The impact of COVID-19 measures:
A research on the influence of COVID-19 measures on situational factors of domestic violence

Master Thesis Social Policy and Public Health
Student: Emma Hofland
Student number: 1175408
Supervisor: Jaap Bos
Second reader: Marcel Hoogenboom
Word count: 5,000
Date: 27-06-2022

Abstract

Introduction: COVID-19 measures to prevent spreading had a negative impact on daily life. Awareness was raised that these measures could increase risks of DV. Social support structure disappeared and decreasing their positive effects. Although a worldwide increase in DV was observed, Dutch government denied this. This research wants to confirm the growth in DV cases during the pandemic and look into situational factors leading to DV.

Methods: Two datasets were used to. Data from CBS answered the first two hypotheses, reflects those reporting DV or requesting advice, divided by role and function. Information per provinces was analysed for the years 2019, 2020 and 2021. A repeated measure ANOVA was performed to see if changes during the years were significant. Data from Eurofound answered the last two hypotheses, reflecting the impact of the pandemic on working and living in Europe. Data was collected during the first lockdown, right after and a year later. Outcome per question was compared over time, the difference between these outcomes was converted in percentages.

Results: Result shows that during the pandemic the request for advice increased while the amount of reports declined. The role of non-professionals became more important role during the pandemic. These results were significant. Professionals still play a key-role in identifying DV but their role did not increase significantly. During the pandemic (the experience of) financial insecurity did not increase but people still struggled to make ends meet. Throughout the pandemic, an increase in psychological problems was noticed.

Conclusion: Results showed that the measures negatively influence the situational factors of domestic violence. Future research should take a more direct approach and research if new factors were created. Increased knowledge on situational factors could serve as a guide for future policy. Perpetrators cannot be identify easily but triggering situations can be identified.

Keywords:
Domestic violence, COVID-19 measurements, economic, psychological, social, distress.

Introduction

2020 took an unexpected turn when the coronavirus spread worldwide, commonly referred to as COVID-19. Due to high contagiousness, social distancing measures were put in place to slow transmission and protect healthcare services from failing (Bright, Burton & Kosky, 2020). Other measures were stay-at-home orders, closure of non-essential businesses and restrictions on social life. These measures were intended to limit the spread of the virus by limiting social contacts. While the measures were effective in kerbing the spread of the virus, unintended impacts of social isolation should be considered. Sociologists have pressured the negative consequences of social isolation (Durkheim, 2014). The Trimbos Institute concluded that a decrease of social contacts during the pandemic led to an increase in anxiety and depression (van Hasselt, n.d.). According to psychologists the indoor lifestyle could increase tension due to stress, economic and social anxiety (van Hasselt, n.d.). The decreased sense of safety had a negative impact on existing mental and economic problems (UN Women, 2021).

The impact of COVID-19 measures is also visible in the area of domestic violence (DV) (Bright et al., 2020). Many NGOs have stressed there should be more awareness on how COVID-19 measures are increasing risks of DV (UN Woman, 2021). Almost 50% of women reported they or someone they know experienced some form of violence during the pandemic (UN Women, 2021). In China DV doubled during the COVID-19 pandemic. Early reports in 2020 found an alarming increase in rates of DV worldwide; ranging from a 20-25% increase in calls to DV hotlines in Spain, Cyprus and the UK, and a 40-50% increase in calls in Brazil (Bradbury-Jones & Isham, 2020). Peterman et al. (2020) found similar trends in Australia and the US. According to Bright et al. (2020) this trend is caused by a break-down of existing social structures. Stay-at-home orders limit support options, increasing further isolation. These measures separate victims from social support structures, normally offering assistance (Stylianou, Counselman-Carpenter & Redcay, 2018).

Stay-at-home orders are not a once in a century occurrence. Where stay-at-home orders are uncommon in the Netherlands, other countries deal with them more regularly. Examples of causes of stay-at-home orders would be natural disasters. Research of these occurrences provide insight into the effects of current COVID-19 measures. For example, disasters create a burden on mental health conditions (Makwana, 2019). The experience gained from natural disasters shows that the impact upon mental health takes days to weeks to surface while stress is felt immediately, which is common for the impact of catastrophes (March, 2002). Jenkins and Meltzer (2012) found that after the Indian Ocean tsunami in 2004, survivors showed symptoms related to anxiety, depression and emotional instability. These

are similar to symptoms experienced during COVID-19 measures. Research concluded survivors of hurricane Katrina experienced fewer mental and physical health disturbances when present in an embedded network (Forgette et al., 2009). According to Kaniasty (2020), social support is critical for coping with the effects of natural disasters. Those receiving social or religious support during natural disasters were less vulnerable to develop these psychological outcomes (Feng et al., 2007; Koenig, 2007). The strong community feeling and social cohesion experienced by people with a social support structure are related with more life satisfaction and fewer cases of depression. However, COVID-19 measures have limited positive effects of social support structures. Psychological and social protective functions are not effective during stay-at-home orders due to limited contact (Saladino, Algeri & Auriemma, 2020). This leads to psychological consequences such as stress and anger (Peterman et al., 2020). This trend is also seen during longer-lasting exposure (>199 days) to natural disasters, leading to increased reports of simple assault (e.g. battery or verbal threats) in Florida (Gearhart et al., 2018). This phenomenon was also observed during hurricane Harvey in 2017. The year after the hurricane, DV reports increased (Stanley, 2020). Increased DV has been found during multiple natural disasters (Anastario, Shehab & Lawry, 2009; Bermudez et al., 2019; Castañeda Camey, Sabater, Owren, Boyer & Wen, 2020; GWI & IRC, 2015; Schwefer, 2018).

Although a general increase in DV was observed globally during the COVID-19 pandemic, the Dutch government stated no increase in DV reports (Ministerie van VWS, 2020). Indicating a problematic situation potentially being ignored. Possibly explained by a discrepancy between the actual and reported cases of DV. According to CBS (2019), most reports are filled by someone not directly involved. A decrease in social structures caused by COVID-19 measures could have a negative impact on reported cases due to lack of opportunities for outsiders to notice (signs of) DV.

In contrast to most research this paper will not focus on the individual factors of perpetrators but on the situational factors. Existing research tends to look at factors impacting the individual like education, neurological disorders or traumas (SlachtofferWijzer, 2021). This results in a knowledge gap regarding the impact of situational factors on DV. This might be caused by the difficulty of researching an often stable environment around perpetrators. However, COVID-19 measures have had a tremendous impact on situational factors like work, school and social interactions. This knowledge gap about the impact of situational factors on DV leads to potentially dangerous situations with unintended consequences. Increased knowledge about the impact of situational factors on DV could give policymakers

insight in the effects of the choices made on DV and could serve as a guide for future situations.

This research will answer the following question: to what extent do COVID-19 measures influence the situational factors of DV? The following section contains a literature review. Thereafter, data sources are described and the results are presented. In the final section findings are discussed and conclusions are stated. Advice is provided for future research.

Theory

COVID-19 measures have three main consequences: social, economic and psychological (Usher, Bhullar, Durkin, Gyamfi & Jackson, 2020; Peterman et al., 2020; Pedrosa et al., 2020). These consequences cause stress potentially leading to violence. A study by Richards (2009) showed financial strain and isolation are risk factors for DV. This combined with psychological and economic stressors as well as a possible increase in negative coping mechanisms, create an environment to trigger DV (Peterman, et al. 2020).

Social

To flatten the curve of the virus, social interaction was restrained using stay-at-home orders. Interaction was further limited by the closure of public amenities (Wegmann, Brandtner & Brandt, 2021). This resulted in remaining at home, creating intense and unrelieved contact (Usher, et al., 2020). This isolation could widen the existing discrepancy between reported and actual cases of DV due to increased opportunities to hide DV (Stark, 2009).

Australian police showed a 40% drop in overall crime but a 5% increase in DV from the start of stay-at-home orders (Kagi, 2020). Early in the pandemic Human Rights Watch (2020) recorded a sharp increase in DV help-seeking activities such as contact with hotlines but also looking for online information. This pattern was also found internationally. A UK study showed a 65% increase in help-seeking calls between April and June 2020 compared to the previous period (Havard, 2021). Anderberg, Rainer and Siuda (2021) stated that, based on internet activity, the lockdown in London led to a 40% increase in DV. This was about seven times higher than police data. Berniell and Facchini (2021) also found an increase in DV search intensity and calls to hotlines during the first lockdown in 11 countries.

COVID-19 measures limit contact with family and friends, which could have a negative impact on the amount of reports made on DV by these contacts. However, during the pandemic a 'new' social support structure emerged: neighbours. They can play a significant

role identifying and supporting people experiencing DV (Gerster, 2020). Neighbours were provided with information about (identifying) DV. Due to limited interaction, contacts might be unsure if DV is present in a household. Instead of reporting, hotlines are contacted for advice. Due to more uncertainty created by COVID-19 measures, it is expected that requests for advice by informal contacts has increased.

While informal contact increased, contact with health professionals was decreased to a minimum due to fear of infection (NZa, 2020). This led to limited patient interaction, which hampered their ability to detect signs of DV. Besides medical assistance, people started to avoid places and sought less help (Pedrosa et al., 2020). Almost all forms of education either halted or became remote leading to teachers losing the ability to identify (signs of) DV. Other professionals who were limited in carrying out their responsibility of identifying DV were police, psychologists, physiotherapists and social workers. This leads to an expected decrease of reports of DV made by professionals, those trained to identify (signs of) DV.

H1: COVID-19 measures led to a change in source of those reporting DV.

H2: COVID-19 measures led to a shift from reports made to advice given.

Economic distress

The measures resulted in reduced financial resources and a fear of global economic crisis (Mofijur et al., 2020). This affects almost 2.7 billion workers worldwide leading to a change in (experienced) economic stability. More people experienced financial stress due to financial uncertainty (di Crosta et al., 2020). The pandemic provides a unique situation to review whether income uncertainty impacts psychological distress (Patel & Rietveld, 2020). The potential of insolvency and job loss is associated with increased distress (Patel & Rietveld, 2020).

The experience of uncertainty within a pandemic provides an environment which may spark violence (Peterman et al., 2020). Because economic insecurity results in chronic stress, a trigger for DV (Peterman et al., 2020). Experiencing financial instability can provoke fear and hostility (Conger, Lorenz, Elder, Simons & Ge, 1993). A study by Holamon and Schluter (1995), found that income is not a predictor for DV but (experienced) financial stress is. Research also identifies unemployment as a trigger for DV (Peterman et al., 2020). The Dutch government showed a deterioration of the labour market and an increase of unemployment during the pandemic (Ministerie van Financiën, 2021). Nibud reported Dutch households experiencing a 20% income drop during the pandemic (Van Horssen & Verberk-de Kruik, 2021). Nibud expects a further increase in financial strain. These experiences of economic

insecurity can increase rates of DV (Peterman et al., 2020).

These economic changes within a household can also lead to changing power dynamics between partners (Peterman et al., 2020). This shift in power but also the inability to regain financial stability can lead to frustration. DV is rooted in power and control (Bowerman, 2020). In a crisis the feeling of missing control can take over. Inadequate coping with this lack of control, might lead to aggressive behaviour. This can be explained by the frustration-aggression theory.. The theory states if the source of the frustration cannot be tackled, it will be displaced onto an innocent target. This leads to the expectation that COVID-19 measures decrease financial stability, a situational factor for DV.

H3: COVID-19 measures have increased the feeling of financial instability.

Psychological

COVID-19 measures have a negative impact on mental health (Laupacis, 2020). A rise in mental disorders has been observed during the pandemic (Pedrosa et al., 2020). COVID-19 measures cause problems such as stress, anxiety, and anger (Torales, O'Higgins, Castaldelli-Maia & Ventriglio, 2020; van Gelder et al., 2020).

Measures with the greatest impact were home-schooling and remote working. Research has shown the importance of proper work-life balance (Robinson, 2007). Work functions as an escape from the home environment. Educational responsibility also shifted to the home environment (Cheng, Mendolia, Paloyo & Savage, 2021). Which led to an increased negative impact on mental health of working parents (Cheng et al., 2021).

From the start of the pandemic there has been an increase of substance abuse (Usher et al., 2020). While this may be caused by closure of bars and restaurants, it is also possible that social distancing and other measures may lead to addictive behaviour (Wegmann et al., 2021). High levels of stress lead to mental illness, violent behaviour and alcohol abuse (Cohen & Willis, 1985; Whitley & McKenzie, 2005). Those behaviours but especially substance abuse are coping mechanisms and triggers for DV (Usher et al., 2020). This is supported by the compensation-seeking hypothesis, the experience where social isolation may drive problematic behaviour (Wegmann et al., 2021).

Another cause of stress during isolation is lack of exercise (Pera, 2020). Lippi, Henry and Sanchis-Gomar (2020) state exercise helps battle negative emotions during lockdowns, a decrease in exercise impacts mental health and increases feelings of frustration. Closure of sports facilities limits the ability to release tension.

Being isolated without having additional distractions leads to increased tension. The strain theory (Agnew, 2001) emphasises this tension. Tension increases the chance of unwanted emotions which increases the chance of unwanted behaviour, such as violence. Measures like remote working and homeschooling increase tension even more due to spending extra time on caretaking responsibilities. The measures disrupt the normal routine while increasing psychological pressures and leading to increased conflict within families (Yang et al., 2021; Zhu et al., 2021). Resulting in the expectation that COVID-19 measured arouse psychological problems.

H4: COVID-19 measures have increased psychological problems.

Method

The aim of the research is to determine to what extent COVID-19 measures influence situational factors of DV. Preferred data for this research would be in-depth interviews, either with households who experienced DV during this pandemic. However, due to privacy considerations and vulnerability of the target group, no permission was granted to access those datasets. As a consequence, indirect indicators were used. Data was analysed using IBM SPSS statistics 28.

Study design and sampling

Two secondary quantitative datasets were used. Quantitative data is most suitable since this research is deductive, data was used to confirm expectations set by literature. Datasets from before and during the pandemic were of particular importance due to the ability it provides to compare data during or around times of lockdown. Because the first lockdown started in the Netherlands in March 2020, the preferred data range would start in 2019. 2021 ended with a lockdown, leading to data including this period being preferred. A lot of research exists about DV. However, prior to and during the pandemic economical and psychological conditions were not measured within the same target group. Therefore, data was chosen where collection started during the first lockdown and ended one year after.

The first dataset was collected in the Netherlands by VeiligThuis (SafelyHome), a Dutch organisation which provides advice and reports on violence. The data reflects reports and requested advice about DV by role and function. Based on the earlier research, only the division professional or non-professional function was considered for this research. CBS divided professionals trained to identify (signs of) DV into six categories: education, day care, medical, paramedics, other and psychologists, pedagogues and social workers. Non-

professionals, defined as untrained and nearby those experiencing DV, are divided into six categories: directly involved, family, social network, neighbours, volunteers and other. The information can be divided by province. It was a longitudinal study, collection started in 2019 and repeated every 6 months until the end of 2021. Table 1 shows the total amount of reports made per province, table 2 shows the requests for advice. In table 3 the total amount of advice requested or reports made by professionals per province, table 4 shows the same for non-professionals. The target population are either those experiencing or identifying DV and reaching out to hotlines. Age was not specified. Data was collected by those working for SafelyHome. SafelyHome handed their data over to the CBS who created a preview table, no direct data could be obtained. No demographic variables were collected.

Table 1: Descriptive statistics of advice requested per Dutch province

	2019	2020	2021
Groningen	3,815	4,850	5,010
Friesland	4,905	4,940	6,990
Drenthe	2,715	3,065	3,105
Overijssel	5,205	6,045	6,510
Flevoland	5,120	5,240	5,125
Gelderland	15,750	18,140	18,670
Utrecht	6,175	8,720	10,175
Noord-Holland	15,980	16,490	18,245
Zuid-Holland	24,015	27,905	30,495
Zeeland	2,355	2,435	2,525
Noord-Brabant	15,485	17,380	20,350
Limburg	6,170	6,835	6,705

Source: CBS

Table 2: Descriptive statistics of reports made per Dutch province

	2019	2020	2021
Groningen	3,960	4,195	3,920
Friesland	4,510	4,245	4,315
Drenthe	2,560	2,205	2,150
Overijssel	5,785	5,960	5,810
Flevoland	5,605	5,515	5,255
Gelderland	9,415	9,225	8,610
Utrecht	11,240	11,430	10,380
Noord-Holland	23,150	21,965	20,075
Zuid-Holland	35,220	33,310	31,350
Zeeland	2,060	1,785	1,695
Noord-Brabant	20,085	19,605	18,135
Limburg	8,215	7,965	7,480

Source: CBS

Table 3: Descriptive statistics of advice requested or reports made by professionals

	2019	2020	2021
Groningen	4,765	6,065	5,910
Friesland	6,925	6,345	7,540
Drenthe	3,645	3,400	3,310
Overijssel	7,565	7,790	7,870
Flevoland	8,175	7,865	7,515
Gelderland	17,665	18,340	18,190
Utrecht	13,605	15,210	15,430
Noord-Holland	27,825	28,650	28,150
Zuid-Holland	47,720	46,400	46,220
Zeeland	2,820	2,740	2,675
Noord-Brabant	25,610	26,710	27,375
Limburg	10,655	10,785	10,620

Source: CBS

Table 4: Descriptive statistics of advice requested or reports made by non-professionals

	2019	2020	2021
Groningen	1,970	2,960	3,020
Friesland	2,380	2,835	3,750
Drenthe	1,580	1,860	1,935
Overijssel	3,295	4,200	4,440
Flevoland	2,535	2,890	2,865
Gelderland	7,340	8,995	8,995
Utrecht	2,435	3,780	4,200
Noord-Holland	6,900	9,625	10,080
Zuid-Holland	10,420	14,045	15,540
Zeeland	1,030	1,475	1,545
Noord-Brabant	7,300	9,965	10,705
Limburg	3,010	4,005	3,445

Source: CBS

The second dataset 'Living, working and COVID-19' was collected by Eurofound. Containing different impacts of the pandemic on working and living in Europe, one of them being DV. There were three rounds of 34 questions carried out throughout the European Union. The initial one in April 2020 (first lockdown), the second in June 2020 (when measures were lifted) and finally in March 2021 (one year into the pandemic). In table 5 the total amount of respondents, completed responses and the Dutch respondents are visualised. The questionnaire is listed in appendix C. The e-survey consisted of 34 closed-ended questions divided into four sections: background questions, quality of life, work and teleworking, and financial situation/consequences. The questions could be answered on a

Likert-scale, which differed per question. The only compulsory questions were age and country of residents. The target population was anyone living in Europe above the age of 18, no further criteria were specified. Anyone with internet access could complete the survey, resulting in the exclusion of those without internet. They applied non-probability sampling, participants were recruited using snowball sampling and social media advertising. Those who left their email address in the first round, were contacted for the second and third.

Table 5: amount of respondents Eurofound data

	Total responses	Completed responses	Dutch respondents
Round 1	86,457	63,354	616
Round 2	31,732	24,123	239
Round 3	62,518	46,800	387

Source: Eurofound

Data analysis

The data of CBS was not fit for use in SPSS since it was impossible to divide the required variables for answering hypothesis 1 and 2. However, the required information was displayed in a preview table. To answer the first hypothesis, two variables are required: *professionals* and *non-professionals*. To answer the second hypothesis, two variables are required: *reports made* and *advice given.* The required variables were copied from the table into excel and uploaded in SPSS. The variables were noted per province and as a total. It was important to have variables over the years 2019, 2020 and 2021, to compare the change during the pandemic. The descriptive statistics were analysed. Followed by a repeated measure ANOVA to answer the first two hypotheses. The repeated measure ANOVA was chosen because of multiple variables with multiple observations, it will analyse the impacts of COVID-19 measures within a certain timespan.

Eurofound did not provide a dataset but had a website with all outcomes. To create a usable dataset, parts of the surveys and its results were taken from the website and transferred into excel. Only data regarding the Netherlands was included. The variable *financial instability* is required to answer the third hypothesis. For the fourth hypothesis, the variable *psychological problems* was required. Twelve survey questions were relevant for the variables. However, not all questions were asked in all three rounds. Five questions were excluded, resulting in seven questions.

Four Likert-scale questions on *financial instability*:

- Q19: Using this scale, how likely or unlikely do you think it is that you might lose your job in the next 3 months?

- Q20: A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total income: is your household able to make ends meet?

- Q23: When you compare the financial situation of your household 3 months ago and now would you say it has become better, worse or remained the same?

- Q24: Thinking of the financial situation of your household in 3 months' time, do you think it will become better, worse or remain the same?

Three questions on *psychological problems,* the first used a rating-scale, the other two a Likert-scale:

- Q4: All things considered, how satisfied would you say you are with your life these days?

- Q6: To what extent do you agree or disagree with the following statements: I am optimistic about my future?

- Q9: Please indicate for the statement which is closest to how you have been feeling over the last two weeks: I have felt downhearted and depressed?

Missing values (don't know/prefer not to answer) were coded as system missing. The limited availability of data made it impossible to perform analysis in SPSS. Per question only percentages per answer choice were available, making a repeated measure ANOVA impossible. Instead the outcome per question was compared over time, the difference between these outcomes was converted in percentages. Later analysis will show if this is in line with expectations.

Results

Descriptive measures

In table 1 the total amount of advice requested for DV each year per province can be seen. Every province had a yearly increase, except for Flevoland and Limburg in 2021 compared to the previous year. Table 6 shows the total amount of advice given per year. The table shows the change compared to the previous year and expresses it in percentages. 2020 and 2021 both had an increase compared to the year before. However, especially in 2020 the beginning of the pandemic saw a larger increase.

Table 6: Change over years for advice requested

	2019	2020	2021
Advice requested	107,690	12,2045	133,905
Change compared previous year		14,355	11,860
In percentage change		13.33	9.72

Source: CBS

In table 2 the total amount of reports made for DV each year per province can be seen. It shows that most provinces saw an yearly decrease in DV reports made. Only Groningen (2019-2020), Utrecht (2019-2020), Overijssel (2019-2020) and Friesland (2020-2021) had one year where they did not see this declining trend. Table 7 shows the total amount of reports made per year. The table shows the change compared to the previous year and expresses it in percentages. 2020 and 2021 both had a decrease compared to the year before. This trend in 2020 compared to 2019 was only 3.33% but doubled in 2021.

Table 7: Change over years for reports made

	2019	2020	2021
Reports made	131,800	127,410	119,185
Change compared previous year		-4,390	-8,225
In percentage change		-3.33	-6.46

Source: CBS

In table 3 the total amount of reports made or requests for advice by professionals for DV each year per province can be seen. No specific trend is seen here. Table 8 shows the total from per year, it shows the changes compared to the previous year and expresses it in percentage. The table shows that there is a small increase during the pandemic. However, in 2021 it only increased by 0.28% compared to 2020.

Table 8: Change over years for professionals

	2019	2020	2021
Professional	176,985	180,300	180,805
Change compared previous year		3,342	505
In percentage change		1.89	0.28

Source: CBS

Table 4 shows the amount of advice given and reports made by non-professionals each year per province. Here a yearly increase can be seen for every province, except for Flevoland and Limburg in 2021 compared to the previous year. Table 9 shows the accumulated amount per year, the yearly change and the change expressed in percentages. 2020 had a strong increase of 32.75% compared to 2019.

Table 9: Change over years for non-professional

	2019	2020	2021
Non-professional	50,205	66,630	70,520
Change compared previous year		16,425	3,890
In percentage change		32.72	5.84

Source: CBS

Hypothesis 1

The repeated measure ANOVA determined that the amount of advice given was statistically significantly different between time points (F(1,11) = 13.697, p=.003). Table 10 shows the results of the ANOVA conducted for hypothesis 1. The observed power is 0.920, indicating a large chance of detecting a true effect.

Table 10: results repeated-measure ANOVA

	Mean square	df	F	Sig.	Partial Eta Squared	Observed power
Intercept	3673168044	1	19,825	<0,001*	0,643	0,981
Advice	28634426,04	1	13,697	0,003*	0,555	0,920
Error	2038065422	11				

*p<0.05

The repeated measure ANOVA determined that the amount of reports made was statistically significantly different between time points ((F(1,11) = 8.436, p=.014). Table 11 shows the results of the ANOVA conducted for hypothesis 1. The observed power is 0.763, indicating a high chance of detecting a true effect.

Table 11: results repeated-measure ANOVA

	Mean square	df	F	Sig.	Partial Eta Squared	Observed power
Intercept	3977089117.4	1	14,576	0.003*	0.570	0.934
Reported	6646537.5	1	8,436	0.014*	0.434	0.753
Error	39991444124	11				

*p<0.05

Hypothesis 2

The repeated measure ANOVA determined that the amount of advice given or reports made by professionals was statistically not significantly different between time points (F(1,11) = 1.317 , p=.275). Table 12 shows the results of the ANOVA conducted for hypothesis 2. The observed power is 0.183, it indicates a small chance of detecting a true effect. This is as expected since the outcome is not significant.

Table 12: results repeated-measure ANOVA

	Mean square	df	F	Sig.	Partial Eta Squared	Observed power
Intercept	8042502400	1	15,625	0.002*	0.587	0.948
Professional	611204.167	1	1,317	0.275	0.107	0.183
Error	514715676	11				

*p<0.05

The repeated measure ANOVA determined that the amount of advice given or reports made by non-professionals was statistically significantly different between time points (F(1,11) = 18.923 , p=.001). Table 13 shows the results of the ANOVA conducted for hypothesis 2. The observed power is 0.977, indicating a large chance of detecting a true effect.

Table 13: results repeated-measure ANOVA

	Mean square	df	F	Sig.	Partial Eta Squared	Observed power
Intercept	975000625.0	1	22,578	<0.001*	0.672	0.991
Non-professional	11261400	1	18,923	0.001*	0.632	0.977
Error	475024325	11				

*p<0.05

Hypothesis 3

For the following hypothesis, no statistical analysis were and could be performed due to limited data access. The outcome of four questions will be discussed and how they evolved during the pandemic. The outcome will provide a direction how financial distress changed with COVID-19 measures. There are three years stated in the table. 2020a is in the first lockdown, 2020b is after measures were lifted and 2021 is a year after the lockdown.

Table 14 shows the percentage of the Dutch respondents who are (very) likely to lose their job in the following three months. During the first lockdown, already a very low percentage worried about losing their jobs. These numbers only decrease after measures are lifted and even decrease with 61.43%.

Table 14: overview question 'How likely/unlikely that you lose your job in the following 3 months?'

	2020a	2020b	2021
Very likely	4.2	1.4	1.2
Likely	3.1	5.6	1.6
Total	7.3	7	2.8
Change previous year		-0.3	-4.2
Change in percentage		-4.11	-61.43

Source: Eurofound

Table 15 shows the percentage of respondents who believe their financial situations got worse compared to three months ago. Other respondents believed their situations remained the same or got better. After the first lockdown, a small decrease is seen. This trend grew to a decrease of 16.31% the year after the lockdown.

Table 15: overview question 'Financial situations of households now compared to 3 months ago'

	2020a	2020b	2021
Worse	23.7	23.3	19.5
Change previous year		-0.4	-3.8
Change in percentage		-1.69	-16.31

Source: Eurofound

Table 16 shows how many respondents believe their financial situation will get worse in three months compared to their current situation. The remaining respondents believed their situation remained the same or got better. When measures were lifted after the first lockdown there was a strong decrease of 27.02%. This trend continued the year after the first lockdown but was less strong. This effect is stronger than for the preceding question.

Table 16: overview question 'Expected financial situation now compared to over 3 months'

	2020a	2020b	2021
Worse	24.8	18.1	17.3
Change previous year		-6.7	-0.8
Change in percentage		-27.02	-4.42

Source: Eurofound

Table 17 shows how many respondents struggle to make ends meet. Remaining respondents do not experience difficulty. The amount of respondents remains stable and only increases slightly after the lockdown and decreases again a year later. The first tables show (experienced) financial distress decreases while this table shows a stable worry about making ends meet.

Table 17: overview question 'Is your household able to make ends meet'

	2020a	2020b	2021
Great difficulty	4.5	6	7.3
Difficult	8.4	10.4	7.4
With some difficulty	24.2	21.7	21.5
Total	37.1	38.1	36.2
Change previous year		1	-1.9
Change in percentage		2.7	-4.99

Source: Eurofound

Hypothesis 4

For the following hypothesis, no statistical analysis were and could be performed due to limited data access. The outcome of three questions are displayed and will be compared how they evolved during the pandemic. The outcome will provide a direction how psychological problems changed with COVID-19 measures.

The mean of how happy the respondents overall were are shown in table 18, 1 shows very unhappy and 10 is very happy. After the lockdown there is a small increase. In the first lockdown and afterwards the scores are close to neutral but leaning towards happy. A year after the lockdown a decrease of 14.93% in happiness can be seen, the mean of the respondents is now almost neutral.

Table 18: overview question 'overall how happy are you?'

	2020a	2020b	2021
Happiness	6.3	6.7	5.7
Change previous year		0.4	-1
Change in percentage		6.35	-14.93

Source: Eurofound

Table 19 shows the optimism about the future of respondents. During the first lockdown 21% of the respondents are (strongly) pessimistic about their future, this increases with 24.29% after measures were lifted. A year later this grew again with 13.79%. The remaining respondents are either neutral or (strongly) optimistic about their future.

Table 19: overview question 'I'm optimistic about the future'

	2020a	2020b	2021
Strongly disagree	3.2	9.7	10.1
Disagree	17.8	16.4	19.6
Total	21	26.1	29.7
Change previous year		5.1	3.6
Change in percentage		24.29	13.79

Source: Eurofound

Respondents who felt downhearted and depressed are displayed in table 20. During the lockdown 17.6% of respondents felt downhearted and depressed half, most or all of the time. This grew slightly after the lockdown. However, a year later it grew firmly with 50%.

Table 20: overview question 'I've felt downhearted and depressed'

	2020a	2020b	2021
All the time	2.9	1.7	3.9
Most of the time	3	7.3	12.1
Half of the time	11.7	10.2	12.8
Total	17.6	19.2	28.8
Change previous year		1.6	9.6
Change in percentage		9.09	50

Source: Eurofound

Conclusion and discussion

Despite limited availability of data this research provides clarity to what extent COVID-19 measures influence the situational factors of DV.

During the pandemic an increase in requested advice regarding DV has been detected in the Netherlands. This trend is stronger in the first year compared to the second. The amount of reports of DV declined in both years of the pandemic. These findings are significant and in line with the first hypothesis. This is in line with international trends of increased help-seeking activities around DV. While advice requested grew strongly and reports declined slightly, the advice requested and reports made by professionals barely increased. This outcome is not significant. However, reports and requests for advice made by non-professionals increased by 32.75% during the first year of the pandemic and increased again the year after. This outcome is significant. Although professionals still play a key role in DV, the role of non-professionals became more important role during the pandemic. This is in line with the second hypothesis. Contact with professionals was limited by measures such as school closures and reduced or virtual contact with health professionals. Gerster (2020) showed with limited contact, new social structures emerge in which neighbours play an important role.

Only a few respondents expressed worries about job loss, further decreasing during the pandemic. Worries about current and future financial situations also declined during the pandemic. This implies that (experience of) financial distress did not rise during the pandemic. This rejects the third hypothesis. A potential explanation would be governmental financial support provided to companies and entrepreneurs impacted by the pandemic, with the purpose of creating financial stability leading to job security (KVK, 2022). However, a somewhat counterintuitive outcome is that some respondents reported experiencing difficulty making ends meet even though financial insecurity decreased. A possible explanation is that the compensation from the government decreases short term financial insecurity but does not

promise long term security.

Results showed that respondents reported a strong decrease in happiness a year after the first lockdown. Both during the first lockdown and a year later a strong increase in pessimism about the future was reported. Both are in line with the rise in downhearted and depressed feelings. All outcomes support the fourth hypothesis. People are experiencing more psychological problems due to COVID-19 measures like stay-at-home order and the closure of leisure facilities. According to the compensation-seeking hypothesis, these psychological problems can be a trigger for DV. The strain theory explains we cannot handle unwanted emotions. Further research could look into this relation.

Due to privacy considerations and being a vulnerable group, no access was allowed to in-depth interviews. This means an indirect approach was taken, seen as an limitation. Research determined whether psychological problems and financial distress grew but not the impact of those factors on DV during the pandemic. Another limitation is lack of insight from those struggling with DV. This also leads to a more indirect approach. Future research can solve the limitations by having more direct data. They can collaborate with organisations who have collected and studied relevant data. Preferred data would be in-debt interviews collected during several different time periods during the pandemic. Future research could take into account that the lockdown could have created new situational factors. This research consisted only of already known situational factors. In-depth interviews could reveal new situational factors.

Future research on the impact of COVID-19 measures on DV is recommended. It is unsure if the latest lockdown will be the final one, extreme circumstances could return. Besides COVID-19, research on these measures can help in similar situations like natural disasters. Future research can help close the knowledge gap on the impact of situational factors of DV. Increased knowledge could provide policymakers with insight in DV, serving as a guide for future policy. We cannot identify perpetrators easily but triggering situations can be identified.

1. Appendix

Appendix A – reference list

Agnew, R. (2001). Building on the Foundation of General Strain Theory: Specifying the

Types of Strain Most Likely to Lead to Crime and Delinquency. *Journal of Research*

in Crime and Delinquency, *38*(4), 319–361.

https://doi.org/10.1177/0022427801038004001

Anastario, M., Shehab, N., & Lawry, L. (2009). Increased Gender-based Violence Among

Women Internally Displaced in Mississippi 2 Years Post–Hurricane Katrina. *Disaster*

Medicine and Public Health Preparedness, *3*(1), 18–26.

https://doi.org/10.1097/dmp.0b013e3181979c32

Anderberg, D., Rainer, H., & Siuda, F. (2021). *Assessing the magnitude of the domestic*

violence problem during. VOXeu. Retrieved 10 December 2021, from

https://voxeu.org/article/assessing-magnitude-domestic-violence-problem-during-

covid-19

Bermudez, L. G., Stark, L., Bennouna, C., Jensen, C., Potts, A., Kaloga, I. F., Tilus, R.,

Buteau, J. E., Marsh, M., Hoover, A., & Williams, M. L. (2019). Converging drivers

of interpersonal violence: Findings from a qualitative study in post-hurricane Haiti.

Child Abuse & Neglect, *89*, 178–191. https://doi.org/10.1016/j.chiabu.2019.01.003

Berniell, I., & Facchini, G. (2021). COVID-19 lockdown and domestic violence: Evidence

from internet-search behavior in 11 countries. *European Economic Review*, *136*.

https://doi.org/10.1016/j.euroecorev.2021.103775

Bowerman, A. (2020, March 23). *Social distancing for some could mean being 'shut in' with*

an abuser. Https://Www.Wtvy.Com. Retrieved 4 January 2022, from

https://www.wtvy.com/content/news/Social-distancing-for-some-could-mean-being-

shut-in-with-an-abuser--569029941.html

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of

COVID-19 on domestic violence. *Journal of Clinical Nursing*, *29*(13–14), 2047–2049.

https://doi.org/10.1111/jocn.15296

Bright, C. F., Burton, C., & Kosky, M. (2020). Considerations of the impacts of COVID-19

on domestic violence in the United States. *Social Sciences & Humanities Open*, *2*(1).

https://doi.org/10.1016/j.ssaho.2020.100069

Castañeda Carney, I., Sabater, L., Owren, C., & Boyer, A. (2020). Gender-based violence and

environment linkages: The violence of inequality. *IUCN*.

https://doi.org/10.2305/iucn.ch.2020.03.en

Centraal Bureau voor de Statistiek. (2019, December 18). *Monitor huiselijk geweld en*

kindermishandeling 2019. Retrieved 6 December 2021, from https://www.cbs.nl/nl-

nl/publicatie/2019/51/monitor-huiselijk-geweld-en-kindermishandeling-2019

Cheng, Z., Mendolia, S., Paloyo, A. R., Savage, D. A., & Tani, M. (2021). Working parents,

financial insecurity, and childcare: mental health in the time of COVID-19 in the UK.

Review of Economics of the Household, *19*(1), 123–144.

https://doi.org/10.1007/s11150-020-09538-3

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis.

Psychological Bulletin, *98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Conger, R. D., Lorenz, F. O., Elder, G. H., Simons, R. L., & Ge, X. (1993). Husband and

Wife Differences in Response to Undesirable Life Events. *Journal of Health and*

Social Behavior, *34*(1), 71–88. https://doi.org/10.2307/2137305

di Crosta, A., Palumbo, R., Marchetti, D., Ceccato, I., La Malva, P., Maiella, R., Cipi, M.,

Roma, P., Mammarella, N., Verrocchio, M. C., & di Domenico, A. (2020). Individual

Differences, Economic Stability, and Fear of Contagion as Risk Factors for PTSD

Symptoms in the COVID-19 Emergency. *Frontiers in Psychology*, *11*.

https://doi.org/10.3389/fpsyg.2020.567367

Durkheim, E. (2014). *The Division of Labor in Society* (1st ed.). Amsterdam University Press.

Feng, S., Tan, H., Benjamin, A., Wen, S., Liu, A., Zhou, J., Li, S., Yang, T., Zhang, Y., Li,

X., & Li, G. (2007). Social Support and Posttraumatic Stress Disorder among Flood

Victims in Hunan, China. *Annals of Epidemiology*, *17*(10), 827–833.

https://doi.org/10.1016/j.annepidem.2007.04.002

Forgette, R., Dettrey, B., van Boening, M., & Swanson, D. A. (2008). Before, Now, and

After: Assessing Hurricane Katrina Relief. *Population Research and Policy Review*,

28(1), 31–44. https://doi.org/10.1007/s11113-008-9113-6

Gearhart, S., Perez-Patron, M., Hammond, T. A., Goldberg, D. W., Klein, A., & Horney, J. A.

(2018). The Impact of Natural Disasters on Domestic Violence: An Analysis of

Reports of Simple Assault in Florida (1999–2007). *Violence and Gender*, *5*(2), 87–92.

https://doi.org/10.1089/vio.2017.0077

Gerster, J. (2020, March 29). *When home isn't safe: How coronavirus puts neighbours on

front lines of abuse*. Global News. Retrieved 10 January 2022, from

https://globalnews.ca/news/6723582/coronavirus-domestic-abuse/

Havard, T. (2021, May 11). *Domestic abuse and Covid-19: A year into the pandemic*. UK

Parliament. Retrieved 20 December 2021, from

https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-

pandemic/

Human Rights Watch. (2020, October 28). *UK Failing Domestic Abuse Victims in Pandemic*.

Retrieved 4 January 2022, from https://www.hrw.org/news/2020/06/08/uk-failing-

domestic-abuse-victims-pandemic

Jenkins, R., & Meltzer, H. (2012). *The Mental Health Impacts of Disasters*. Government

    Office of Science, UK.

    https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachme

    nt_data/file/286994/12-1297-mental-health-impacts-of-disasters.pdf

Kagi, J. (2020, April 8). *Crime rate in WA plunges amid coronavirus social distancing*

    lockdown measures. ABC News. Retrieved 4 January 2022, from

    https://www.abc.net.au/news/2020-04-08/coronavirus-shutdown-sees-crime-rate-drop-

    in-wa/12132410

Kaniasty, K. (2020). Social support, interpersonal, and community dynamics following

    disasters caused by natural hazards. *Current Opinion in Psychology*, *32*, 105–109.

    https://doi.org/10.1016/j.copsyc.2019.07.026

Koenig, H. G. (2007). Case Discussion—Religion and Coping with Natural Disaster.

    Southern Medical Journal, *100*(9), 954.

    https://doi.org/10.1097/smj.0b013e3181454904

KVK. (2022, 20 april). *Corona-steunpakket voor ondernemers*. Ondernemersplein.kvk.nl.

    Geraadpleegd op 21 mei 2022, van https://ondernemersplein.kvk.nl/corona-

    steunpakket-voor-ondernemers/

Laupacis, A. (2020). Working together to contain and manage COVID-19. *Canadian Medical*

    Association Journal, *192*(13), E340–E341. https://doi.org/10.1503/cmaj.200428

Lippi, G., Henry, B. M., & Sanchis-Gomar, F. (2020). Physical inactivity and cardiovascular

    disease at the time of coronavirus disease 2019 (COVID-19). *European Journal of*

    Preventive Cardiology, *27*(9), 906–908. https://doi.org/10.1177/2047487320916823

Makwana, N. (2019). Disaster and its impact on mental health: A narrative review. *Journal of*

    Family Medicine and Primary Care, *8*(10).

    https://doi.org/10.4103/jfmpc.jfmpc_893_19

March, G. (2002). Natural Disasters and the Impacts on Health. *The University of Western Ontario*. https://www.eird.org/isdr-biblio/PDF/Natural%20disasters%20and%20the%20impacts.pdf

Ministerie van Financiën. (2021). *De situatie van huishoudens en bedrijven*. Ministerie van Financiën - Rijksoverheid. Retrieved 10 January 2022, from https://www.rijksfinancien.nl/miljoenennota/2021/650635

Ministerie van VWS. (2020, June 25). *Niet méér meldingen huiselijk geweld tijdens coronacrisis*. Huiselijk geweld. Retrieved 15 December 2021, from https://www.huiselijkgeweld.nl/actueel/nieuws/2020/06/24/niet-meer-meldingen-huiselijk-geweld-tijdens-coronacrisis

Mofijur, M., Fattah, I. R., Alam, M. A., Islam, A. S., Ong, H. C., Rahman, S. A., Najafi, G., Ahmed, S., Uddin, M. A., & Mahlia, T. (2021). Impact of COVID-19 on the social, economic, environmental and energy domains: Lessons learnt from a global pandemic. *Sustainable Production and Consumption*, *26*, 343–359. https://doi.org/10.1016/j.spc.2020.10.016

Nederlandse Zorgautoriteit (NZa). (2020, July 15). *Huisartsen zagen een kwart minder patiënten door corona*. Nederlandse Zorgautoriteit. Retrieved 10 January 2022, from https://www.nza.nl/actueel/nieuws/2020/07/15/huisartsen-zagen-een-kwart-minder-patienten-door-corona

Patel, P. C., & Rietveld, C. A. (2020). The impact of financial insecurity on the self-employed's short-term psychological distress: Evidence from the COVID-19 pandemic. *Journal of Business Venturing Insights*, *14*. https://doi.org/10.1016/j.jbvi.2020.e00206

Pedrosa, A. L., Bitencourt, L., Fróes, A. C. F., Cazumbá, M. L. B., Campos, R. G. B., de Brito, S. B. C. S., & Simões E Silva, A. C. (2020). Emotional, Behavioral, and

Psychological Impact of the COVID-19 Pandemic. *Frontiers in Psychology*, *11*.

https://doi.org/10.3389/fpsyg.2020.566212

Pera, A. (2020). Cognitive, Behavioral, and Emotional Disorders in Populations Affected by

the COVID-19 Outbreak. *Frontiers in Psychology*, *11*.

https://doi.org/10.3389/fpsyg.2020.02263

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van

Gelder, N. (2020). Pandemics and Violence Against Women and Children. *Center for

Global Development*. https://cgdev.org/sites/default/files/pandemics-and-vawg-

april2.pdf

Richards, L. (2009). *DASH: Domestic abuse, stalking and harassment and honour-based

violence risk identification and assessment and management model, DASH risk

checklist.* DASH. Retrieved 21 December 2021, from

https://www.dashriskchecklist.co.uk/

Robinson, T. (2007). *Work, Leisure and the Environment: The Vicious Circle of Overwork

and Over Consumption*. Edward Elgar Publishing.

Saladino, V., Algeri, D., & Auriemma, V. (2020). The Psychological and Social Impact of

Covid-19: New Perspectives of Well-Being. *Frontiers in Psychology*, *11*.

https://doi.org/10.3389/fpsyg.2020.577684

Schwefer, M. (2018). Sitting on a Volcano: Domestic Violence in Indonesia Following Two

Volcano Eruptions. *IFO Institute*. https://www.ifo.de/DocDL/wp-2018-263-schwefer-

domestic-violence.pdf

SlachtofferWijzer. (2021, August 24). *Huiselijk geweld door de partner: wat zijn mogelijke

oorzaken?* slachtofferwijzer.nl. Retrieved 20 December 2021, from

https://slachtofferwijzer.nl/nieuws/oorzaken-huiselijk-geweld-partner/

Stanley, M. (2020, March 9). *Why the Increase in Domestic Violence During COVID-19?*

Psychology Today. Retrieved 10 December 2021, from

https://www.psychologytoday.com/ca/blog/making-sense-chaos/202005/why-the-

increase-in-domestic-violence-during-covid-19

Stark, E. (2007). *Coercive Control*. Oxford University Press.

Stylianou, A. M., Counselman-Carpenter, E., & Redcay, A. (2018). "My Sister Is the One

That Made Me Stay Above Water": How Social Supports Are Maintained and

Strained When Survivors of Intimate Partner Violence Reside in Emergency Shelter

Programs. *Journal of Interpersonal Violence*, *36*(13–14).

https://doi.org/10.1177/0886260518816320

The Global Women's Institute (GWI) & International Rescue Committee (IRC). (2016).

Evidence brief: What works to prevent and respond to violence against women and

girls in conflict and humanitarian settings? Global Womens Institute. Retrieved 20

December 2021, from

https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/REPORT

%20Responding%20to%20Typhoon%20Haiyan%20-

%20women%20and%20girls%20left%20behind.pdf

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of

COVID-19 coronavirus and its impact on global mental health. *International Journal*

of Social Psychiatry, *66*(4), 317–320. https://doi.org/10.1177/0020764020915212

UN Women. (2021). *Measuring the shadow pandemic: violence against women during*

COVID-19. https://reliefweb.int/sites/reliefweb.int/files/resources/Measuring-shadow-

pandemic.pdf

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, *29*(4), 549–552. https://doi.org/10.1111/inm.12735

van Hasselt, N. (n.d.). *Mentaal gezond de coronacrisis door: zeven adviezen*. Trimbos Institute. Retrieved 16 December 2021, from https://www.trimbos.nl/kennis/corona/mentaal-gezond-door-de-crisis

van Horssen, C., & Verberk – De Kruik, M. (2021, August 12). *Peiling coronacrisis: financiële gevolgen voor huishoudens*. Nibud - Nationaal Instituut voor Budgetvoorlichting. Retrieved 6 February 2022, from https://www.nibud.nl/beroepsmatig/peiling-coronacrisis-financiele-gevolgen-voor-huishoudens/#:%7E:text=Kwetsbare%20werkenden%20zoals%20jongeren%2C%20fl exwerkers,33%20en%2046%20procent%20ligt

Wegmann, E., Brandtner, A., & Brand, M. (2021). Perceived Strain Due to COVID-19-Related Restrictions Mediates the Effect of Social Needs and Fear of Missing Out on the Risk of a Problematic Use of Social Networks. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.623099

Whitley, R., & McKenzie, K. (2005). Social Capital and Psychiatry: Review of the Literature. *Harvard Review of Psychiatry*, *13*(2), 71–84. https://doi.org/10.1080/10673220590956474

Yang, G. Z., J. Nelson, B., Murphy, R. R., Choset, H., Christensen, H., H. Collins, S., Dario, P., Goldberg, K., Ikuta, K., Jacobstein, N., Kragic, D., Taylor, R. H., & McNutt, M. (2020). Combating COVID-19—The role of robotics in managing public health and infectious diseases. *Science Robotics*, *5*(40). https://doi.org/10.1126/scirobotics.abb5589

Zhu, Y., Cao, L., Xie, J., Yu, Y., Chen, A., & Huang, F. (2021). Using social media data to assess the impact of COVID-19 on mental health in China. *Psychological Medicine*, 1–8. https://doi.org/10.1017/s0033291721001598

Appendix B - Syntax

GLM advice2019 advice2020 advice2021

 /WSFACTOR=advice 3 Polynomial

 /METHOD=SSTYPE(3)

 /EMMEANS=TABLES(advice)

 /PRINT=DESCRIPTIVE ETASQ OPOWER

 /CRITERIA=ALPHA(.05)

 /WSDESIGN=advice.

GLM report2019 report2020 report2021

 /WSFACTOR=reported 3 Polynomial

 /METHOD=SSTYPE(3)

 /EMMEANS=TABLES(reported)

 /PRINT=DESCRIPTIVE ETASQ OPOWER

 /CRITERIA=ALPHA(.05)

 /WSDESIGN=reported.

GLM nonprof2019 nonprof2021 nonprof2020

 /WSFACTOR=nonprofessionals 3 Polynomial

 /METHOD=SSTYPE(3)

 /EMMEANS=TABLES(nonprofessionals)

 /PRINT=DESCRIPTIVE ETASQ OPOWER

 /CRITERIA=ALPHA(.05)

 /WSDESIGN=nonprofessionals.

GLM prof2019 prof2021 prof2020

 /WSFACTOR=professionals 3 Polynomial

 /METHOD=SSTYPE(3)

 /EMMEANS=TABLES(professionals)

 /PRINT=DESCRIPTIVE ETASQ OPOWER

 /CRITERIA=ALPHA(.05)

 /WSDESIGN=professionals.

Appendix C – Questionnaire Eurofound

Section 0 Introduction text

The COVID-19 pandemic is having wide-ranging effects on people's quality of life and work. This 10-minute survey aims to capture the most immediate changes and their impact.

This is about you. Your life. Your work. Together we will help shape the response to this crisis.

The questionnaire is divided into five short sections. Please answer all questions. If you don't know the answer to a question or don't wish to give an answer, simply click 'don't know'/'prefer not to answer' to move to the next question.

> The survey is open for persons that are **18 years** or older. By starting the survey, you confirm you are **18 years** of age or older.
>
> The survey is designed for people living in the EU, but it asks questions about well-being that will be interesting to answer for people from any country.
>
> Participation is entirely voluntary.
>
> All responses are being collected anonymously. See **Data protection notice** for

Section 1: Background questions

Q1 In which country do you live? Scroll bar

Q2 How would you describe yourself? (Source: FRS, Fundamental Rights Agency)

1. Male
2. Female
3. In another way
4. Don't know/ prefer not to answer

Q3 How old are you? (EWCS (here and after regarding EWCS, see Eurofound (2019))

Age range

Don't know/prefer not to answer

Section 2: Quality of life

Q4 All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied. (EQLS (here and after regarding EQLS, see Eurofound, 2017) Q4)

> Scale 1-10
>
> Don't know/prefer not to answer

Q5 Taking all things together on a scale of 1 to 10, how happy would you say you are? Here 1 means you are very unhappy and 10 means you are very happy. (EQLS Q5)

> Scale 1-10
>
> Don't know/prefer not to answer

Q6 To what extent do you agree or disagree with the following statements? (EQLS Q7a,b, f,g)

- a) I am optimistic about my future
- b) I am optimistic about my children's or grandchildren's future
- c) I find it difficult to deal with important problems that come up in my life
- d) When things go wrong in my life, it generally takes me a long time to get back to normal

> Strongly agree
>
> Agree
>
> Neither agree nor disagree
>
> Disagree
>
> Strongly disagree
>
> Don't know/prefer not to answer

Q7 In general, how is your health? (EQLS Q48)

> Very good
>
> Good
>
> Fair
>
> Bad
>
> Very bad
>
> Don't know/prefer not to answer

Q8 Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. (EQLS Q51 (WHO-5 Mental health index))

- a. I have felt cheerful and in good spirits
- b. I have felt calm and relaxed
- c. I have felt active and vigorous
- d. I woke up feeling fresh and rested
- e. My daily life has been filled with things that interest me

Section 2: Quality of life (continued)

Q9 Please indicate for each of the three statements which is closest to how you have been feeling over the last two weeks. (EQLS Q52)

- a. I have felt particularly tense
- b. I have felt lonely
- c. I have felt downhearted and depressed

  All of the time

  Most of the time

  More than half of the time

  Less than half of the time

  Some of the time

  At no time

  Don' t know/prefer not to answer

Q10 Please tell me how much you personally trust each of the following institutions. Please tell me on a scale of 1 to 10, where 1 means that you do not trust at all, and 10 means that you trust completely. (EQLS Q35)

- A) The news media
- B) The police
- C) Your country's government
- D) The European Union

Section 3: Work and teleworking

Q12 Which of these categories best describes your situation? (EQLS HH2d, adapted)

  Employee

  self-employed with employees

  self-employed without employees

  unemployed

  unable to work due to long-term illness or disability

  retired

  full-time homemaker / fulfilling domestic tasks

  Student

  Don't know/prefer not to answer

Section 3: Work and teleworking (continued)

Q13 During the covid-19 pandemic have you lost your job(s)/contract(s)?

Yes, permanently

Yes, temporarily

No

Don't know/prefer not to answer

Routing Q14 to Q19: ask if employee, self-employed or (unemployed) at Q12 (Codes 1-4)

Q14 During the covid-19 pandemic have your working hours...

Decreased a lot

Decreased a little

Stayed the same

Increased a little

Increased a lot

Don't know/prefer not to answer

Q15 How often in the last 2 weeks, have you...? (EWCS Q45)
A. kept worrying about work when you were not working
B. felt too tired after work to do some of the household jobs which need to be done
C. found that your job prevented you from giving the time you wanted to your family
D. found it difficult to concentrate on your job because of your family responsibilities
E. found that your family responsibilities prevented you from giving the time you should t
job

Always
Most of the time
Sometimes
Rarely
Never
Don't know/prefer not to answer

Q16 Over the last 2 weeks, how often have you worked in your free time to meet work demands? (EWCS Q46)
Daily
Several times a week
Several times a month
Less often
Never
Don't know/prefer not to answer

Section 3: Work and teleworking (continued)

Q17 How frequently did you work from home before the outbreak of Covid-19? (Source: adapted from Hodziz et al (2020); answer codes EWCS)

 Daily
 Several times a week
 Several times a month
 Less often
 Never
 Don't know/prefer not to answer

Q18 Have you started to work from home as a result of the COVID-19 situation? (Source: Bevan et al., 2020)

 Yes
 No
 Don't know

Q19 Using this scale, how likely or unlikely do you think it is that you might lose your job in the next 3 months? (EQLS Q21)

 Very likely
 Rather likely
 Neither likely nor unlikely
 Rather unlikely

Section 4: Financial situation/consequences

Q20 A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet....? (EQLS Q88)

 Very easily
 Easily
 Fairly easily
 With some difficulty
 With difficulty
 With great difficulty
 Don' t know / prefer not to answer

Q21 Thinking about food, over the last two weeks did you or someone else in your household change your diet because money was needed for other essentials? (EQLS Q90)

 a. Gone without fresh fruit and vegetables
 b. Bought cheaper cuts of meat or bought less than wanted

Section 4: Financial situation/consequences (continued)

Q22 Has your household been in arrears at any time during the past 3 months, that is, unable to pay as scheduled any of the following? (EQLS Q93)

    a. Rent or mortgage payments for accommodation
    b. Utility bills, such as electricity, water, gas
    c. Payments related to consumer loans, including credit card overdrafts (to buy electrical appliances, a car, furniture, etc.)
    d. Telephone, mobile or internet connection bills
    e. Payments related to informal loans from friends or relatives not living in your household
    f. Payments for healthcare or health insurance

    Yes

    No

    Don't know/prefer not to answer

Q23 When you compare the financial situation of your household 3 months ago and now would you say it has become better, worse or remained the same? (EQLS Q98)

    Better

    The same

    Worse

    Don't know /prefer not to answer

Q24 Thinking of the financial situation of your household in 3 months' time do you think it will become better, worse or remain the same? (adapted from Eurobarometer)

    Better

    The same

    Worse

    Don't know/prefer not to answer

Q25 If your household would not receive any income, how long would your household be able to maintain the same standard of living using savings? (Source: HV080 in EU-SILC 2020 (European Commission 2020))

    1. Less than 3 months
    2. From 3 up to 6 months
    3. From 6 up to 12 months
    4. 12 or more months
    5. No savings
    Don't know/prefer not answer
    Note: Savings should be understood as money the household has at the bank or at home

Section 4: Financial situation/consequences (continued)

Q26 How likely or unlikely do you think it is that you will need to leave your accommodation within the next 6 months because you can no longer afford it? (EQLS Q26)

> Very likely
>
> Rather likely
>
> Neither likely nor unlikely
>
> Rather unlikely
>
> Very unlikely
>
> Don't know / prefer not to answer

Q27 From whom would you get support in each of the following situations? For each situation, choose the most important source of support. (EQLS 40, adapted)

> a. If you needed help around the house when ill
> b. If you needed advice about a serious personal or family matter
> c. If you needed help when looking for a job
> d. If you were feeling a bit depressed and wanting someone to talk to
> e. If you needed help in looking after your children
> f. If you needed help with shopping

A member of your family / relative

A friend, neighbour, or someone else, who does not belong to your family or relatives

A service provider, institution or organisation

Nobody

Don't know/prefer not to answer

Section 5: background questions

Q28 Including yourself, can you please tell me how many people usually live in your household? (EQLS HH1)

> ___
>
> Don't know/prefer not to answer

Q29 Do you have a spouse/partner that lives in your household?

> Yes
>
> No
>
> Don't know/prefer not to answer

Q30 How many children live in your household?

> Age 0-11 ---------
>
> Age 12-17 ---------

Section 5: background questions (continued)

Q31 What is the highest level of education you completed? (EQLS Q87; answer categories adapted)

>Primary education

>Secondary education

>Tertiary education (e.g. education following the completion of secondary education)

>Don't know/prefer not to answer

Q32 Please select your region from the list below (Note: NUTS1 region list)

>Scroll bar

>Don't know/prefer not to answer

Q33 A final question: May we contact you again sometime soon to ask you some more questions to see if your situation has changed?   If yes, please enter your email address below. There is no obligation on your part.

>[email address]

>Don't know/prefer not to answer

In accordance with the regulation (EU) 2018/1725 on the protection of natural persons with regard to the processing of personal data by the EU institutions, bodies, offices and agencies, this information is stored separately from your answers to the questionnaire and will only be used to send you links to the questionnaire. These data would be retained for a maximum of two years would only be used for the purpose mentioned.

Q34 Do you wish to receive a short report about the results? If yes, we will send it to the email address you have provided.

>Yes

>No