Supplementary Materials:

Table S1. Responses in each country for the domestic violence variables, sampling method, and overall response rate.

Table S2. Results of logistic mixed model analysis of potential predictors for disclosure of DV by the patient to the GP during the COVID-19 pandemic.

Table S3. Results of logistic mixed model analysis of potential predictors for screening for DV by the GP during the COVID-19 pandemic.

Table S1. Responses in each country for the domestic violence variables, sampling method, and overall response rate.

Country	n	Study Invitation Sent to [40]:	Overall Response Rate [40]
Austria	121	Random national sample	28.0%
Belgium	456	Random national sample with additional convenience sample	29.7%
Bosnia and Herzegovina	31	Total population	5.5%
Bulgaria	89	Convenience national sample	94.3%
Croatia	121	Convenience national sample	11.7%
Czech Republic	96	Random national sample from four regions and from list of young practitioners	22.0%
Denmark	36	Total population	1.5%
Estonia	108	Total population	13.9%
Finland	89	Convenience national sample	15.5%
France	512	Total population	2.1%
Germany	247	Convenience national sample	15.5%
Greece	58	Random national sample	94.0%
Hungary	183	Convenience national sample	23.4%
Iceland	28	Convenience national sample	23.8%
Ireland	168	Total population	12.2%
Israel	49	Convenience national sample	21.8%
Italy	141	Convenience national sample	25.6%
Kosovo *	64	Convenience sample in five areas	73.3%
Latvia	122	Total population	9.2%
Lithuania	43	Convenience national sample	22.5%
Malta	8	Total population	6.5%
Moldova	50	Convenience sample from two municipalities	24.2%
Netherlands	154	Random national sample with additional convenience sample	18.9%
Norway	126	Total population	10.5%
Poland	174	Convenience national sample	10.4%
Portugal	190	Random national sample with additional convenience sample	22.9%
Romania	91	Convenience national sample	25.0%
Serbia	106	Convenience national sample	90.0%
Slovenia	171	Convenience national sample	19.8%
Spain	254	Convenience national sample	77.0%
Sweden	21	Convenience national sample	7.2%
Switzerland	79	Convenience sample	32.0%
Turkey	109	Convenience sample	27.9%
TOTAL	4295		27.8%

* All references to Kosovo, whether the territory, institutions, or population, in this project shall be understood in full compliance with the United Nations Security Council Resolution 1244 and the ICJ Opinion on the Kosovo declaration of independence, without prejudice to the status of Kosovo.

Table S2. Results of logistic mixed model analysis of potential predictors for disclosure of DV by the patient to the GP during the COVID-19 pandemic.

	Model I	Model II	Model III	Model IV	Model V
Fixed Part					
Position		0.961			
Years of experience		**0.011**	0.161		
Location of practice		0.808			
Number of GPs		**<0.001**	**0.019**	**<0.001**	**<0.001**
Patients with/over					
migration background		0.246			
limited health literacy		0.470			
financial problems		0.570			
psychiatric vulnerability		**<0.001**	**<0.001**	**<0.001**	**<0.001**
the age of 70		0.165			
chronic diseases		0.082			
little social support		0.064			
Increased responsibilities			0.410		
Happy with task shifting			0.711		
Preparedness concerning task shifting			0.206		
Further training for responsibilities needed			0.100		
Screening for financial problems by GP			**<0.001**	**<0.001**	**<0.001**
Disclosure of financial problems by patient			**<0.001**	**<0.001**	**<0.001**
Patients with chronic disorder actively contacted			0.359		
Patients with chronic condition and in need of follow up actively contacted			0.976		
Patients with psychological vulnerability actively contacted			0.637		
Patients with previous DV actively contacted			**<0.001**	**<0.001**	**<0.001**
Phone protocol used			0.238		
Phone protocol how often used			0.709		
GP more involved in actively reaching out to patients			0.670		
Triage performed by someone else than GP			0.789		
Triage info present in consultation room			0.557		
Video consultations before COVID-19 pandemic			0.108		
Video consultations since COVID-19 pandemic			0.501		
Walk in hours present			0.144		
Incidents (scale) : Patients with urgent condition were seen late			**0.047**	**0.031**	**0.036**
Communication (scale) presence of website, leaflets, answering machine				0.125	
eWBI				0.256	
Random part					
Country variance (SD)	0.05 (0.22)	0.05 (0.21)	0.03 (0.19)	0.03 (0.18)	0.03 (0.18)
Practice variance (SD)	0.41 (0.64)	0.40 (0.63)	0.36 (0.60)	0.36 (0.60)	0.36 (0.60)
ICC in %	10.5	10.5	8.9	8.5	8.5
Model information					
AIC	8452.3	8502.1	8322.4	8047.5	8014.9
BIC	8471.3	8743.9	8844.4	8238.5	8167.9
Conditional pseudo-R^2	10.5	14.5	21.6	20.5	20.3

Abbreviations: GP = General Practitioner; eWBI = European WellBeing Index; SD = Standard Deviation; ICC = Intra-Class Correlation; AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion.

Table S3. Results of logistic mixed model analysis of potential predictors for screening for DV by the GP during the COVID-19 pandemic.

	Model I	**Model II**	**Model III**	**Model IV**	**Model V**
Fixed part					
Position		0.130			
Years of experience		0.148			
Location of practice		0.156			
Number of GPs		0.066			
Patients with/over					
migration background		0.103			
limited health literacy		0.612			
financial problems		0.165			
psychiatric vulnerability		**<0.001**	**0.005**	**<0.001**	**0.001**
the age of 70		0.193			
chronic diseases		0.306			
little social support		0.329			
Increased responsibilities			0.268		
Happy with task shifting			0.100		
Preparedness concerning task shifting			0.150		
Further training for responsibilities needed			0.232		
Screening for financial problems by GP			**<0.001**	**<0.001**	**<0.001**
Disclosure of financial problems by patient			**<0.001**	**<0.001**	**<0.001**
Patients with chronic disorder actively contacted			0.190		
Patients with chronic condition and in need of follow up actively contacted			0.183		
Patients with psychological vulnerability actively contacted			0.062		
Patients with previous DV actively contacted			**<0.001**	**<0.001**	**<0.001**
Phone protocol used			0.787		
Phone protocol how often used			0.265		
GP more involved in actively reaching out to patients			**0.049**	**0.003**	**0.003**
Triage performed by someone else than GP			0.611		
Triage info present in consultation room			**0.001**	**<0.001**	**<0.001**
Video consultations before COVID-19 pandemic			0.407		
Video consultations since COVID-19 pandemic			0.267		
Walk in hours present			0.663		
Incidents (scale) : Patients with urgent condition were seen late			0.054		
Communication (scale) presence of website, leaflets, answering machine				**0.033**	**0.034**
eWBI				0.630	
Random part					
Country variance (SD)	0.04 (0.21)	0.04 (0.20)	0.03 (0.17)	0.03 (0.16)	0.03 (0.16)
Practice variance (SD)	0.40 (0.63)	0.39 (0.62)	0.32 (0.56)	0.32 (0.57)	0.32 (0.57)
ICC in %	9.9	9.8	8.0	7.4	7.4
Model information					

AIC	8310.6	8425.3	7771.3	7541.3	7530.7
BIC	8328.7	8667.2	8242.4	7741.3	7702.5
Conditional pseudo-R^2	9.9	12.3	27.2	25.7	25.7

Abbreviations: GP = General Practitioner; eWBI = European WellBeing Index; SD = Standard Deviation; ICC = intra-class correlation; AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion.