



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Domestic violence in families in the Netherlands during the coronavirus crisis: A mixed method study

Bas Tierolf^{a,b,*}, Edith Geurts^c, Majone Steketee^{d,e}

^a Verwey-Jonker Instituut, Kromme Nieuwegracht 6, 3512 HG Utrecht, the Netherlands

^b Section of Clinical Child and Family Studies, VU University Amsterdam, Van der Boechorststraat 7-9, 1081 BT Amsterdam, the Netherlands

^c Augeo Foundation, Hoofdstraat 67, Driebergen-Rijsenburg, the Netherlands

^d Verwey-Jonker Instituut, Kromme Nieuwegracht 6, 3512 HG Utrecht, the Netherlands

^e Erasmus School of Social and Behavioural Science, Erasmus University, Burgemeester Oudlaan 50, 3062 PA Rotterdam, the Netherlands

ARTICLE INFO

Keywords:

Vulnerable families
Domestic violence
Child wellbeing
Covid-19
Mixed methods

ABSTRACT

Background: The consequences of the coronavirus crisis are considerable for everyone in the Netherlands. Although there were concerns about the many vulnerable families who were forced to stay at home because of the measures taken by the government to contain the coronavirus in the Netherlands, there has been no increase in the number of reports of domestic violence or child abuse.

Objective: To gain insight by a mixed method study on what has happened during the lockdown within families who were already known to social services.

Methods: A quantitative study was performed among 159 families recruited before the coronavirus crisis, and 87 families recruited during the lockdown in the Netherlands through child protection services. Family members (parents, children) completed questionnaires about inter-parental violence, (historical) child abuse and neglect, and emotional security. In a qualitative study 39 of these respondents and 13 professionals were interviewed.

Results: No difference was found in violence between families who participated before and after the lockdown. The level of violence is still high in most families. The absence of assistance promoted the self-reliance of children and parents to deal with this difficult period. Professionals found new ways of connecting to families at risk. Every form of support is important to these families because it made children feel seen and heard. Isolation of families where domestic violence and child abuse occurred, remains a risk factor, even outside the coronavirus crisis.

1. Introduction

The consequences of the coronavirus crisis are considerable for everyone in the Netherlands. On the 16th of March 2020, Prime Minister Rutte initiated 'the intelligent lockdown' in the Netherlands to contain the coronavirus. That meant school closures, working from home for those who were able to do so, only going outside if necessary for groceries or work, and keeping a distance of 6 feet from other people. In the Netherlands there was no total lockdown; people were allowed to go outside. Thus, the coronavirus crisis has led to families being forced to be at home more than normal. Various experts have expressed their concerns in the media about a possible

* Corresponding author at: Verwey-Jonker Instituut, Kromme Nieuwegracht 6, 3512 HG Utrecht, the Netherlands.

E-mail addresses: btierolf@verwey-jonker.nl, b.tierolf@vu.nl (B. Tierolf), edith@augeo.nl (E. Geurts), msteketee@verwey-jonker.nl, Steketee@essb.eur.nl (M. Steketee).

<https://doi.org/10.1016/j.chiabu.2020.104800>

Received 31 July 2020; Received in revised form 27 October 2020; Accepted 30 October 2020

Available online 17 November 2020

0145-2134/© 2020 Elsevier Ltd. All rights reserved.

increase in child abuse and partner violence. They expected this new situation to cause stress for all family members. In addition, there might have been more stress among parents due to loss of work and income and (impending) debts. According to different definitions the coronavirus crisis can be both defined as an emergency (Blanchard, 2008) and as a disaster (UNISDR, 2009), and in that sense can be seen as a major risk factor for child abuse and neglect (CAN). A 2019 review of papers studying child abuse during emergencies, wars and disasters, showed an increase in violence against children during and after these events (Seddighi, Salmani, Javadi, & Seddighi, 2019). A supportive social network for parents and adolescents is an important protective factor for families with CAN or interparental violence (IPV) (Counts, Buffington, Chang-Rios, Rasmussen, & Preacher, 2010). Support from informal networks (family, friends, neighbours) is essential in a practical sense, but also to provide emotional support when dealing with the new situation (Shobe & Dienemann, 2007). Counselling or coaching by someone from the (in)formal network is a valuable source of support when it comes to families where violence occurs, this can be provided by professional help but also by the informal network, and the connection with the community, church and school can be important (Ronan, Canoy, & Burke, 2009). Due to the coronavirus crisis, families have been isolated and the informal support system and existing aid to these vulnerable families were no longer available. In families vulnerable to domestic violence, this increase of risk factors could lead to an increase in such violence (United Nations Children's Fund, 2014).

The figures in the Netherlands did not show any increase so far, but this could be due to the disruption of social structures by the disaster (Albutt, Kelly, Kabanga, & VanRooyen, 2017). Reports of domestic violence to the police were decreasing, and there was no visible increase of reports to Veilig Thuis (regional 'Safe Home' organization, responsible for the collection of all reports of domestic violence in the Netherlands) or the Centres for Sexual Violence (Jansen, 2020; Steketee, de Wildt, Compagner, van der Hoof, & Tierlof, 2020). Internationally there was conflicting information about this, so stated the New York Times in one article a rise of abuse reports worldwide (Taub, 2020), and in another article a 51 % decrease in child abuse reports in New York City (Stewart, 2020). Curtis, Miller, and Berry (2000) studied the number of reports of child abuse after three different natural disasters, and found contradicting results. In two cases they found a clear rise in reports, but in one case they found a decrease in reports (Curtis, Miller, & Berry, 2000). They mentioned different causes that could contribute to the differences in reports they found following natural disasters, some of which also occurred in the Netherlands during the coronavirus crisis: schools were closed and were therefore not reporting; people weren't going to the doctor as often, so general practitioners were getting fewer reports; neighbours would probably have been more understanding during the crisis, because they also experienced stress themselves, so they were less likely to report. Furthermore the police were reporting less because they were visiting people's homes less often (in case of nuisance reports). It is possible that the coronavirus, as an external enemy, distracted attention from the internal tensions and that less domestic violence actually took place.

However, these were only speculations. In order to gain an actual insight into the situation in families, further research was needed inside these families' houses.

In this article, we present the results of a mixed-method study in which two questionnaire based studies and one interview based study were performed on the impact of the coronavirus crisis on vulnerable families. How safe was it in families living in such isolation, and in what way were the social workers still involved with these families?

Since the definition of CAN varies between studies, it is important to clarify how the term is defined in this study. According to a generally accepted definition, CAN refers to physical, emotional or sexual abuse, physical or emotional neglect and witnessing of IPV which may result in "actual or potential harm to the child's health, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organization, 2014, p. 82). Witnessing violence in the family is not always covered by international definitions of child abuse. At the same time, IPV which refers to physical, sexual or psychological abuse by a current or former intimate partner (Center for Disease Control & Prevention, 2015), is the most common form of family violence (Devries et al., 2013). Furthermore, similar to experiencing abuse or neglect, witnessing IPV is related to maladaptive development of children (Chan & Yeung, 2009; McTavish, MacGregor, Wathen, & MacMillan, 2016). In addition, CAN and IPV often occur simultaneously (Holt, Buckley, & Whelan, 2008). Therefore, in this study, we use the broader definition of CAN, as defined in the Dutch Child and Youth Act, which holds that children can be either a victim of abuse and neglect or be a witness of IPV (Jeugdwet, 2015; World Health Organization, 2014).

1.1. The current study

The current study is a mixed method approach of qualitative and quantitative research performed among vulnerable families before and during the coronavirus crisis, and among professionals who are involved with these vulnerable families. To answer the question of how safe it was for vulnerable families before and after the coronavirus crisis occurred, we have used the data that was collected in a large-scale, longitudinal study about interparental violence and CAN. This study is about the effectiveness of the approach to IPV and CAN that is implemented in 13 (of 26) Veilig Thuis regions in the Netherlands and within the so-called Certified Institutions (GIs). In the Netherlands, suspected domestic violence can be reported to Veilig Thuis (Safe Home). In total, there are 26 Veilig Thuis organizations, which work on a regional basis. In the Netherlands, there is no obligation to report domestic violence, professionals are obliged to work with a reporting code in cases of suspected domestic violence and to go through the steps in this code (Rijksoverheid, 2020). This may lead to a report to Veilig Thuis, but it is not mandatory. In addition, there are the so-called Certified Institutions (GIs) in the Netherlands that carry out the measures in the context of youth protection and juvenile rehabilitation. They too, have insight in children who grow up in an unsafe home and are therefore placed under government supervision.

Within this longitudinal study, about 1450 families were followed for a year and a half after they had been reported to Veilig Thuis or the GIs for suspected partner violence or child abuse. The main question of this longitudinal study is: is it possible to stop the violence in families and does the well-being of parents and children increase after care (through Veilig Thuis or GI) was deployed? Because the data collection went on during the coronavirus period we were able to get the data from 159 families recruited just before

the coronavirus crisis, and 87 families recruited during the lockdown in the Netherlands. This made it possible to investigate how safe it was in vulnerable families during the coronavirus crisis.

In addition to the questionnaires that the family members had to complete, a qualitative study was performed by interviewing some families about how they have experienced the lockdown period. What was the impact of the coronavirus crisis on family safety, the care and need for care? As part of this study, the focus has been on how support and assistance to vulnerable families looked at the time of the lockdown. Did professionals have a sufficient view of family safety, and how was care provided? It also examined how these vulnerable families experienced the care and the effect of the change in assistance on the situation and well-being of the family members. Beside the interviews with the families (parents and children) we also did interviews with care professionals.

2. Method

The two sub-studies were part of the large-scale study into the effects of domestic violence and child abuse policy in The Netherlands.

2.1. Quantitative study among families

In order to answer the question of how safe it was in families where there was domestic violence before the coronavirus crisis, the degree of violence and other problems that parents and children reported on using a written questionnaire, was examined. As stated before the 246 families used for this study participated in a large-scale ongoing study into 'the effects of the approach to domestic violence and child abuse' and were reported a year or two years earlier because of suspected domestic violence. These families who completed the questionnaire shortly before or during the coronavirus crisis, were part of the second and third wave of measurements for this longitudinal study, and all participants already participated in the first or second wave a year earlier, using the same questionnaire.

In this study, a comparison was made between the families that participated in the ongoing impact study after the lockdown started on the 16th of March 2020, and the families that participated right before the restrictive measures came into effect (January/February 2020). A total of 159 respondents who completed the questionnaire right before the lockdown, and 87 respondents who completed the questionnaires after the lockdown, were used in the current study. Families were either recruited through Veilig Thuis organizations in 13 regions, or they were recruited through six GIs. The following inclusion criteria applied for the Veilig Thuis organizations and GI's: current IPV or current CAN was reported; this report was received within the last three months; the reported families had at least one child between the ages of 3 and 18 years old; at least one of the parents could read and understand Dutch. Only families who met these inclusion criteria were approached by telephone and invited to participate. During this phone call, the researcher explained the aims of the study and made an appointment to visit the participant, to complete several online questionnaires about historical CAN, IPV and current CAN, trauma symptoms of the parents and trauma symptoms of their children between the ages of 3 and 12 years old. Children aged between 8 and 18 years old could participate themselves and completed a self-report questionnaire about current CAN and IPV. Parents signed informed consent and received €20 for their participation, and when children participated both parents and the child signed informed consent and the children received €10 for their participation. In the GI study all the parents of children between the ages of 3 and 18 years old, placed under guidance of the six GIs in the last three months, were approached by telephone and invited to participate in the same way as the Veilig Thuis population. Both studies were approved by the Scientific and Ethical Review Board of the VU Amsterdam (VCWE-2016–217R1 and VCWE-2018–167).

Because of the coronavirus crisis we were not able to visit the families at home to assist them with the online questionnaires, telephone assistance was provided during the completion of the online questionnaires. For those families who didn't have a computer, a laptop was brought to their homes so they could complete the online questionnaire.

A number of questions on the impact of the coronavirus crisis on family life, the degree of violence and the extent to which they received help and support and the need for it, were added to the questionnaires three weeks after the measures were in place. A total of 38 respondents (26 parents and 12 children) completed the additional corona questions. In this way, information was obtained directly about the possible influence of the coronavirus crisis on the situation in the families and the care provided to the families.

For measuring the violence within the families, we used the Dutch translation of the Revised Conflict Tactics Scale Parent Child (CTSPC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998; Lamers-Winkelmann, Slot, Bijl, & Vijlbrief, 2007) and the Dutch translation of the Revised Conflict Tactics Scale-2 (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Lamers-Winkelmann et al., 2007) to measure IPV and current CAN (including witnessing IPV). Parents filled in the CTS2 and CTSPC, whereas children only filled in the CTSPC. The CTSPC parent version consists of thirteen items about physical abuse ($\alpha = .82$), five items about psychological abuse ($\alpha = .74$) and five items about neglect ($\alpha = .49$). The CTSPC children's version consists of thirteen items about physical abuse ($\alpha = .88$), four items about psychological abuse ($\alpha = .77$) and fifteen items about witnessing IPV ($\alpha = .91$). The CTS2 consists of twelve items about physical IPV ($\alpha = .92$), eight items about psychological IPV ($\alpha = .87$) and seven items about sexual IPV ($\alpha = .82$). Each item of the CTS2 concerned both the respondent's (ex)partner (e.g., 'my (ex)partner hit me') and the respondent (e.g., 'I hit my (ex)partner'). Both the CTSPC and the CTS2, questions were reported on an 8-point scale from 1 (never happened) to 8 (happened more than 20 times in the past year). For the CTS2, a subscale based on the year prevalence of all violence items was calculated as the sum of the number of incidents of both respondent and (ex-)partner in the last year. For the CTSPC the year prevalence of CAN was calculated as the highest number of incidents reported by either the parent or the child. The latent variable IPV is based on the three subscales of the CTS2, whereas the variable current CAN is based on the subscales of the CTSPC and two subscales of the CTS2 (physical and psychological IPV).

Emotional security was assessed using the Dutch translation of the Security in the Interparental Subsystem (SIS) reported by children aged 8–18 years (Davies, Forman, Rasi, & Stevens, 2002). The SIS is a 43-item questionnaire assessing children's reactions to parental conflict. Children compared the items to their reactions in the past year on a 4-point Likert scale, ranging from 1 'not at all true of me' to 4 'very true of me'. Four scales within the SIS were used in this study, 'emotional reactivity' (7 items), 'exposure to parent affect' (avoidance and interference, 13 items), 'constructive family representations' (4 items) and 'destructive family representations' (4 items). A sample item is 'when my parents argue I feel unsafe'. Because items reflect attempts to preserve emotional security when it is threatened, higher scores indicate lower child emotional security. In this study, the internal consistency of the emotional reactivity scale and the exposure to parent affect scale were good ($\alpha = .87$ and $\alpha = .86$), the internal consistency of the constructive family representations scale was excellent ($\alpha = .91$) and of the destructive family representations scale the internal consistency was adequate ($\alpha = .71$).

Trauma symptoms in parents were assessed with the Dutch translation of the Trauma Symptom Inventory (TSI) (Briere, 1995). The TSI measures trauma symptoms on ten different subscales with a 100-item questionnaire where participants have to indicate how often described things have happened in the last 6 months using a 4 point scale from 0=never to 3=often. Trauma symptoms in children were measured with the Dutch translation of the Trauma Symptom Checklist for Children (TSCC) (Briere, 1996). The TSCC measures trauma symptoms on six different scales and 4 subscales with a 54-item questionnaire where children have to mark how often a list of thoughts, feelings, and behaviors happened to them, using a 4 point scale from 0=never to 3=almost all of the time. On the basis of the scores on all the subscales a total dichotomous assessment of 'trauma' or 'no trauma' for both parents and children, was used in this study. The internal consistency of both the total scales of the TSI and the TSCC in this study were excellent ($\alpha = .97$ and $\alpha = .95$).

Alcohol consumption of children was measured using part of the 'European School Survey Project on Alcohol and Other Drugs' (ESPAD) (Guttormsson et al., 2015). The four questions about alcohol use were transformed into a monthly amount of glasses of alcohol score. The internal consistency of this scale in this study was good ($\alpha = .80$).

2.2. Data analysis

First the two groups of families (before and after the lockdown) were compared on general background information, to see if there were differences between these groups on the basis of the background. Next the groups were compared on the violence, traumatization, safety, emotional security and alcohol consumption. Chi square tests and T-Tests were used to test for significant differences between the groups. On the basis of group and background variables, a multivariate regression was performed to test for differences in violence.

2.3. Qualitative study among families and professionals

In order to answer the question about the impact of the coronavirus crisis on family safety, the help provided, and the need for help, the second sub-study on the influence of the coronavirus crisis on vulnerable families was carried out by telephonic interviews with parents, children and some professionals.

The interviewed families participated also in the quantitative study. At the end of the online questionnaire respondents could respond if we could approach them for an in-depth interview. We approached those families that indicated that they wanted to be interviewed, about a month or two months after they completed the questionnaire. Because this was still during the lockdown, the interviews were held by telephone. The professionals were recruited through contacts with researchers from previous studies. A variety

Table 1

Comparison of background information of parents between groups.

	Before the coronavirus crisis	After 16 March	Sign. χ^2
Age of parents			
18–24 years	0.0%	2.0%	
25–34 years	21.6%	15.3%	
35–44 years	42.1%	42.9%	ns
45–55 years	30.0%	33.7%	
55 years and older	6.3%	6.1%	
Gender			
Male	33.7%	37.4%	
Female	66.3%	62.6%	ns
Education			
Primary education	5.9%	6.1%	
Pre-vocational secondary education	21.4%	18.4%	
General secondary/Vocational education	43.9%	43.9%	ns
Higher professional/University education	25.7%	29.6%	
Income			
Less than € 1500 per month	30.5%	25.5%	
€ 1500 - € 3000 per month	50.8%	48.0%	ns
More than € 3000 per month	18.7%	26.5%	
Unemployed	35.3%	25.5%	ns

Note. N of parents = 290.

of types of care organizations was approached.

The interviews were focused on what kind of support and help these vulnerable families received before and during the lockdown, and if professionals had sufficient insight into family safety and how help was provided. We also asked how these vulnerable families perceived the help and what effect the change in help has had on the situation and well-being of the family members.

Semi-structured telephone interviews were held with 30 parents and 9 children of families who had experienced partner violence and/or child abuse in the past year. In addition, semi-structured interviews were held with 13 professionals. Before the interviews were held the quantitative data for the families involved in the interviews were analysed to make sure which type of violence had occurred in the families, and what degree of traumatization, emotional security and alcohol use occurred in these families. These results were used in the semi-structured interviews with both the families and professionals to adapt the line of questioning in the interviews.

The recordings of the semi-structured interviews were first transcribed and then coded by means of a step-by-step analysis on the following themes: impact of the coronavirus crisis on i) the problem of violence and insecurity ii) experiences regarding their contact with professionals, and iii) need for help. In addition, the reports of the interviews were analysed in terms of which risk factors played a role, and which protective factors and resilience were present in the family to allow them to deal with this situation.

3. Results

3.1. Results of the quantitative study among parents and children

The comparison between the families that completed questionnaires before the measures were taken and the families that completed questionnaires after the lockdown on March 16, showed that there was no difference in the background of these families (see Table 1 below). No significant differences in background variables age, gender, education, income and unemployment were found between the two groups.

No significant difference was found between families before and during the coronavirus crisis with regard to the percentage of families where 'no', 'moderate' or 'serious' violence occurred (see Table 2 below).

However, in more than two out of three families, there was still violence being reported in the second or third wave, one or two years after the report about IPV or CAN to Veilig Thuis or the GI, in the first wave. In half of the families, there was frequent or serious violence. Frequent was defined as more than 22 incidents of (mild) partner violence on an annual basis. Serious violence was defined as more than 2 incidents of mild child abuse and/or all forms of severe child abuse regardless of the frequency, and/or severe forms of psychological, physical or sexual partner violence, such as death threats, gun use or violence that had led to injury. Although it was very worrying that one year after the first wave there was still considerable and serious violence, this did not seem to have increased due to the lockdown.

There was also no difference in the number of violent incidents between the group that filled in the questionnaire before the coronavirus crisis and after March 16, with respectively, an average of 18 incidents before and 20 incidents after the lockdown. For both partner violence and child abuse and neglect reported by the parents and the children, there was no significant difference between the two groups. Teenagers reported less abuse, while for parents, it was the other way around, but there was no significant difference.

However, it should be noted that there has been an enormous drop in violent incidents in the past year. From the first wave, just after the initial report to Veilig Thuis or a GI, we know that an average of 71 violent incidents occurred on an annual basis. That average was 20 violent incidents for the families that reported again during the lockdown, one year later in the second wave.

In the questionnaire, parents and children were asked to what extent they felt safe at home. The general feeling of safety among parents was the same before and after March 16. The same results were found for the emotional insecurity of children, which meant that children did not feel more insecure during the lockdown than before (Table 3). But they still felt much more insecure than children from a normal population (the same instruments were used in a study in a normal population of 131 families with children in the ages of 3–18 years old in 2012 (Tierolf, Lünemann, & Steketee, 2014)). It was striking that for teenagers, their emotional insecurity was significantly lower in all areas during the lockdown than before the lockdown, the 'constructive family representations' scale increased, while the 'emotional reactivity', 'avoidance and interference', and 'destructive family representations' scales all decreased

Table 2

Comparison of violence reported by parents and teenagers between groups.

	Before the coronavirus crisis (<i>n</i> = 159)	After 16 March (<i>n</i> = 87)	Sign.
Type of violence in families			
No violence (less than 3 incidents)	32.1 %	28.7 %	
Moderate violence (3–22 incidents)	17.6 %	18.2 %	ns ^a
Frequent or serious violence (more than 22 incidents)	50.3 %	53.3 %	
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	
Total violent incidents last year (reported by both parents and teenagers)	18 (37)	20 (33)	ns ^b
IPV reported by parents (incidents)	13 (36)	12 (22)	ns ^b
IPV reported by teenagers (incidents)	5 (14)	4 (9)	ns ^b
CAN reported by parents (incidents)	4 (9)	6 (21)	ns ^b
CAN reported by teenagers (incidents)	5 (14)	2 (6)	ns ^b

Note. *N* of parents = 290; *N* of teenagers = 79; ^a Chi Square test ^b *t*-test.

Table 3

Comparison of safety, emotional security, alcohol consumption and trauma in parents and teenagers between groups.

	Before the coronavirus crisis	After March 16	Sign.
Percentage of parents felt safe at home	80.3 %	88.4 %	ns ^a
Percentage of traumatized parents	11.4 %	7.4 %	ns ^a
Percentage of traumatized young children	27.9 %	34.7 %	ns ^a
Percentage of traumatized teenagers	10.3 %	9.4 %	ns ^a
Emotional insecurity young children	<i>M (SD)</i>	<i>M (SD)</i>	
Emotional Reactivity	10.1 (3.9)	10.1 (4.4)	ns ^b
Avoidance and Interference	17.8 (5.7)	18.1 (6.1)	ns ^b
Emotional insecurity teenagers			
Emotional Reactivity	10.8 (4.6)	8.5 (3.0)	.023 ^b
Avoidance and Interference	21.5 (6.5)	17.4 (6.7)	.017 ^b
Constructive family representations	9.9 (4.4)	13.5 (3.8)	.001 ^b
Destructive family representations	5.8 (2.0)	4.7 (2.1)	.045 ^b
Alcohol consumption teenagers (average glasses per week)	2.6 (5.7)	.5 (1.3)	ns ^b

Note. *N* of parents = 290; *N* of teenagers = 79; *N* of young children = 182; ^a Chi Square test; ^b *T*-test.

significantly, indicating that emotional security in all these areas had increased for teens after March 16. Trauma symptoms and alcohol consumption scored also lower in teenagers during the lockdown. Despite this improvement, on average these teenagers felt more unsafe and had more trauma symptoms than young people from the normal population (Tierolf et al., 2014). There was no significant difference in the percentage of clinically traumatized parents and children before and after 16 March. Finally, the results of the multiple regression indicated that there was no significant effect between the background variables (transformed as dichotomous variables) gender, low income, single parent, unemployed, low education, and group, and total violence, ($F(6, 256) = .53, p = .79, R^2 = .01$). None of the individual predictors contributed significant to the model.

Questions specifically about the impact of the coronavirus measures were reported on by 26 parents and 12 teenagers. In two families, the children no longer lived at home, and in four families the children still went to a shelter or school. More than half of the parents (58 %) indicated that they did not think the situation had changed since the coronavirus lockdown came into effect. Only one in three parents felt that the family situation had changed.

Half of the parents indicated that they were more dependent on each other and trusted each other more and had learned to deal with each other better. Three parents (12 %) indicated there were more tensions in the home since the coronavirus crisis and they found it more difficult to correct their children. Five parents (20 %) indicated they experienced more stress.

Three children (25 %) who completed the questionnaire still (partly) went to school. Half of the children felt the situation at home had changed since the coronavirus crisis. They were more dependent on each other, trusted each other more and had learned to get on better with each other better. Four children (33 %) indicated that there was more tension at home and experienced more stress. But none of the children felt unsafe. The quarrels with siblings were usually the same or had increased. The conflicts with (step) parents were either the same or had decreased. Only one child reported that it had increased.

3.2. Results on the qualitative interviews with parents, children and professionals

Within the framework of the second sub-study, 30 parents, 9 children and 13 professionals were interviewed about the impact of the coronavirus crisis on family members, violence and help.

The interviews showed that the coronavirus crisis almost always changed the life situation of family members. The children's schools were closed and the children received home schooling. Parents experienced the home education of primary school aged children as particularly burdensome, as they still needed a lot of guidance. The work situation of one or both parents had also changed in most families due to the coronavirus crisis. They either had to work from home, or they could work less (because of coronavirus measures at work or because of children remaining at home) or, in a few cases, couldn't work at all.

Concerning the first of the three main subjects of the interviews, the impact of the coronavirus crisis on the problem of violence and insecurity, most families stated that the coronavirus crisis often caused stress in the family. It usually involved quarrels or disagreements within the family and/or conflicts around contact with the child's absent (biological) parent.

Tensions and conflicts within the family were usually caused by the children's school work, the division of tasks in the household or the care and upbringing of the children. Tensions and conflicts within the family usually persisted with irritation or shouting, but rarely escalated (further). Parents and children sought peace and quiet for themselves by going to their bedroom or going outside for a while. They also said that it helped that everyone tried to be more considerate, because they needed each other in these times.

Conflicts around contact with the absent biological parents diminished in some families. For example, a parent said that it was easier for him to comply with the visitation arrangements now that his work was at a standstill. Another parent said that they were less confrontational now.

In general, the conflicts around visitation/separation continued or increased. For example, in a number of cases the court case was suspended, it was more difficult to comply with the visitation arrangements in combination with working from home and/or one of the parents wanted the child to have less contact with the other parent because of the coronavirus and the parents did not agree among themselves.

Parents generally felt safe at home, something that was not always self-evident in the past. According to the parents, children also often felt safe, although a number of parents told us that their children suffered from anxiety because of an anxiety disorder, or fear that the absent parent would come unexpectedly or became nervous about meeting their absent parent again after a long time. Again, it should be noted that in these families the insecurity was still higher than in a normal population (Steketee, de Wildt, Compagner, van der Hoof, & Tierolf, 2020).

The children indicated that things were going well at home. Some children did say that there were more quarrels with their parent. These were arguments, discussions, shouting or raised voices, but these slight quarrels did not escalate. During the coronavirus period, the reasons often had to do with their school work or the school work of their brothers or sisters. The mother felt that the child wasn't doing his or her school work well, while the child felt that they were, or the siblings didn't feel like doing their school work. Two young people told that especially at the beginning of the coronavirus crisis, they quickly irritated their mother because they were in each other's faces all the time, or got bored and became grumpy. Children often went to their own rooms and the quarrel usually resolved itself.

With regard to the impact of the coronavirus crisis on the experiences with professionals, families and professionals answered that help was usually provided in a different form than under normal circumstances, particularly for outpatient family care and ongoing psychological counselling. In terms of format, mostly video calls and sometimes telephone calls were used. The number of appointments was the same, although the appointment duration was often shorter.

How parents perceived the assistance during the coronavirus crisis varied from complimentary to extremely critical. If the relationship with the social workers before the crisis was good, they made positive judgements and if it wasn't good, they made negative judgements during the lockdown.

There had been great willingness among professionals to stay in touch with vulnerable families. They tried many ways to stay in touch with the families they already worked with. Video calls were particularly common, but some professionals also took a walk outdoors with their clients, asked for recordings of young children or pets, or brought a gift. Professionals indicated that these conversations often remained superficial. Professionals remained uncertain as to whether they had a good picture of the safety of family members and especially children. They lacked observations of the home situation, non-verbal behaviour and one-on-one conversations with the guarantee that someone was alone, for a good risk assessment. Professionals regularly encountered technical issues when making video calls, for example they couldn't make visual calls at the same time, or had problems with the work's ICT system, and many visual calling methods were not permitted under privacy legislation. Professionals experienced the collaboration with co-workers and external colleagues as predominantly positive. It was easy to establish a quick contact moment via (video) calls and this worked efficiently. Professionals felt supported by the management team, now that they had to shape their work under special circumstances. However, some professionals did need information and guidelines regarding the privacy of digital alternatives that were used and also a guideline for the extent to which care could be provided (e.g. how often could you call). Finally, professionals pointed out that waiting lists at many agencies were long, even before the coronavirus crisis. This problem could become now even worse.

With regard to the impact of the coronavirus crisis on the need for help, parents indicated that if there were problems with children, they especially needed parenting support, because the existing structure such as day care or special education was no longer available. But the loss of other support or help structures also led to problems or stress. At the same time, there were signs that the absence of the support system stimulated the self-regulating capacity of some parents and children. After all, they could no longer rely on the support system, which meant that family members themselves were more likely to improve their behaviour or find ways to avoid tensions. A number of parents and children indicated that it was calmer because there were no longer so many social workers around the house.

However, there were also cases in which assistance came to a standstill. There were families who indicated that they were already on the waiting list before the coronavirus crisis and that help did not start during the lockdown. They indicated that they were frustrated about the fact that the coronavirus crisis delayed the start of the assistance. Communication from the new assistance services appeared to be limited.

If professionals were particularly concerned about a family, in some cases they invited family members to come to the office or they made a home visit. Various professionals also requested emergency care for the children in order to relieve the pressure on the home situation.

4. Discussion

An important finding of the quantitative study among vulnerable families was that IPV and CAN did not increase as a result of the lockdown, but also did not decrease. There was no difference in the number of families where violence played a part before or during the lockdown. The number of reported violent incidents within these vulnerable families had hardly changed during the lockdown. But the violence had not decreased either, in three quarters of the families IPV or CAN played a role, of which in half of the families it was serious or frequent.

There were several explanations why we did not see an increase in violence during the lockdown in the Netherlands. First of all, there was no complete lockdown in the Netherlands. This meant that people and children were still allowed to go outside and that people were allowed to visit each other up to a maximum of three people. The rule here was that people had to maintain a distance of six feet from each other. But it did provide the possibility, when tensions increased, to go outside for a while to escape from the home situation or to visit a friend or a girlfriend.

Another explanation is that for these vulnerable families, there was not such a great difference from before or after the lockdown measures. The families in the studies were all in the spotlight because they were very vulnerable families. Not only in terms of the

problems they faced, but also because of the social circumstances in which they found themselves, which often involved single-parent families, a high level of poverty and unemployment, and a lack of a social network. These elements contributed to the high risk factors for IPV and CAN in these families, both before and during the coronavirus crisis. In many of these families several risk factors were present, that increased the risk of violence in the family situation. Although we didn't find a significant association between the risk factors and the violence, the general level of violence in these families was still very high. [Sameroff \(2010\)](#) posed an interesting developmental theory, offering an ecological framework to connect known risk factors related to family violence across interrelated levels of the individual and interpersonal relationships, the neighbourhood, community, and societal contexts. Some of these risk factors used here, did not show an association with violence, but following [Sameroff](#), the COVID-19 crisis could be the changing point of a new developmental stage where the meaning of current risk factors and protective factors change, and others become more meaningful, which could help to better understand the impact of the crisis.

In these vulnerable families there was chronic violence, i.e. it was long-term and serious and sometimes lasted for years. Despite the fact that most of the parents were divorced/separated, the child's access arrangement provided various moments of contact with the ex-partner (mostly the father) in which the physical and psychological violence could reoccur. The coronavirus measures had kept the contact with the ex-partner to a minimum or were used to stop the children's contact with the ex-partner.

It was alarming that in these vulnerable families a year or two years after being reported to Veilig Thuis or a GI, there was still frequent or serious violence and both the family members and the social workers involved were unable to stop this violence. We know that domestic violence is a persistent problem, which is often repeated ([Assink et al., 2018](#); [Smith-Marek et al., 2015](#)). What played an important role in this was that both parents and children indicated in the oral interviews that there was no escalation of violence, while the questionnaire survey clearly showed that violence still occurred in most of the families. This was in line with a previous study ([Tierolf et al., 2014](#)) in which both questionnaires and oral interviews were used. It turned out that in the oral interviews parents often downplayed the violence in the family and said that there was no violence, while in the questionnaires they reported frequent or serious violence. Apparently, families felt that there was less violence than before, while this was still a lot when measured objectively. In addition, there seemed to be a question of definition: when asked about specific events and incidents, family members did report violence, but verbally they said that there was no escalation of violence. This seemed to be a question of adaptation, habituation or denial. It was possible that both family members felt that the situation had improved as a result of the decrease in the number of incidents during the past year. This was worrying because research showed that a decrease in violence did not necessarily mean an improvement in the well-being of parents and children ([Lünnemann, Steketee, & Tierolf, 2020](#)). In this study [Lünnemann et al. \(2020\)](#) found no significant difference in the well-being of children when there was a decrease in the number of violent incidents. However, they found a significant difference in the welfare of children and parents in families where violence had actually stopped. Evidently, the violence had to stop in order to improve the well-being of the children.

Another important outcome of the quantitative and qualitative study was that teenagers in particular had positive outcomes: they reported in the questionnaires more positive family representations, and felt less unsafe during the lockdown than before. But compared to peers in families from the normal population, they still scored significantly worse across all problem areas. In the interviews, teenagers indicated that they liked it at home because there was less school pressure, they were able to do school work at their own pace, and there were fewer social workers in the house. This was in line with other research conducted by the Children's Ombudsman among children in the Netherlands regarding the impact of the coronavirus crisis on their lives ([De Kinderombudsman, 2020](#)). In particular, the vulnerable children indicated that they liked not having to go to school because they were often bullied and felt left out. In the study by the Children's Ombudsman, the vulnerable children also mentioned that they found it much calmer now that all the social workers could no longer visit them.

When we look at the qualitative interviews with the parents a mixed picture emerged. Some parents indicated that the coronavirus crisis caused a lot of stress in the family. Risk factors for violence and conflicts were the lack of care for the children, psychological/behavioural problems of the children, and combining working from home with parenting. Other parents indicated that a positive development of the coronavirus crisis was that they and their children appeared to have more resilience and self-reliance than previously imagined. This is an interesting observation in line with the view of [Bonanno \(2004\)](#) who states that in circumstances of potential trauma, resilience is more common than is often believed. Parents indicated that they were more inclined to look for resolution strategies to deal with each other in the family. Protective factors they mentioned were tools they obtained to prevent violence from previous support, existing care that supported the family during the crisis, and space in and around the house where parents or children could unload (e.g. their own bedroom, garden or nature).

From the qualitative interviews with the social workers it was clear that they were worried about these families. Social workers mainly identified behavioural problems in children and psychological problems in parents during the lockdown, where many of these problems already played a role before the coronavirus crisis. There was a great willingness on the part of professionals to stay in touch with these families during the coronavirus crisis. Professionals were very inventive in staying in touch with these vulnerable families. Both parents and professionals indicated that this kind of digital contact made real in-depth contact difficult: it was more of a finger on the pulse. Professionals remained uncertain as to whether they had a good picture of the safety of family members and especially children.

Various limitations about this study could be mentioned. Although we had sufficient critical mass in the quantitative study, the measurement of the variables was of different timing. Some variables reflected the actual situation, while others reflected the last year. Violence was established using a yearly measure. One could say that the most recent violence would be best remembered and thus, the violence around the coronavirus crisis would be most apparent in the measure, but in cases where most of the violence occurred almost a year ago and everything calmed down since, we still would find a high prevalence of violence, which could blur the associations we found. The specific questions about the coronavirus crisis were answered by a small sample, so these findings should be taken with

precaution. The quantitative study left not much room for explanation or elaboration, although we did get this information through the interviews it wasn't possible to connect both sources. The interviewed sample of parents and children and professionals was not big enough to test if this sample was representative for the whole population which was included in the quantitative study, this could give biased results from the interviews.

From the results of the studies, a number of conclusions could be drawn for the future. In the Netherlands, now the lockdown has been lifted, children are going to school again. But both parents and professionals are worried. It is possible that these children are behind at school, because parents were unable to offer sufficient guidance in their school work. Possibly these children needed more guidance to again get used to the structure of the school.

The feeling of isolation of the families, even when they were already in the care system, poses a clear risk for the near future.

The positive developments from the coronavirus crisis were that families and children appeared to have more resilience and self-reliance than previously imagined. Social workers should be aware that this can be the case and they should be conscious of the fact that clinical intervention can even be ineffective (Bonanno, 2004). They should take a critical look at how they can stimulate the self-solving ability of family members to cope with stress and prevent them from falling back into their old behaviours. But it could also be that there was a delayed request for assistance: it was possible that families were busy just trying to survive, and that they were mainly waiting for assistance or that certain problems only took their toll later on (such as loss of work and financial problems).

Professionals were uncertain during the lockdown whether they had a good idea of the safety of the family members and especially the children. This study showed that this was correct: in all the families there was still a high level of IPV and CAN apparent. It is therefore important to get a good picture of the violence and safety of the children.

Since there might be another outbreak of the COVID-19 virus, it is important that professionals learn to set up and maintain digital contact with these vulnerable families. Many professionals did not have any experience in digital contact with clients through video calling before. In addition to the professional's inventiveness in creating alternative forms of contact with these families, there was also a certain anxiety about making and maintaining contact with vulnerable families via (video) calls. Since it is possible that there will be another lockdown in the future, it is recommended that institutions better prepare and train their staff in these other forms of digital contact and ensure that the technical conditions are in place to enable video calling for professionals. In addition, a number of professionals needed guidelines and information about digital contact, for example about privacy or the extent to which assistance could be provided.

Finally, many positive and innovative effects could also be seen in the working methods of the professionals during the corona crisis. A positive effect that professionals mentioned is the efficiency gains in consultation, both internally and externally with other organizations. Because these were conducted via telephone or video calls, there was no travel time. It should be noted that previous studies had also shown how important it is for chain partners to see each other regularly in order to build a greater bond. Professionals felt more supported by management, especially in the new forms of contact and working methods.

Funding

This research was funded by a grant of the Ministry of Health, Welfare and Sport in the Netherlands and a grant of the Augeo Foundation.

References

- Albutt, K., Kelly, J., Kabanga, J., & VanRooyen, M. (2017). Stigmatisation and rejection of survivors of sexual violence in eastern Democratic Republic of the Congo. *Disasters*, 41(2), 211–227. <https://doi.org/10.1111/disa.12202>
- Assink, M., Spruit, A., Schuts, M., Lindauer, R., van der Put, C. E., & Stams, G. J. J. M. (2018). The intergenerational transmission of child maltreatment: A three-level meta-analysis. *Child Abuse & Neglect*, 84(Oct), 131–145.
- Blanchard, B. W. (2008). Guide to emergency management and related terms, definitions, concepts, acronyms, organizations, programs, guidance, executive orders & legislation: A tutorial on emergency management, broadly defined, past and present. *Paper Presented at the Federal Emergency Management Agency, United States*.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *The American Psychologist*, 59(1), 20–28.
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC): professional manual*. Odessa, FL: Psychological Assessment Resources, Inc.
- Briere, J. (1995). *Trauma Symptom Inventory (TSI): professional manual*. Odessa, FL: Psychological Assessment Resources, Inc.
- Center for Disease Control and Prevention. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>.
- Chan, Y. C., & Yeung, J. W. K. (2009). Children living with violence within the family and its sequel: A meta-analysis from 1995–2006. *Aggression and Violent Behavior*, 14, 313–322. <https://doi.org/10.1016/j.avb.2009.04.001>
- Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, 34(10), 762–772. <https://doi.org/10.1016/j.chiabu.2010.03.003>
- 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. [https://doi.org/10.1016/S0145-2134\(00\)00176-9](https://doi.org/10.1016/S0145-2134(00)00176-9)
- De Kinderombudsman. (2020). *Als je het ons vraagt? Een QuickScan van de ervaringen van kinderen en jongeren ten tijde van Corona*. The Netherlands: Den Haag.
- Devries, K. M., Mak, J. Y., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., et al. (2013). The global prevalence of intimate partner violence against women. *Science*, 340, 1527–1528. <https://doi.org/10.1126/science.1240937>
- Guttormsson, U., Leifman, H., Kraus, L., Arpa, S., Molinaro, S., Monshouwer, K., et al. (2015). *ESPAD 2015 methodology*. Retrieved from <http://www.espad.org/sites/espado.org/files/>.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), 797–810. <https://doi.org/10.1016/j.chiabu.2008.02.004>
- Jansen, J. (2020). *Webinar over huiselijk geweld door de coronacrisis*. Retrieved from <https://www.regio-hartvanbrabant.nl/nieuws/922-huiselijk-geweld-door-de-coronacrisis-webinar-door-bijzonder-hoogleraar-en-lector-janine-jansse>.
- Jeugdwet. (2015). *Dutch child and youth act*. Retrieved from <https://wetten.overheid.nl/BWBR0034925/>.

- Lamers-Winkelmann, F., Slot, N. W., Bijl, B., & Vijlbrief, A. C. (2007). *Scholieren over mishandeling: Resultaten van een landelijk onderzoek naar de omvang van kindermishandeling onder leerlingen van het voortgezet onderwijs [Students about abuse; results of a national survey on the extent of child abuse among secondary school students]*. Amsterdam, The Netherlands: Ministry of Justice.
- Lünnemann, M., Stekete, M., & Tierolf, B. (2020). *Wat als het geweld niet stopt? Een longitudinale studie naar de langere termijn gevolgen van partnergeweld en kindermishandeling voor kinderen*. Utrecht: Verwey-Jonker instituut.
- McTavish, J. R., MacGregor, J. C. D., Wathen, C. N., & MacMillan, H. L. (2016). Children's exposure to intimate partner violence: An overview. *International Review of Psychiatry*, 28(5), 504–518. <https://doi.org/10.1080/09540261.2016.1205001>
- Rijksoverheid. (2020). *Meldcode Huiselijk geweld en kindermishandeling* (n.d.). Retrieved from <https://www.rijksoverheid.nl/onderwerpen/huiselijk-geweld/meldcode/>.
- Ronan, K. R., Canoy, D. F., & Burke, K. J. (2009). Child maltreatment: Prevalence, risk, solutions, obstacles. *Australian Psychologist*, 44(3), 195–213. <https://doi.org/10.1080/00050060903148560>
- Sameroff, A. (2010). A unified theory of development: A dialectic integration of nature and nurture. *Child Development*, 81(1), 6–22.
- Seddighi, H., Salmani, I., Javadi, M. H., & Seddighi, S. (2019). Child abuse in natural disasters and conflicts: A systematic review. *Trauma, Violence & Abuse*. <https://doi.org/10.1177/1524838019835973>
- Shobe, M. A., & Dienemann, J. (2007). Intimate partner violence in the United States: An ecological approach to prevention and treatment. *Social Policy and Society*, 7, 185–195.
- Smith-Marek, E. N., Cafferky, B., Dharnidharka, P., Mallory, A. B., Dominguez, M., High, J., et al. (2015). Effects of childhood experiences of family violence on adult partner violence: A meta-analytic review. *Journal of Family Theory & Review*, 7, 498–519.
- Stekete, M., de Wildt, R., Compagner, M., van der Hoof, M., & Tierolf, B. (2020). *Kwetsbare gezinnen in tijden van Corona Wat is de impact van de coronacrisis op kwetsbare gezinnen en de hulp die zij nodig hebben?* Utrecht: Verwey-Jonker Instituut.
- Stekete, M., de Wildt, R., Compagner, M., van der Hoof, M., & Tierolf, B. (2020). *Kwetsbare gezinnen in tijden van Corona Wat is de impact van de coronacrisis op kwetsbare gezinnen en de hulp die zij nodig hebben?* Utrecht: Verwey-Jonker Instituut.
- Stewart, N. (2020). *Child abuse cases drop 51 percent. The authorities are very worried*. Retrieved from. The New York Times <https://www.nytimes.com/2020/06/09/nyregion/coronavirus-nyc-child-abuse.html>.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 17(3), 283–316.
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the parent-child conflict tactics scales. Development and psychometric data for a national sample of american parents. *Child Abuse & Neglect*, 22(4), 249–270.
- Taub, A. (2020). *A new Covid-19 crisis: Domestic abuse rises worldwide*. Retrieved from. The New York Times <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>.
- Tierolf, B., Lünnemann, K., & Stekete, M. (2014). *Doorbreken geweldspatroon vraagt gespecialiseerde hulp. Onderzoek naar effectiviteit van de aanpak huiselijk geweld in de G4*. Utrecht: Verwey-Jonker Instituut.
- United Nations Children's Fund. (2014). *Hidden in plain sight: A statistical analysis of violence against children*. New York, NY: UNICEF.
- United Nations International Strategy for Disaster Reduction. (2009). *Terminology on disaster risk reduction*. New York, NY: United Nations.
- World Health Organization. (2014). *Global status report on violence prevention 2014*. Retrieved from https://www.who.int/violence_injury_prevention/violence/status_report/2014/en/.