – corresponding author.

Author2: Iva Zrnić, Doctor, PhD, Regional Medical Chamber of Belgrade, Trg Nikole Pašića 7, 11000, Belgrade, Serbia, email: zrnica1@gmail.com, mobile phone: +3816326506,

Author3: Milica Vučurović, Antropologist, PhD, Head of the library, Department for scientific research, education and publishing., Institute of Public Health of Serbia "Milan Jovanović Batut", Dr Subotića Starijeg 5, 11000, Belgrade, Serbia, email: milica_vucurovic@batut.org.rs.

ORCIDs of contributing authors

Jelena Milic: 0000-0002-3596-5908

Iva Zrnić: 0009-0001-8735-4922

DECLARATIONS

Authors' contribution

JM was responsible for conceptualization, methodology, investigation, writing – review & editing, validation, project management, resources, and supervision. IZ contributed to conceptualization, methodology, and writing – original draft preparation. data curation, formal analysis, writing – review & editing. MV

assisted with conceptualization, methodology, writing – review & editing, visualization, resources, validation, project management, and supervision.

Ethics approval and consent to participate

Not applicable

Consent for publication

Not applicable.

Availability of data and material

Not applicable.

Competing interests

Authors declare no conflict of interest

Funding

None to declare.

Data Sharing

Not applicable

Acknowledgements

Non to declare

Author's; information (optional)

Enclosed in title paged

Abstract

This study examines the unique challenges and dynamics of domestic violence during the COVID-19 pandemic, with the **main goal** of enhancing existing knowledge regarding the pandemic's impact on domestic violence and informing the

development of effective, tailored family-supportive therapy (FST) interventions for affected individuals and families. The **secondary goal** is to identify specific barriers and challenges that hinder effective intervention and explore potential strategies to overcome these obstacles, particularly in the context of remote support.

The methodology employed a narrative synthesis approach, selected for its appropriateness given the novelty of the topic and the limited comprehensive literature on domestic violence during the pandemic. Traditional systematic or non-systematic reviews were impractical due to the emerging nature of the field. A thorough search was conducted across multiple databases, including Web of Science, Google Scholar, and PubMed, focusing on studies published in the last decade. Keywords such as "family supportive therapy," "pandemic", "domestic violence," and "interventions" were used to guide the search. In addition, supplementary materials, including book chapters on psychotherapeutic approaches, were reviewed. This approach enabled the integration of insights from various limited sources and facilitated thematic exploration.

The results reveal that the pandemic exacerbated stress, financial strain, and restricted access to in-person therapy while introducing challenges related to privacy and confidentiality. Additionally, cultural nuances and language barriers posed obstacles to effective intervention. These findings underscore the need for culturally sensitive, technology-supported, and individualized family interventions.

In conclusion, the study emphasizes the critical importance of addressing domestic violence in the specific context of the COVID-19 pandemic. By synthesizing available literature, it provides valuable insights into both the challenges and gaps in existing interventions. The development of targeted, client-centered strategies is essential to mitigate harm and promote well-being for those affected by domestic violence during this unprecedented crisis.

Keywords: domestic violence, COVID-19 pandemic, psychotherapy, interventions.

INTRODUCTION

The COVID-19 pandemic brought about unprecedented challenges and disruptions to societies worldwide. As countries implemented measures such as lockdowns, social distancing, and remote work, families found themselves confined within their homes for extended periods. While these measures aimed to curb the spread of the virus, they created an environment that exacerbated existing issues, including domestic violence. (Schippers et al., 2022)

Domestic violence (DV) is a social and health problem that occurs in the home or family and involves various types of violence such as child abuse, intimate partner violence, and violence inflicted on any member of the household regardless of gender (World Health Organization & Pan American Health Organization, 2012). Domestic violence is affecting individuals across all demographics and its increase resulting from Covid-19 is an indirect driver of economic and social crisis (Sharma et al, 2020). The devastating fact that every third woman has experienced physical and sexual violence at least once in her life, makes the data on the increase in the prevalence of violence during the Covid-19 pandemic even more alarming (UN Women, 2024).

Despite a likely increase in psychological distress, victimization, and mental illness, during the outbreak of COVID-19, the accessibility of mental health and psychology services has declined (Gulati et al., 2020; Duden, G. S. et al., 2022; Romea A.C. et al., 2022). A vital resource for victims of domestic violence who faced heightened isolation and risk during COVID-19 lockdowns were telephone helplines. This communication service played a crucial role in connecting individuals to emergency shelters, emotional support, and legal aid, addressing both immediate safety concerns and long-term recovery needs, tailored to the challenges of the pandemic (UN Women, IACP, The Hotline).

The World Health Organization member states in Europe reported a 60% increase in emergency calls from women survivors of domestic violence in the pandemic period and in addition, the World Bank noted an increase in telephone reports of violence against women in several countries in the Latin American region (The World Bank, 2022). An increased number of calls to the national anti-violence service was also recorded in Peru. Domestic violence was predominantly reported by women; however, an important observation is that the frequency of calls remained elevated even after the quarantine. This suggests a possible societal shift toward more frequent help-seeking through telecommunications, as well as the importance of an adequate response from those answering the calls (Hernández-Vásquez A).

Family Supportive Therapy represents an intervention strategy to address and mitigate the effects of domestic violence. It resembles a therapeutic approach that focuses on

nurturing healthy family dynamics, enhancing communication, and fostering a supportive environment. (Varghese et al., 2020)

The significant issue of rising domestic violence during periods of crisis has been a longstanding concern. As an example, during the Great Recession in the United States (Schneider et al., 2016) and the European debt crisis of 2010 and its aftermath (Kyriakidou et al., 2019), an increase in intimate partner violence was observed. This surge was primarily attributed to economic instability and heightened stress levels within affected environments (Curtis et al., 2000; Schneider et al., 2016).

Unfortunately, the pandemic's containment measures have presented new and intensified risk factors, including social isolation, exposure to economic and psychological stressors, an increase in negative coping mechanisms (such as alcohol misuse), and an inability to access usual support mechanisms or escape abusive households, owing to quarantine measures or travel restrictions (Walker-Descartes et al., 2021; Gulati et al., 2020). During the pandemic, the world faced a significant economic crisis and it is precisely an economic factor in studies on domestic violence a relatively strong predictor of the three main ethnic groups (Euro-American, African American, and Hispanic) in the United States (Cunradi et al., 2002). A study in the United Kingdom has shown an increased probability of being a victim of domestic abuse during lockdown and compared it with the same phenomenon that occurs over the Christmas holidays, due to home isolation. Moreover, the same study highlighted that when the lockdown was finished, up to 3 months later, rates declined but remained higher than before the lockdown itself (Desai et al., 2024). The COVID-19 lockdowns not only heightened the risk of domestic violence but also amplified harmful coping behaviors such as alcohol misuse, which further contributed to the strain on families and relationships.

For both men and women, the stress of isolation, financial instability, and health anxiety led many to turn to alcohol as a means of self-soothing. However, for women, particularly those experiencing menopause or aging, alcohol was often consumed as a way to manage anxiety, sleep disturbances, and emotional turmoil. While initially seen as a coping mechanism, this increased alcohol uses also made women more vulnerable to the emotional and physical impacts of domestic violence. For men, alcohol use during the lockdown often exacerbated pre-existing tendencies towards aggression or frustration. The consumption of alcohol, which lowers inhibitions, can be a significant trigger for violent behavior, particularly in intimate partner violence scenarios. In such cases, women are often the victims, with alcohol serving as a catalyst for violence in an already stressed household environment. Thus, the relationship between alcohol misuse and domestic violence during the lockdown is multifaceted. Both increased alcohol consumption and the restrictions imposed by quarantine created a vicious cycle—where alcohol use not only contributed to emotional distress but also acted as a trigger for violence, escalating already volatile

home environments. Addressing these intertwined issues requires a comprehensive approach to both mental health and domestic violence intervention. (Milic J. et al, 2018; Gaga, J. K., 2022)

The seriousness of the long-term consequences is supported by statistical data on oral and maxillofacial injuries as a result of domestic violence during quarantine. Oral and maxillofacial injuries during the lockdown increased 1.3 times in adults and 2.5 times in children's injuries to upper limbs increased 4.6 times in adults and 5.2 times in elderly patients and thorax injuries in children increased 3.1 times. (Naran-Ochir et al, 2024)

Highlighting the importance of the recorded increase in violence during COVID-19 lockdowns, particularly affecting vulnerable groups such as pregnant women and children is very important. Up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence over three months as a result of the COVID-19 quarantine (Grzejszczak J et al, 2022). However, in children, school closures and isolation have contributed to a decrease in police and social services reports, although an increase in child maltreatment and abuse cases is suggested (Kourti A et al, 2024). Women, mainly pregnant ones, have always been highly vulnerable to domestic violence but the Covid-19 pandemic brought new unprecedented living conditions that raised the rates of DV during pregnancy. Some of the important consequences include miscarriages, stillbirth, abortions, early fetal loss, maternal anxiety, and depression (Savvoudi et al, 2022). Moreover, domestic violence against pregnant women who were not primarily involved in family planning decisions has led to an increase in unintended pregnancies (Asratie et al, 2022).

It was established a long time ago that Family systemic therapy (FST) can help in stopping and addressing domestic violence. However, attention should be paid to how interventions within FST have evolved and what are the most advanced approaches. The power within the family depends on its structure and the individual characteristics of family members, varying both with the particular situation and how it is exercised (Szinovacz, 1987). Since the 1970s the results of systematic reviews and meta-analyses support the overall efficacy and effectiveness of systemic therapy (Carr A, 2020).

Even under the challenging circumstances of quarantine, the major concerns about online therapy such as the ability to establish an effective connection, dealing with escalating conflict, and treatment dropout were somewhat successfully addressed (Giordano, C. et l., 2022). Online therapy has been recognized as effective by both therapists and clients, but despite its potential, the acceptability and effectiveness of virtual trauma-focused care are significantly understudied. (Ghidei et al., 2023)

By examining how FST interventions were implemented in specific cases, we aim to assess their effectiveness and potential in promoting healing and preventing further violence. We hope to raise awareness about the impact of the pandemic on domestic violence dynamics and highlight the importance of comprehensive support systems. Moreover, we aim to contribute to a broader understanding of the issue and encourage dialogue on effective strategies to address domestic violence during times of crisis.

Main and Secondary Goals of the Review

The **main goal** of this review is to explore the potential role of Family Supportive Therapy (FST) as an intervention strategy to address and mitigate the impact of domestic violence during the COVID-19 pandemic. This review seeks to deepen the understanding of the unique challenges and dynamics of domestic violence during the pandemic, focusing on how lockdowns and other restrictions have exacerbated existing issues. By investigating the socio-economic, psychological, and practical factors that contribute to domestic violence during these times, the study aims to highlight how FST can be adapted to support families facing these challenges.

The **secondary goal** is to identify the specific barriers that hinder effective intervention and the limitations of current support systems during the pandemic. These barriers include restricted access to in-person therapy, technological constraints, privacy concerns, financial strain, and cultural factors. By examining these obstacles, the review aims to provide insights into how FST interventions can be better tailored, ensuring they are accessible, culturally sensitive, and effective in addressing the needs of families experiencing domestic violence. Additionally, the secondary goal includes exploring the integration of technology into FST to overcome these challenges and to enhance intervention delivery, both during the pandemic and in future crises.

Together, these goals contribute to the advancement of knowledge on domestic violence in the pandemic context and the development of targeted, effective family-supportive interventions.

METHODOLOGY

This literature review aimed to identify evidence-based interventions and approaches in family-supportive therapy, combined with the context of domestic violence and challenges posed by COVID-19 pandemic. We searched PubMed, Web of Science, and Google Scholar for peer-reviewed articles using the terms ‘domestic violence’, ‘COVID-19 pandemic’, ‘psychotherapy’, and ‘interventions’ as a search term for violence. Due to the specificity of psychotherapeutic interventions, supplementary materials including book chapters, monographs, and reports from non-governmental

organizations related to psychotherapeutic interventions and approaches in various domestic violence scenarios, were also incorporated. This approach ensured a robust examination of psychotherapeutic techniques applicable to sensitive topics such as domestic violence. The screening involved two independent reviewers and disagreements were resolved by a third reviewer.

The search criteria were: English-language studies published within the last 10 years which ensured the inclusion of relevant and recent findings while maintaining a manageable scope for review. The primary focus was on articles discussing family therapy interventions that addressed domestic violence particularly in the context of the COVID-19 pandemic. The initial search yielded 96 records across the three databases and it was conducted in two phases. In the first phase, titles and abstracts of the retrieved articles were screened for relevance to the interventions, strategies or approaches specifically targeting domestic violence during the COVID-19 pandemic.

The exclusion criterion included studies on domestic violence where no specific element of violence was present, violence was mentioned but not supported or proven by evidence. We understand the importance of the topics covered in these studies, but overly blended data was not suitable for our needs due to the lack of empirical support. Studies addressing domestic violence in migration shelters without clear attribution of causation to family dysfunction or environmental factors. Studies characterized by mismatch or inadequacy, where violence occurred outside the COVID-19 window or the context of isolation, are also excluded. In the end, we excluded studies that discussed the definition or verification of violence, but failed to provide concrete interventions and potential solutions.

In the second phase the eligibility of identified articles was evaluated according to the predefined inclusion and exclusion criteria, resulting in a final selection of 54 studies for thematic analysis.

During the final search phase, the literature was further examined for psychotherapeutic interventions applicable to families experiencing domestic violence. The search strategy was refined based on insights gained from the initial phases with an expanded focus on recognizing, responding to, and adapting interventions that demonstrated clinical efficacy in working with families affected by domestic violence.

How the Problem Was Analyzed Systematically Throughout the Text

In analyzing the problem systematically throughout the methodology of this review, we employed a structured and comprehensive approach to identify relevant interventions and strategies for family-supportive therapy (FST) within the context of

domestic violence exacerbated by the COVID-19 pandemic. The process involved multiple phases to ensure a thorough, empirical evaluation of the available literature, aimed at providing insights into the challenges and possible solutions in supporting families affected by domestic violence during this unprecedented time.

The initial phase of analysis involved a careful search across multiple databases—PubMed, Web of Science, and Google Scholar—using specific keywords such as “domestic violence,” “COVID-19 pandemic,” “psychotherapy,” and “interventions.” These terms were selected to focus on studies directly addressing family therapy interventions related to domestic violence during the pandemic. The inclusion of supplementary materials like book chapters, reports, and monographs from non-governmental organizations further broadened the scope, allowing us to examine a range of psychotherapeutic approaches to addressing this sensitive issue.

To maintain methodological rigor, two independent reviewers screened the articles, and disagreements were resolved by a third reviewer to ensure consistency and accuracy. Studies were filtered using a set of predefined inclusion and exclusion criteria, ensuring that only studies which directly addressed both domestic violence and the COVID-19 context were included for analysis. For example, studies that lacked empirical support for the presence of domestic violence or did not provide concrete intervention strategies were excluded from the review.

Finally, the thematic analysis phase allowed us to synthesize the relevant studies and assess the efficacy of interventions specifically tailored for families affected by domestic violence during the pandemic. Throughout this methodology, we systematically ensured that the search, selection, and analysis of studies directly addressed the problem, providing a clear and structured approach to identifying effective interventions and highlighting the gaps in current therapeutic practices.

DISCUSSION

Before deepening the psychotherapy work with the family, a foundational step in intervention is to ensure the immediate physical safety of endangered family members. After physical safety, it is important to provide legal measures such as restraining orders and address custody arrangements if needed. (Thriveworks)

In all cases, Family systemic therapy is an effective intervention approach for addressing domestic violence (Carr 2020). It focuses on understanding the dynamics within the family system and how it contributes to the occurrence and maintenance of domestic violence. By analyzing specific incidents from a partner's relationship, therapists are able to gain insights into patterns of control and abuse that one has endured (Gregory et al 2022). Also, many abuse victims may not initially recognize

that they are being abused. Some victims might even question whether they deserve the abuse, which highlights the importance of fostering self-worth and understanding the dynamics of power and control in abusive relationships (Dorresteijn, S., 2019x).

By involving all family members in the therapeutic process, family systemic therapy aims to promote healthier communication patterns, improve problem-solving skills, and enhance overall family functioning (Tambling et al., 2021). Here are some key aspects of family systemic therapy intervention for domestic violence [insert Figure 2.]

Assessment: The therapist conducts a comprehensive assessment of the family system, including individual and relational dynamics, communication patterns, and power imbalances. This assessment helps identify the underlying factors contributing to domestic violence. Through therapy, one can gain a deeper understanding of the abuse's impact on oneself and offspring and develop strategies to prioritize their safety.

Psychoeducation: Family members are educated about the dynamics of domestic violence, its impact on individuals and the family system, and the cycle of violence. Psychoeducation helps increase awareness and understanding of the problem, which is crucial for initiating change.

Safety Planning: The therapist collaborates with the family to develop a safety plan that ensures the physical and emotional well-being of all family members. This plan may involve establishing boundaries, identifying safe spaces, and developing strategies to de-escalate conflicts. Long-term safety considerations might involve a potential divorce, accompanied by appropriate legal and psychological support. (Albanesi et al., 2021; Daniel et al., 2022).

Communication Skills Training: Family members learn effective communication skills, such as active listening, assertiveness, conflict resolution and foster empathy. By improving communication, partners can express their needs and concerns in a non-violent manner, reducing the likelihood of violence. Also, the aim is to help domestic violence survivors rebuild boundaries effectively and provide them with tools to handle potential conflict situations. Furthermore, Therapists can support parents in overcoming feelings of guilt or inadequacy, reinforcing the role of a capable and loving parent. It is important to create a nurturing environment that promotes children's healing and emotional growth. (Graham-Bermann, Gruber, Howell & Girz, 2009).

Power Dynamics: The therapist addresses power imbalances within the family system, helping family members recognize and challenge unhealthy power dynamics. This

may involve exploring gender roles, cultural influences, and societal expectations that contribute to domestic violence.

Emotional Regulation: Family members learn strategies to manage and regulate their emotions which is necessary. This includes identifying triggers, developing coping mechanisms, and practicing self-care. Emotional regulation skills help prevent the escalation of conflicts and reduce the risk of violence. Many abuse victims can start feeling angry about their situation. Anger can act as a motivating force to take action and leave an abusive relationship. It is important to channel anger properly to avoid escalating the situation (Frude, 2022). After leaving the abusive relationship, the goal is letting the anger go and to implement trauma-informed therapy. Prolonged anger can be detrimental to mental, physical, and social health. Strategies such as focusing on living well and cultivating forgiveness towards the abuser can help in moving forward and finding happiness (Carman et al., 2023). Integrating trauma-focused interventions, such as cognitive-behavioral strategies and relaxation techniques, helps address anxiety and PTSD symptoms (Haggen et al., 2015; Daniel et al., 2022).

Family Support: The therapist encourages the involvement of supportive family members or significant others in the therapeutic process (Lebow J.L. et al., 2020). This support system can provide additional resources, guidance, and accountability for the family as they work towards change. (Varghese 2020)

To effectively address the dynamics of domestic violence within family systemic therapy during the COVID-19 lockdown, it is important to consider the role of alcohol misuse as a contributing factor. The increased reliance on alcohol as a coping mechanism during the pandemic created a complex environment in which emotional distress and violent behaviors often escalated. For both men and women, the stress of isolation, financial instability, and health anxieties led many to turn to alcohol for relief. However, this coping mechanism can act as a trigger for violence within the home. For women, particularly those experiencing menopause or aging, alcohol was often consumed to manage anxiety and emotional turmoil. Yet, this increased consumption heightened their vulnerability to both physical and emotional abuse, as it may cloud judgment and compromise their safety. In family systemic therapy, addressing these underlying emotional and behavioral factors is essential, as therapists aim to identify how alcohol misuse contributes to power imbalances and unhealthy communication patterns within the family system. For men, alcohol can exacerbate tendencies toward aggression, particularly in intimate partner violence situations. The consumption of alcohol lowers inhibitions and amplifies frustration, often triggering violent outbursts. Family systemic therapy interventions focus on these patterns by encouraging healthy communication, emotional regulation, and the identification of triggers for violent behaviors. When addressing alcohol misuse, it is critical to incorporate strategies for emotional regulation and coping mechanisms, helping

family members navigate stress without resorting to harmful behaviors. (Milic J. et al, 2018; Gaga, J. K., 2022)

The intertwined issues of alcohol misuse and domestic violence necessitate a comprehensive approach in family systemic therapy. By assessing the family system's dynamics and psychoeducating family members about the impact of alcohol use on both mental health and family functioning, therapists can help reduce violence and create safer, healthier home environments. As alcohol misuse can perpetuate cycles of violence, therapy must also focus on developing strategies for managing emotions, rebuilding boundaries, and addressing power dynamics that contribute to the abuse. This holistic approach ensures that both the immediate safety and long-term healing of all family members are prioritized.

Despite these challenges, it is crucial to adapt and develop strategies to overcome barriers to implementing FST during the pandemic (Appleton et al., 2021). This includes leveraging technology effectively, providing additional support for families facing financial difficulties, addressing privacy concerns, and tailoring interventions to specific cultural and diversity needs. Flexibility, creativity, and a client-centered approach are essential in navigating these challenges and providing effective support to families experiencing domestic violence in these unprecedented times (Williams et al., 2021).

What are some of the potential challenges in implementing Family Supportive Therapy during the pandemic [insert Figure 3.]?

Social distancing measures and restrictions on physical gatherings limit the possibility of conducting face-to-face therapy sessions, which can hinder the therapeutic process (Ribeiro et al., 2021). The personal connections and engagement between therapists and families that are often fostered through in-person interactions may be compromised.

Transitioning to online platforms for therapy introduces technological barriers. Many families may have limited access to reliable internet connections or lack proficiency in using digital communication tools (Mishna et al., 2021). These technological challenges can disrupt the therapeutic process and hinder effective communication between therapists and families, impacting the quality of the therapy sessions (Feijt et al., 2020).

The pandemic has caused significant economic hardships and increased stress levels for many families. Financial constraints may limit their ability to seek therapy or access the necessary resources for participation in FST. Additionally, heightened stress levels can impact the family's overall receptiveness and engagement in therapy,

making it challenging to achieve the desired therapeutic outcomes. (Friedline et al., 2021; Kelly, H.H. et al., 2023)

Maintaining privacy and confidentiality during therapy sessions becomes more challenging when families spend more time together at home. The presence of other family members or limited physical space can hinder open and honest communication, making it difficult for families to address sensitive issues during therapy sessions (Opie et al., 2023). Social distancing measures and limited social interactions have resulted in reduced access to traditional support networks, such as extended family, friends, and community resources. The lack of external support can further strain families and limit the availability of alternative sources of assistance, making it harder for them to cope with the challenges they face (Harrop et al., 2022).

Cultural and diversity considerations are crucial in FST to ensure its effectiveness. However, the impact of the pandemic on diverse populations may vary, and cultural nuances and language barriers may pose challenges in providing culturally appropriate therapy services remotely (Orlowski E.W et al., 2022). It is important to be mindful of these factors and tailor interventions to meet the specific cultural and diversity needs of each family.

The pandemic itself may have caused or exacerbated trauma within families. FST may need to address the immediate crisis response and trauma-related issues before delving into broader therapeutic interventions (Chamaa et al., 2021). However, managing trauma effectively within the remote therapy context can be challenging, requiring therapists to adapt their approaches and techniques.

Despite these challenges, it is crucial to adapt and develop strategies to overcome barriers to implementing FST during the pandemic. This may involve leveraging technology effectively to ensure smooth online therapy sessions, providing additional support for families facing financial difficulties, addressing privacy concerns through creative solutions, and tailoring interventions to specific cultural and diversity needs. Flexibility, creativity, and a client-centered approach are pivotal in navigating these challenges and providing effective support to families experiencing domestic violence during these unprecedented times. By continuously adapting and refining therapeutic approaches, therapists can help families find healing and resilience amidst the difficulties posed by the pandemic (Williams et al., 2021; Singh, S. et al., 2022; Obradovic A. et al., 2022).

Emotional and psychological abuse can have significant impacts on the victim's mental health (Figure 4). It is important to note that the impact of emotional and psychological abuse can vary from person to person (Mechanic M.B., et al., 2018).

Seeking professional help, such as therapy or counseling, can be crucial in addressing the effects of abuse and promoting healing and recovery

CONCLUSION

In conclusion, the implementation of Family Supportive Therapy (FST) during the COVID-19 pandemic presents several unique challenges, directly addressing the main goal of this review. The pandemic has heightened stressors such as increased financial strain, restricted access to in-person therapy, privacy concerns, and technological barriers, all of which have exacerbated the effects of domestic violence. Furthermore, issues such as reduced social support networks and cultural factors complicate the situation further. These obstacles need to be considered when developing and implementing FST, emphasizing the need for targeted, client-centered strategies. Adapting existing therapeutic strategies and incorporating innovative solutions is essential to overcome these challenges and provide effective support to families facing domestic violence.

From a clinical implementation perspective, therapists can leverage technology to offer remote therapy sessions, ensuring accessibility for families with limited resources. Creative solutions to address privacy concerns in home settings will help maintain the integrity of the therapeutic relationship. Therapists must also prioritize cultural competence, customizing interventions to meet the diverse needs of families, ensuring that therapy remains meaningful and effective.

Additionally, therapists can support families by connecting them with financial resources and community support services, which can alleviate external stressors that hinder therapy engagement.

Looking ahead, the **secondary goal** of this review calls for future research into the efficacy of remote therapy platforms and the long-term impacts of the pandemic on families. Research should explore the role of FST in post-pandemic recovery and examine how technology and innovative therapeutic approaches can enhance culturally sensitive therapy services.

By addressing these challenges and advancing research, therapists will be better positioned to support families through domestic violence interventions, ensuring resilience, healing, and long-term growth in challenging times. Adapting therapeutic approaches to meet evolving family needs will be crucial in fostering well-being and recovery in future.

Table 1. Range of abusive behaviors in domestic violence and during the COVID-10 lockdown

Type of Abusive Behavior	Description
Physical abuse	This aspect involves the use of physical force or violence, such as hitting, slapping, kicking, choking, or restraining the victim. Physical abuse can result in visible injuries, pain, and long-term health consequences.
Emotional and psychological abuse	This aspect involves tactics aimed at undermining the victim's self-esteem, confidence, and sense of self-worth. It may include constant criticism, humiliation, gaslighting, manipulation, threats, intimidation, and isolation. Emotional and psychological abuse can have long-lasting psychological and emotional effects on the victim.
Financial abuse	This aspect involves controlling or limiting the victim's access to financial resources. It may include restricting their access to money, withholding financial information, controlling their spending, or preventing them from working or making independent financial decisions. Financial abuse can leave victims financially dependent and trapped in the relationship.
Digital abuse	With the rise of technology, this aspect has become increasingly prevalent. It involves the use of technology to control, harass, or stalk the victim. Examples include monitoring their online activities, spreading rumors or explicit images online, harassing them through social media or messaging platforms, or using GPS tracking to monitor their whereabouts.
Social isolation	Abusive partners may isolate the victim from friends, family, and support networks. They may discourage or prevent the victim from maintaining relationships, controlling their social interactions, and manipulating their perception of others. Social isolation can make it difficult for victims to seek help and support, leaving them feeling trapped and dependent on the abuser.
Verbal abuse	This aspect involves the use of hurtful, demeaning, or derogatory language towards the victim. It may include name-calling, insults, yelling, constant criticism, or belittling the victim's abilities, appearance, or intelligence. Verbal abuse can erode the victim's self-esteem and create a hostile and intimidating environment.
Cultural, racial, or religious abuse	In some cases, abusive behaviors may specifically target a victim's cultural, racial, or religious background. This can involve derogatory remarks, discriminatory treatment, or using cultural or religious beliefs to justify abuse. Such abuse can further marginalize and traumatize victims who already face systemic oppression or discrimination.

Figure1. “What is a shelter, and what services does it provide to victims?”, according to OSCE, Organization for Security and Co-operation in Europe, Mission in Serbia.

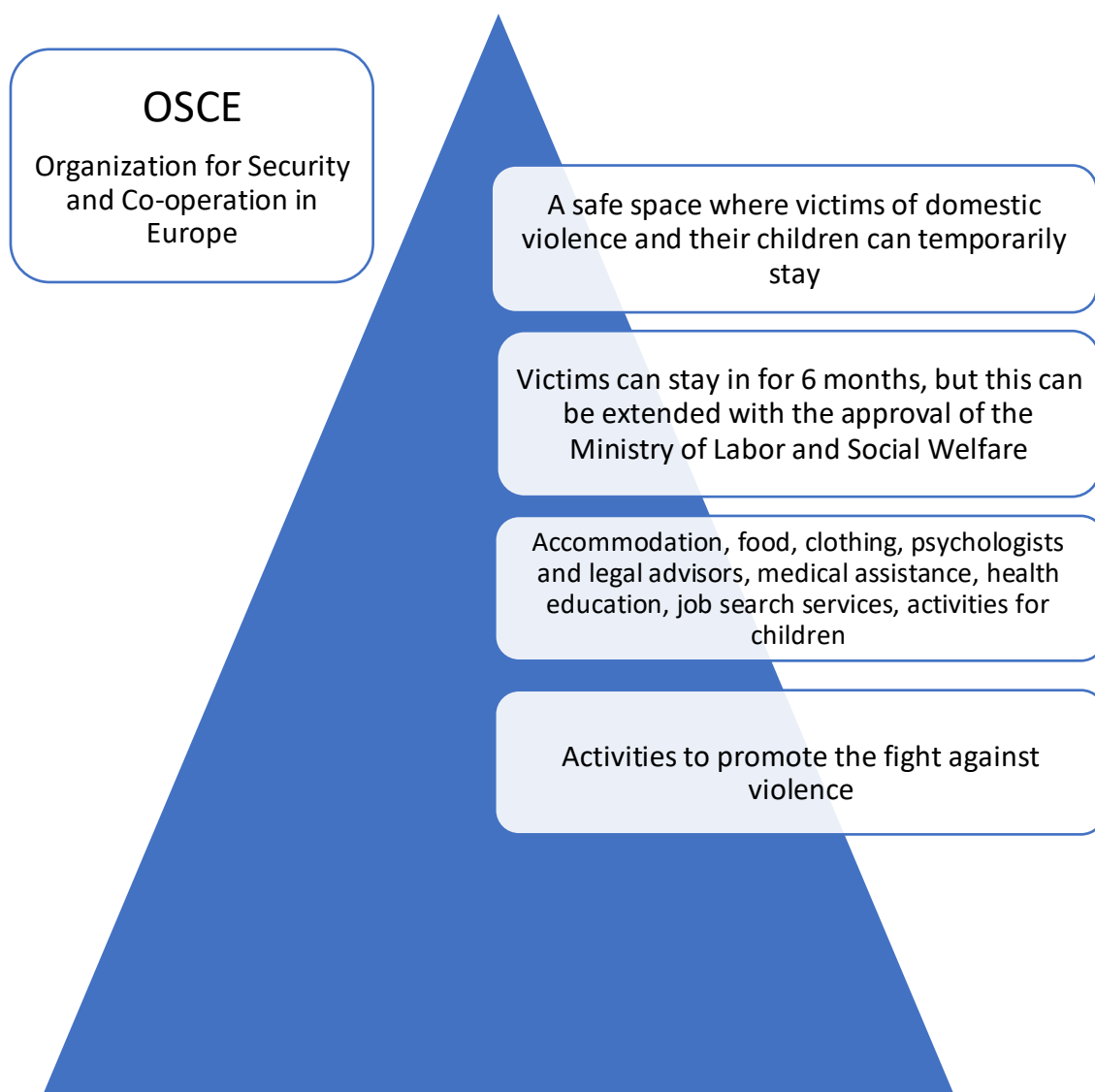


Figure 2. Key aspects of Family supportive therapy interventions in domestic violence



Figure 3. Overview of the potential challenges in implementing Family Supportive Therapy during the pandemic

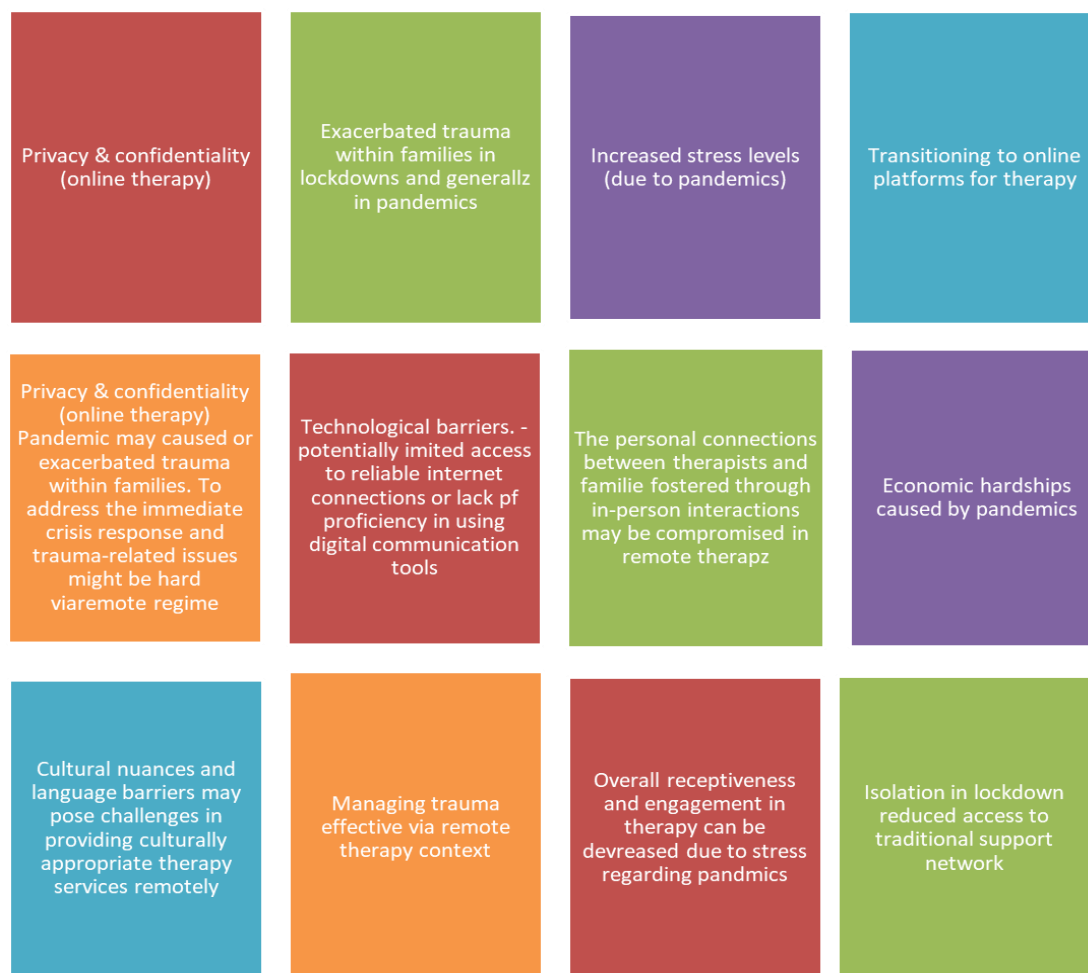
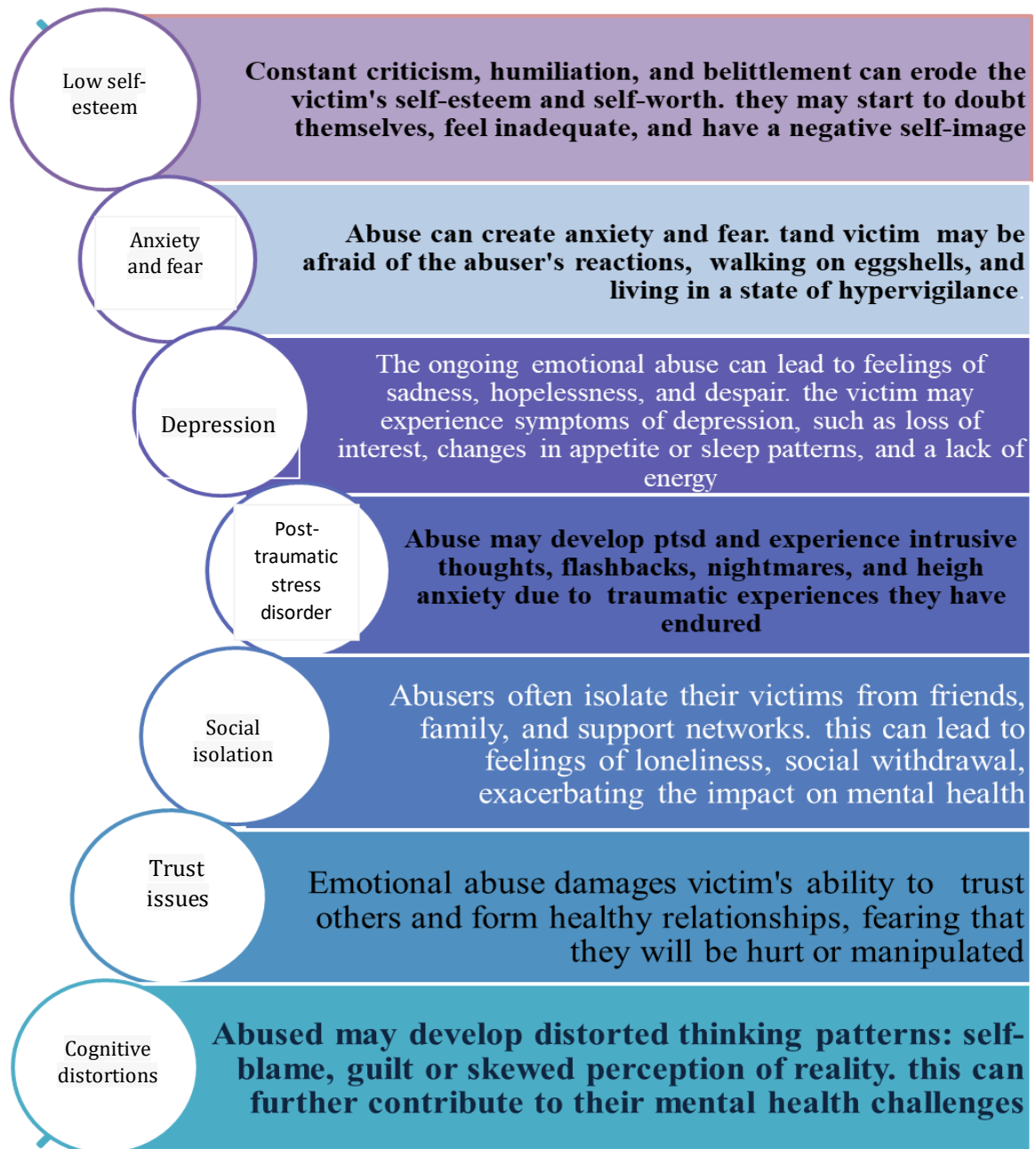
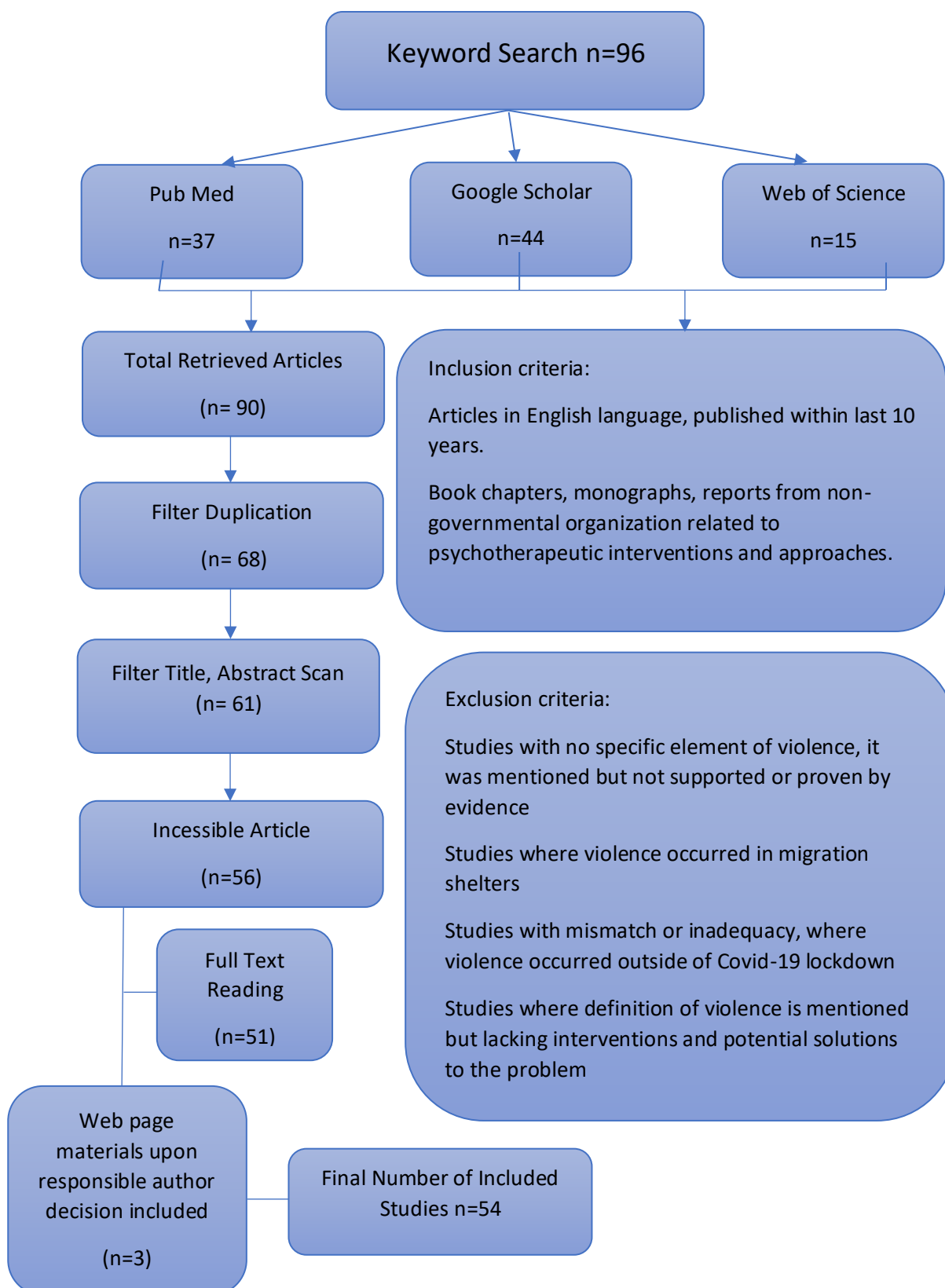


Figure 4. Emotional and psychological abuse can have significant impacts on the victim's mental health



Flow Chart. Inclusion and exclusion criteria.



References:

1. Schippers, M. C., & Ioannidis, J. (2022). Aggressive measures, rising inequalities, and mass formation during the COVID-19 crisis: An overview and proposed way forward. *Frontiers in public health*, 10, 950965.
2. Walker-Descartes, I., Mineo, M., Condado, L. V., & Agrawal, N. (2021). Domestic violence and its effects on women, children, and families. *Pediatric Clinics*, 68(2), 455-464.
3. Sharma, A., & Borah, S. B. (2022). COVID-19 and domestic violence: An indirect path to social and economic crisis. *Journal of Family Violence*, 37, 759–765. <https://doi.org/10.1007/s10896-020-00188-8>
4. Duden, G. S., Gersdorf, S., & Stengler, K. (2022). Global impact of the COVID-19 pandemic on mental health services: A systematic review. *Journal of psychiatric research*, 154, 354–377. <https://doi.org/10.1016/j.jpsychires>.
5. Romea, A. C., Valero, D., Elboj, C., & Melgar, P. (2022). Mental Health and Access to Information in Times of COVID-19: The Role of Social Work. *International journal of environmental research and public health*, 19(8), 4483. <https://doi.org/10.3390/ijerph19084483>
6. Gulati, G., & Kelly, B. D. (2020). Domestic violence against women and the COVID-19 pandemic: What is the role of psychiatry? *International Journal of Law and Psychiatry*, 71, 101594. <https://doi.org/10.1016/j.ijlp.2020.101594>
7. Hernández-Vásquez, A., Vargas-Fernández, R., Tapia-López, E., & Rojas-Roque, C. (2023). Behind closed doors: Exploring the impact of COVID-19 related lockdown on domestic violence in Peru. *SSM Population Health*, 24, 101552. <https://doi.org/10.1016/j.ssmph.2023.101552>
8. Lebow J. L. (2020). COVID-19, Families, and Family Therapy: Shining Light into the Darkness. *Family process*, 59(3), 825–831. <https://doi.org/10.1111/famp.12590>
9. Varghese, M., Kirpekar, V., & Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. *Indian journal of psychiatry*, 62(Suppl 2), S192–S200. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_770_19
10. Schneider, D., Harknett, K., & McLanahan, S. (2016). Intimate partner violence in the Great Recession. *Demography*, 53(2), 471–505. <https://doi.org/10.1007/s13524-016-0462-1>
11. Kyriakidou, M., Zalaf, A., Christophorou, S., Ruiz-Garcia, A., & Valanides, C. (2019). Longitudinal fluctuations of national help-seeking reports for domestic violence before, during, and after the financial crisis in Cyprus. *Journal of Interpersonal Violence*. Advance online publication. <https://doi.org/10.1177/0886260519876723>
12. Curtis, T., Miller, B. C., & Berry, E. H. (2000). Changes in reports and incidence of child abuse following natural disasters. *Child Abuse & Neglect*, 24(9), 1151–1162.

13. Peimani, N., & Kamalipour, H. (2021). Online education and the COVID-19 outbreak: A case study of online teaching during lockdown. *Education Sciences*, 11(2), 72.
14. Stanley, S. M., & Markman, H. J. (2020). Helping couples in the shadow of COVID-19. *Family Process*, 59(3), 937-955.
15. Desai, R., Bandyopadhyay, S., Zafar, S., & Bradbury-Jones, C. (2024). The experiences of post-separation survivors of domestic violence during the COVID-19 pandemic: Findings from a qualitative study in the United Kingdom. *Violence Against Women*, 30(9), 2128–2147.
<https://doi.org/10.1177/10778012221142914>
16. Milic, J., Glisic, M., Voortman, T., Borba, L. P., Asllanaj, E., Rojas, L. Z., Troup, J., Kiefe-de Jong, J. C., van Beeck, E., Muka, T., & Franco, O. H. (2018). Menopause, ageing, and alcohol use disorders in women. *Maturitas*, 111, 100–109. <https://doi.org/10.1016/j.maturitas.2018.03.006>
17. Gaga, J. K., Sahu, K. K., Sidana, A., & Bhandari, S. S. (2022). Lived Experiences of Wives of Persons with Alcohol Dependence Syndrome during COVID-19 Pandemic. *National journal of professional social work*, 23(1), 3–15.
18. Naran-Ochir, O., Narantsetseg, T., Bayartsogt, B., Batbileg, B., Gan-Ochir, B., Altannamar, M., & Batbayar, E. O. (2024). A cross-sectional study of the impact of the COVID-19 lockdown on domestic violence-related oral and maxillofacial injuries. *Dental Traumatology*, 40(Suppl 2), 74–81.
<https://doi.org/10.1111/edt.12944>
19. Grzejszczak, J., Gabryelska, A., Gmitrowicz, A., Kotlicka-Antczak, M., & Strzelecki, D. (2022). [Title missing]. *International Journal of Environmental Research and Public Health*, 19(21), 13958.
<https://doi.org/10.3390/ijerph192113958>
20. Kourti, A., Stavridou, A., Panagouli, E., Psaltopoulou, T., Spiliopoulou, C., Tsolia, M., Sergeantanis, T. N., & Tsitsika, A. (2023). Domestic violence during the COVID-19 pandemic: A systematic review. *Trauma, Violence, & Abuse*, 24(2), 719–745. <https://doi.org/10.1177/15248380211038690>
21. Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Socioeconomic predictors of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Family Violence*, 17(4), 377–389.
22. Szinovacz, M. (1987). Family power. In M. B. Sussman & S. K. Steinmetz (Eds.), *Handbook of marriage and the family* (pp. [page numbers]). Plenum.
23. Carr, A. (2020). Evidence for the efficacy and effectiveness of systemic family therapy. In *The handbook of systemic family therapy* (pp. 119–146). Wiley. <https://doi.org/10.1002/9781119438519.ch6>
24. Giordano, C., Ambrosiano, I., Graffeo, M. T., Di Caro, A., & Gullo, S. (2022). The transition to online psychotherapy during the pandemic: a qualitative study on patients' perspectives. *Research in psychotherapy (Milano)*, 25(3), 638. <https://doi.org/10.4081/ripppo.2022.638>

25. Ghidei, W., Montesanti, S., Tomkow, K., Silverstone, P. H., Wells, L., & Campbell, S. (2023). Examining the effectiveness, acceptability, and feasibility of virtually delivered trauma-focused domestic violence and sexual violence interventions: A rapid evidence assessment. *Trauma, Violence, & Abuse*, 24(3), 1427–1442. <https://doi.org/10.1177/15248380211069059>
26. Gusenbauer, M., & Haddaway, N. R. (2020). Which academic search systems are suitable for systematic reviews or meta-analyses? Evaluating retrieval qualities of Google Scholar, PubMed, and 26 other resources. *Research synthesis methods*, 11(2), 181-217.
27. Soklaridis, S., Lin, E., Lalani, Y., Rodak, T., & Sockalingam, S. (2020). Mental health interventions and supports during COVID-19 and other medical pandemics: A rapid systematic review of the evidence. *General hospital psychiatry*, 66, 133-146.
28. Xue, J., Chen, J., Chen, C., Hu, R., & Zhu, T. (2020). The hidden pandemic of family violence during COVID-19: unsupervised learning of tweets. *Journal of medical Internet research*, 22(11), e24361.
29. Menichetti Delor, J. P., Borghi, L., Cao di San Marco, E., Fossati, I., & Vegni, E. (2021). Phone follow-up to families of COVID-19 patients who died at the hospital: families' grief reactions and clinical psychologists' roles. *International Journal of Psychology*, 56(4), 498-511.
30. Albanesi, C., Tomasetto, C., & Guardabassi, V. (2021). Evaluating interventions with victims of intimate partner violence: A community psychology approach. *BMC Women's Health*, 21, 138. <https://doi.org/10.1186/s12905-021-01268-7>
31. Haagen, J. F., Smid, G. E., Knipscheer, J. W., & Kleber, R. J. (2015). The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis. *Clinical Psychology Review*, 40, 184–194. <https://doi.org/10.1016/j.cpr.2015.06.001>
32. Grotzky, A. (2023). Co-creating vulnerability and constructing hope: Communicatively cultivating resilience during family conflict experiences.
33. Gregory, A., & Williamson, E. (2022). 'I think it just made everything very much more intense': a qualitative secondary analysis exploring the role of friends and family providing support to survivors of domestic abuse during the COVID-19 pandemic. *Journal of Family Violence*, 37(6), 991-1004.
34. Frude, N. (2022). Marital violence: An interactional perspective. In *Male violence* (pp. 153-169). Routledge.
35. Carman, M. J., Kay-Lambkin, F., & Burgman, I. (2023). Long-term recovery from intimate partner violence: Definitions by Australian women. *Journal of family violence*, 38(4), 747-760.
36. Dorresteyn, S., Gladwin, T. E., Eekhout, I., Vermetten, E., & Geuze, E. (2019). Childhood trauma and the role of self-blame on psychological well-being after deployment in male veterans. *European journal of*

- psychotraumatology, 10(1), 1558705.
<https://doi.org/10.1080/20008198.2018.1558705>
37. Tambling, R. R., Russell, B., & D'Aniello, C. (2021). Where is the family in young adult substance use treatment? The case for systemic family therapy for young adults with substance use disorders. *International journal of mental health and addiction*, 1-12.
38. Appleton, R., Williams, J., Vera San Juan, N., Needle, J. J., Schlieff, M., Jordan, H., ... & Johnson, S. (2021). Implementation, adoption, and perceptions of telemental health during the COVID-19 pandemic: systematic review. *Journal of medical Internet research*, 23(12), e31746.
39. Williams, E. E., Arant, K. R., Leifer, V. P., Balcom, M. C., Levy-Carrick, N. C., Lewis-O'Connor, A., & Katz, J. N. (2021). Provider perspectives on the provision of safe, equitable, trauma-informed care for intimate partner violence survivors during the COVID-19 pandemic: a qualitative study. *BMC women's health*, 21(1), 315.
40. Ribeiro, E., Ferreira, Â., Cardoso, C., Queiroz, R., & Silva, V. (2021). Face-to-face clinical practice under Covid-19 pandemic: how psychotherapists describe their experiences. *Frontiers in Psychology*, 12, 726439.
41. Mishna, F., Milne, E., Bogo, M., & Pereira, L. F. (2021). Responding to COVID-19: New trends in social workers' use of information and communication technology. *Clinical Social Work Journal*, 49, 484-494.
42. Feijt, M., De Kort, Y., Bongers, I., Bierbooms, J., Westerink, J., & IJsselstein, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the COVID-19 pandemic. *Cyberpsychology, Behavior, and Social Networking*, 23(12), 860-864.
43. Friedline, T., Chen, Z., & Morrow, S. P. (2021). Families' financial stress & well-being: The importance of the economy and economic environments. *Journal of Family and Economic Issues*, 42, 34-51.
44. Kelley, H. H., Lee, Y., LeBaron-Black, A., Dollahite, D. C., James, S., Marks, L. D., & Hall, T. (2023). Change in Financial Stress and Relational Wellbeing During COVID-19: Exacerbating and Alleviating Influences. *Journal of family and economic issues*, 44(1), 34-52. <https://doi.org/10.1007/s10834-022-09822-7>
45. Northwestern University Center for Child Trauma Assessment and Service Planning. (n.d.). What is trauma-focused therapy? Retrieved from <http://cctasi.northwestern.edu/trauma-focused-therapy/>
46. Thriveworks. (n.d.). Domestic violence therapy. Retrieved from <https://thriveworks.com/therapy/domestic-violence-therapy/>
47. Machluf, R., Abba Daleski, M., Ben Shahar, O., Kula, O., & Bar-Kalifa, E. (2021). Couples therapists' attitudes toward online therapy during the COVID-19 crisis. *Family Process*. <https://doi.org/10.1111/famp.12647>
48. Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and

- girls: What does the evidence say? *The Lancet*, 385(9977), 1555–1566.
[https://doi.org/10.1016/S0140-6736\(14\)61703-7](https://doi.org/10.1016/S0140-6736(14)61703-7)
49. Savvoudi, D. M., Orovou, E., Dagla, M., Kirkou, G., Iatrakis, G., & Antoniou, E. (2024). Domestic violence in pregnancy during the pandemic era: A systematic review. *Maedica (Bucur)*, 19(2), 400–409.
<https://doi.org/10.26574/maedica.2024.19.2.4002024>
 50. Asratie, M. H. (2022). Domestic violence during COVID-19 pandemic among pregnant women registered for antenatal care and selected adverse pregnancy outcomes in Amhara region Ethiopia: Prospective cohort study design. *Clinical Epidemiology and Global Health*, 19, 400.
<https://doi.org/10.1016/j.cegh.2022.101146>
 51. Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231–280. <https://doi.org/10.1891/1946-6560.3.2.231>
 52. Opie, J. E., Booth, A. T., Rossen, L., Fivaz-Depeursinge, E., Duschinsky, R., Newman, L., ... & McHale, J. P. (2023). Initiating the dialogue between infant mental health and family therapy: a qualitative inquiry and recommendations. *Australian and New Zealand Journal of Family Therapy*, 44(4), 412–439.
 53. Lakin, D. P., García-Moreno, C., & Roesch, E. (2022). Psychological interventions for survivors of intimate partner violence in humanitarian settings: An overview of the evidence and implementation considerations. *International Journal of Environmental Research and Public Health*, 19(5), 2916. <https://doi.org/10.3390/ijerph19052916>
 54. Harrop, E., Goss, S., Longo, M., Seddon, K., Torrens-Burton, A., Sutton, E., ... & Selman, L. E. (2022). Parental perspectives on the grief and support needs of children and young people bereaved during the COVID-19 pandemic: qualitative findings from a national survey. *BMC Palliative Care*, 21(1), 177.
 55. Orlowski, E. W., Friedlander, M. L., Megale, A., Peterson, E. K., & Anderson, S. R. (2022). Couple and family therapists' experiences with Telehealth during the COVID-19 pandemic: a phenomenological analysis. *Contemporary family therapy*, 44(2), 101–114.
<https://doi.org/10.1007/s10591-022-09640-x>
 56. Chamaa, F., Bahmad, H. F., Darwish, B., Kobeissi, J. M., Hoballah, M., Nassif, S. B., ... & Abou-Kheir, W. (2021). PTSD in the COVID-19 Era. *Current neuropharmacology*, 19(12), 2164.
 57. Barnett, M. L., Sigal, M., Rosas, Y. G., Corcoran, F., Rastogi, M., & Jent, J. F. (2021). Therapist experiences and attitudes about implementing internet-delivered parent-child interaction therapy during COVID-19. *Cognitive and behavioral practice*, 28(4), 630–641.
 58. McCabe, K. M., Yeh, M., & Zerr, A. A. (2020). Personalizing behavioral parent training interventions to improve treatment engagement and outcomes

- for culturally diverse families. *Psychology Research and Behavior Management*, 41-53.
59. Triandafyllidou, A., & Yeoh, B. S. (2023). Sustainability and resilience in migration governance for a post-pandemic world. *Journal of Immigrant & Refugee Studies*, 21(1), 1-14.
60. Chelew, S. (2024). *Adolescent Girls' Experience of Intimate Partner Violence in the United States and Early Intervention in High Schools* (Master's thesis, Saint Mary's College of California).
61. UN Women. (n.d.). Global database on violence against women. Retrieved from <https://data.unwomen.org/global-database-on-violence-against-women>
62. International Association of Chiefs of Police. (n.d.). Supporting victims of domestic violence during the COVID-19 pandemic. Retrieved from <https://www.theiacp.org/resources/document/supporting-victims-of-domestic-violence-during-the-covid-19-pandemic>
63. National Domestic Violence Hotline. (n.d.). Staying safe during COVID-19. Retrieved from https://www.thehotline.org/resources/staying-safe-during-covid-19/?utm_source=chatgpt.com
64. Singh, S., & Sagar, R. (2022). Online Psychotherapy During the COVID-19 Pandemic: The Good, the Bad, and the Ugly. *Indian journal of psychological medicine*, 44(2), 177–180. <https://doi.org/10.1177/02537176211070427>
65. Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse: a multidimensional assessment of four different forms of abuse. *Violence against women*, 14(6), 634–654. <https://doi.org/10.1177/1077801208319283>
66. Obradovic, A., & Nicholson, J. (2022). Perspective: Implications of the COVID-19 Pandemic for Family-Focused Practice With Parents With Mental Illness and Their Families. *Frontiers in psychiatry*, 13, 806550. <https://doi.org/10.3389/fpsyt.2022.806550>