



SafeLives' response to Home Affairs Select Committee preparations for and response to COVID-19

Introduction

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, nearly 11,000 professionals working on the frontline received our training. Over 65,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last three years, over 1,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that's just the start.

Summary

In this unprecedented crisis, we recognise that the Government has to introduce emergency measures to protect those who are vulnerable to the coronavirus and to ensure that services can continue to function in the event that cases of sick and dying people overwhelm the capacity of public services. Early evidence, however, from China suggests that the lockdown conditions created by the pandemic, particularly the isolation of families, could lead to the doubling of the number of victims of domestic abuse.¹ Previous crises suggest that this is not a new pattern. For example according to a recent article, the Deepwater Horizon oil spill in the Gulf of Mexico, saw a 13% increase in calls to the National Domestic Violence Hotline from the Gulf area from April to June 2010.² New Orleans and Lafayette, two of the largest communities affected by the spill, saw increases to their hotlines of 81% and 116%, respectively, during that same period. Reported in the same article, Hurricane Katrina saw domestic assaults against women nearly double, and both men and women reported increases of psychological abuse. The isolation of families, while necessary to contain the spread of the virus, could exacerbate domestic abuse leaving thousands of adult and child victims of abuse to be locked in with their perpetrators.

¹ <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>

² <https://www.latimes.com/entertainment-arts/story/2020-03-16/social-distancing-coronavirus-domesticviolence>

This consultation response as well as all of our COVID-19 resources, [including our dedicated webpage](#) has been written using the voice of survivors and frontline service managers.³

Our key recommendations for Government action are as follows:

- Ensuring the Domestic Abuse Commissioner and Victims Commissioner are included in senior COVID-19 planning forums, including COBRA
- Ensuring all domestic abuse professionals are considered as part of contingency planning, helping local domestic abuse services to replace loss of capacity as staff find themselves ill or in isolation, and where they lose vital sources of funding.
- Introducing a flexible fund of no less than £65m over 6 months regardless of the nature of service provision, which all domestic abuse services can apply to including non-commissioned services, directly to government throughout the COVID-19 period.
- Planning for a surge in demand for services both in the specialist sector and in other agencies e.g. the Police, Courts, children's and adult safeguarding, should be a priority for Government and we would like to see a dedicated strand of work in Departments to address this.
- Greater cross-departmental working with leadership on behalf of women to ensure that responding to the impact of COVID-19 is not siloed, as it has been to date with departments only taking responsibility for the narrow elements of what they currently fund. Victims have just the one experience, it makes no sense to break that down into justice, police and housing.
- Launching a national code word campaign to provide a route into emergency support in supermarkets and pharmacies for victims and children who cannot access phone or internet help. This to be accompanied by advertising of the national domestic abuse helpline in supermarkets and pharmacies, on till receipts and on online shopping platforms.
- Production of Public Health England guidance for statutory agencies on how to support domestic abuse victims and child victims who are self-isolating or otherwise endangered by the current pandemic.
- Refuges to be given access to testing kits to help identify the virus early, so that they can isolate those who tested positive. We know many victims will suffer from chronic conditions and reduced immune system, so they should be seen as a vulnerable group.
- Increased provision of specialist domestic abuse professionals such as Idvas in hospital settings where police have identified an increase in victims disclosing abuse.

The prevalence of these issues since the Government issued 'stay at home' guidance on 23 March

Evidence from national providers of helplines and online web support services suggest that there has been an increase in the demand for information and support at a national level by domestic abuse victims and perpetrators since the government issued stay at home guidance on the 23rd March. This is not a unique issue to the United Kingdom, as we've seen similar spikes everywhere around the world where similar lockdown measures have taken place⁴. The picture is complex, however. Some local domestic abuse charities report an "eerie silence" and a drop in referrals from their local multi-agency partners such as the police or children's social care. Others have seen a noticeable spike in victims seeking support – this could be down to increased awareness, or an increase in abuse. SafeLives' survey of specialist domestic abuse services⁵ which was conducted just at the start of the lockdown found that just under a **quarter (22%) of services have seen caseloads increase due to COVID-19**. Of these, 73% said this was due to an increase in numbers of clients and 46% said this was due to staff absence meaning others had to take on current clients adding to their caseloads.

Lockdown is not easy for anyone who has to stay home and this is especially true for victims of domestic abuse for whom escalating tensions become even more of a regular occurrence, and it can be especially difficult for survivors to 'manage' perpetrator's abuse or deploy their usual coping and risk mitigation strategies. We know from our previous research⁶ that the impact of domestic abuse on children in the household is significant – they are not merely witnessing abuse, but experiencing it

³ <https://safelives.org.uk/news-views/domestic-abuse-and-covid-19> [date accessed: 22/04/2020]

⁴ <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html> [date accessed: 17/04/2020]

⁵ SafeLives COVID-19 frontline survey results

[https://safelives.org.uk/sites/default/files/resources/SafeLives%20survey%20of%20frontline%20domestic%20abuse%20organisations%20for%20COVID-19%2030.03.20_0.pdf]

⁶ SafeLives (2014), In plain sight, www.safelives.org.uk

themselves. Under lockdown adult victims may find they cannot deploy strategies which they would have previously to protect their children against the abuser, and children are less visible to services and are therefore less able to reach out for support. For abusers, there are fewer inhibiting factors – from public insight into life behind the door of the family home, to the availability of programmes they might be able to access even if they're motivated to change their behaviour. Many may feel that the likelihood of there being negative consequences for them of using abuse is even lower than normal, reducing any deterrent. Others will be subject to additional or more emphatic factors which they consider to be 'reasons' for abuse, for example being cooped up, losing a job or other financial pressures.

SafeLives is running the only rolling survey of victims of domestic abuse in the lockdown period. Since the 20th March when we launched the survey, 94 victims have responded. Notably, lockdown has not reduced the abuse that ex partners use and often lockdown has supplied them with additional opportunity to use abuse. One respondent said *'[I] psychologically feel unsafe, being coercively controlled by ex-husband as he has my daughter. Using the COVID-19 situation to further control and making it difficult as I am in the vulnerable category too. He is refusing to adhere to the COVID 19 guidelines and will not accept the medical advice that I have been given, therefore putting me at risk too. I am powerless and have no one to help me and cannot afford a solicitor now.'*

This is concerning when we also know this is a time of scaling back for service providers. We have surveyed 119 individual services across England and Wales. Service managers in community-based services (who provide services like Idvas, outreach workers, and children and young people's specialists) represent the largest number of domestic abuse services and have moved quickly to try and provide remote support to child and adult victims rather than face to face contact. However, while the vast majority of services are still able to operate, there are circumstances where it is simply too risky to provide online or phone support to a victim of domestic abuse. One manager wrote: *"No face to face contact. Struggling to contact if client is in self isolation with perpetrator"* while another commented: *"New referrals on hold because cannot do assessments with couples who are still in the relationship and intend on staying together over the telephone"*.

It is also noticeable that providers feel they aren't able to provide effective support to children because therapeutic play services are delivered in person: *"All our children groups are cancelled and resources are being posted on Facebook and video calls are being made to all children."*

Multi-Agency Risk Assessment Conferences (Maracs) - nearly 300 of which usually operate across the country - create safety plans for victims at the highest risk of serious harm or murder. The operation of this safeguarding mechanism has been disrupted. While it is too early to be able to give definitive data, anecdotal evidence suggests that some Marac processes are significantly disrupted: as one respondent wrote *"MARAC being completed without agencies present (via updates submitted)"*. If relevant statutory agencies are not present during the Marac process, it becomes difficult to obtain the relevant information about the risk to the victim and any children from the perpetrator, as well as to effectively plan for the victims' safety. Referral rates to Marac have also dropped (again this is anecdotal – we will have firm evidence within the next fortnight) which indicates that processes to identify and respond to abuse have either slowed down or stopped entirely. This is frightening, given the high level of risk people whose cases go to Marac are facing.

This lack of service provision has already been felt by survivors.⁷ One survivor said: *"I'm currently in a controlling emotionally abusive relationship and fear it could escalate like it has in the past due to heightened stress surrounding the current virus situation."*

This is particularly problematic for those individuals who might be experiencing abuse for what they perceive to be the first time. If individuals are experiencing abuse for the first time in self-isolation, typical avenues for seeking help are closed off. Survivors often believe that their experiences of abuse "aren't as bad" as others and they "should be grateful" for this.⁸ This belief coupled with a perception that COVID-19 might have relegated domestic abuse to a lower priority for police forces mean that if survivors are experiencing abuse for the first time, they are less likely to seek help. We know through our national dataset that adults at high risk of domestic homicide live with abuse for 2.6 years before

⁷ SafeLives COVID-19 frontline survey results (2020)

[https://safelives.org.uk/sites/default/files/resources/SafeLives%20survey%20of%20frontline%20domestic%20abuse%20organisations%20for%20COVID-19%2030.03.20_0.pdf]

⁸ This quote was shared with us through our Every Story Matters project.

getting help.⁹ In part the challenge is one of messaging. The police, including national DA lead Louisa Rolfe, have consistently said they are still committed to a proper DA response. Many other crime types have fallen significantly (around 15%) and police forces currently report that they are able to respond to abuse in a timely way if called, but we know that high-risk calls are dropping while those from neighbours have increased leading to so-called “non-crime domestic” recording increasing.

We are proud to be partnered with NatWest whose specialist financial abuse team have noted a different pattern of behaviour emerging as a result of COVID-19. They said: *“Since partnering with SafeLives and Surviving Economic Abuse to train our front line teams we’ve seen a significant increase in referrals to our Financial Abuse Specialists within our Customer Protection Team. This has not stopped with the onset of Covid-19 and we are in fact seeing an uptick in conversations where customers are recognising they are victims of financial abuse and are making plans to leave when they can. It is very challenging for arrangements to be made to move out or remove yourself ahead of lockdown ending because there is always a risk that commencing financial changes alerts the abuser. However the more awareness there is of this kind of abuse, the more support we can provide to those who need it.”*

Overwhelmingly, services told us they were under-resourced to perform the lifesaving work necessary during this period.¹⁰ 76% of services surveyed have said they have had to reduce service delivery due to COVID-19. 42% of those who discussed remote working were concerned about client safety whilst using phone or online services. This consultation response has already illustrated how the picture is complex, but what is simple is that services are facing an array of challenges – whether it is an increase in caseload or a decrease in staff, and simply are not resourced to cope with these pressures.

Measures or proposals to help support victims of domestic abuse and child abuse at this time

SafeLives urges central government to ensure local authorities are able to consider domestic abuse professionals as part of contingency planning, helping local domestic abuse services to replace loss of capacity as staff find themselves ill or in isolation. One in ten services that responded to our survey said they had unsafe staffing levels and of those that have unsafe staffing levels, a quarter said they believe it will worsen in the next few weeks. A third of services have already had a decrease in staff due to COVID-19.¹¹

Now more than ever it is critical that there is support for a full range of specialist domestic abuse services that women and children will need to access – showing how together these all form critical national infrastructure for vulnerable people. SafeLives believes that anyone of any age, gender, sexual orientation or race can experience domestic abuse. The dominant form of domestic abuse is perpetrated by men against women, however many other forms of abuse and different aspects of people’s identities are always involved.¹² Intersecting issues related to structural inequalities such as race, disability and sexuality can make it much harder for some people to seek and access the support they need. There is also a co-occurrence with financial hardship.

In terms of accommodation-based support, refuges aren’t currently able to take on as many referrals as usual due to individuals in refuge self-isolating or for lack of staff. There have been reports from East Sussex via our online SafeLives Community that this has happened – and all five refuges in the area are closed to new referrals.¹³ Imkaan report that all 20 BME specific refuges across the UK are full. This has an immediate impact for survivors wishing to flee abuse but also will have an ongoing affect even after the pandemic has ended if those survivors still need places. Some survivors are resistant to the idea of going into refuge – an option that isn’t suitable for many families pre COVID-19 – because of the risk of infection when living in communal spaces. This yet again underlines the need for a response to abuse that prioritises the ability of victim/survivors to stay safely in their own home, with the abuser(s) properly dealt with elsewhere.

⁹ SafeLives (2016), A Cry for Health, www.safelives.org.uk

¹⁰ SafeLives COVID-19 frontline survey results (2020)

¹¹ SafeLives COVID-19 frontline survey results (2020)

¹² SafeLives (2018), Free To Be Safe, www.safelives.org.uk

¹³ The SafeLives Community Platform is a free online space for strategic and frontline professionals who have an interest in ending domestic abuse. It currently has over 2,000 members from across a range of sectors and provides access to webinars, resources & practice ideas as well as opportunity for networking. [<https://community.safelives.org.uk/default.aspx>]

Finally, we know for women who are also disabled, domestic abuse is prevalent.¹⁴ At this stage we have anecdotal evidence that disabled women are currently not able to access refuge – many of whom are shielding for 12 weeks and are even more reliant on perpetrators to support them. One survivor said in our survey: *"Home is unsafe. I'm disabled & dependent on perp to provide care (meds, food, personal care, etc). I have medical equipment like a hospital bed due my conditions. Home is not adapted for my needs so causes more dependence on perp to safely use our home. Have asked Local Authority for help but there are no Refuge's for people with complex care/support/medical needs. It feels like I am trapped with no way out."*

Taking into account all of the evidence above, SafeLives welcomes the Government's commitment to provide a fund for the sector, however we have concerns about its delivery. We believe that around £60-65m is needed to support specialist services in England and Wales over the next six months. The sector was under-funded before COVID-19 started and subject to insecure, short-term funding from multiple different commissioners and funders. In one local authority we looked at, domestic abuse services had 34 separate funding streams.

£60-£65 million of funding would ensure that a range of services, from the largest providers to the smallest and most specialist would be able to keep going. It is particularly pertinent for those smaller organisations that they are able to bridge this funding gap as they often are the ones serving the needs of those with one or more protected characteristics and most poorly served by local commissioning practice. This emergency funding would cover urgent costs such as providing laptops and mobiles to frontline workers, increasing broadband and tech support to help workers pivot their delivery model to online or phone services.

In terms of Government preparedness for the crisis, we would comment that:

- The Government was extremely slow to recognise the needs of charities overall, and domestic abuse charities within that, waiting for weeks while frontline services were at risk of financially failing, at the same time as trying to pivot to new requirements and rising demand
- Even now, the Government has taken a segregated approach to providing support, asking individual departments to bid for funds from the £750m total, rather than thinking strategically and systematically about how different individual and family needs interact. It doesn't make sense, for example, that DfE will think separately about vulnerable children, when so many of those children will be vulnerable specifically because of living in a home with abuse or between two parents one of whom is abusive. Equally, focusing on the needs of disabled people without considering they are doubly as likely to experience domestic abuse is questionable. While there are currently many demands on Government funding, domestic abuse straddles a whole set of issues as a common factor. This should be recognised as a Government-wide concern, not an issue that is left exclusively with the Home Office.
- The Government's domestic abuse policy team is lacking. It has been under-staffed and under-resourced for many years. Though domestic abuse kills at least 100 women a year, the team is no more than a dozen civil servants. By comparison, the Office for Security and Counter Terrorism is comprised of several hundred civil servants, though terrorism kills far fewer people (perhaps because of this high level of investment). This paucity of investment in policy thinking and funding has been the case for decades and is not the sole responsibility of a single Government or party. It should be addressed as a matter of urgency and for the long, not short term.
- One of the issues with having such a minute civil service team, is that Government has only a very tenuous link with frontline delivery of the domestic abuse response. It relies on a series of intermediary individuals and organisations, particularly PCCs and Local Authorities. This means local funding decisions are multiplied up into national decision making. This has repeatedly led to smaller, more specialist organisations being disadvantaged in favour of larger, more generic suppliers of services.
- The Home Office can only have one, proportionate voice around the Cabinet table. However, domestic abuse is an epidemic within the UK touching on the business of every Government department. This crisis has shown once again that lead responsibility for abuse and linked issues should be held by a Minister within Cabinet Office, working to hold to account multiple Government departments with responsibility, rather than this resting solely on HO shoulders and being squeezed out of current Government thinking led by the Civil Contingencies team, who are not familiar with issues of interpersonal violence and how they might interact with pandemics, floods etc.

¹⁴ SafeLives (2017), Disabled people and domestic abuse, www.safelives.org.uk

We know there is an impact on children and vulnerable adults who are living isolated with dangerous perpetrators depending on how serious neglect or harm is defined at local authority level in relation to domestic abuse. As the multi-inspectorate Joint Targeted Area Inspection on Domestic Abuse reported *“domestic abuse is persistent and widespread. It is the most common factor in situations where children are at risk of serious harm in this country. It can have a detrimental and long-lasting impact on a child’s health, development, ability to learn and well-being.”*¹⁵

Public Health England should produce or support the production of guidance for statutory agencies on how to support domestic abuse victims and child victims who are self-isolating or otherwise endangered by the current pandemic. Currently, services are having to carve out new ways of working with fluctuating resources and a volatile work environment with little official guidance. It would be a reassuring beacon for services to offer official guidance so that services know they are supporting victims and survivors as safely and as effectively as they can.

Assuring the public that domestic abuse will be taken seriously – and evidencing that with substantive practical action, as well as proper funding - should be a priority. Launching a Home Office awareness raising campaign to remind people of why domestic abuse and controlling and coercive behaviour is a crime would be vital assurance to those having to survive abuse every day. This campaign should also include a reiteration from Government that the police will not use the pandemic to downgrade domestic abuse or other forms of violence and abuse.

It is much more likely, especially during this period of self-isolation that survivors will access national domestic abuse helplines and online support, as opposed to a frontline domestic abuse service, in the first instance. Increasing funding to national helplines is welcome; this should come with material action to help more traditionally run services to add new forms of digitally enabled services. This process had started very slowly within charities before this period but had been hampered by lack of capacity, funding and confidence. It needs to be accelerated, using for example the specific skills of organisations like CAST¹⁶ and Chayn¹⁷.

Preparedness of responders and service providers to address the needs of victims during the pandemic

It is imperative that the police, children’s social care and probation service (including CRCs) are equipped with the tools to safely respond to cases of domestic abuse. We know there are pockets of good practice in police forces but know this isn’t the case everywhere. One survivor responded with *“I’ve not heard from my abuser for several years, he emailed me last Friday telling me he lives close & wants to see meet the children. Tried to report to police but they minimised my concerns & couldn’t get through to Womens Aid”*

There is also concern that NHS staff are too overburdened to follow safeguarding procedures. Through our Spotlight reports, we have identified that victims of domestic abuse will disclose to professionals at hospital, school or the workplace before they go to the police, if ever.¹⁸ This is particularly true for those who have had a poor experience of the police, or might have preconception about their response; for example, many individuals with protected characteristics around race, ethnicity, immigration status or sexuality. With these avenues of care impeded as a result of the current crisis, there is limited scope for victims of abuse to seek help. Research conducted by the Centre for Global Development, using studies from China’s response to the pandemic, cited that a *“survivor-centred” and “empathetic” approach should be taken by “all levels of health services pandemic response agents to ensure women can be safely identified and referred at all levels of health care personnel”*.¹⁹

¹⁵ HM Inspectorate of Probation and Care Quality Commission (2017), The multi-agency response to children living with domestic abuse, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680671/JTAI_domestic_abuse_18_Sept_2017.pdf [date accessed: 22/04/2020].

¹⁶ <https://wearecast.org.uk/>

¹⁷ <https://chayn.co/>

¹⁸ SafeLives (2016), A Cry For Health, www.safelives.org.uk.

¹⁹ Gender and COVID-19 Working Group (2020) Pandemics and Violence Against Women and Children [online] <https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf> [date accessed: 17/04/2020]

It was apparent at a recent national press conference that the Health Secretary was unfamiliar with the issue of domestic abuse, and the role for his own and other Government departments and frontline agencies to respond effectively. This is a longstanding problem, linked to an attempt to push domestic abuse into a 'criminal justice' box. It needs to be remedied in a systemic way to prevent domestic abuse becoming an ever larger issue than it currently is. Quick fixes will cause more damage than good.

The effectiveness of Government advice, co-ordination and support for responders and service providers.

Whilst we are grateful for the government's support and proposed fund, we believe this needs to go further. The Chancellor's proposed £750 million falls far short of the £4.3bn NCVO has calculated is needed.²⁰ We appreciate the explicit reference to domestic abuse within the announcement of the fund, but it's not enough to effectively support domestic abuse service providers with the funds to cope with the surge in demand. A worthy fund will need to see them through this period of staff shortage, furloughing and uncertainty. Lives will be risked if this gap in funding is not bridged. Please see earlier sections of this consultation response for practical actions we feel are necessary.

**Submitted by Jess Asato,
Head of Public Affairs and Policy, on behalf of SafeLives
Jessica.asato@safelives.org.uk / 07939 594 734
21st April 2020**

²⁰ <https://www.ncvo.org.uk/about-us/media-centre/press-releases/2748-every-day-counts-as-charities-still-wait-for-government-support> [date accessed 13th April 2020].