



Key issues for domestic abuse victims in the Coronavirus pandemic

About SafeLives

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.

Together we can end domestic abuse. Forever. For everyone.

COVID19 collaboration

COVID-19 has caused widespread uncertainty and our thoughts are with survivors and their families at this time. We are working closely with sector colleagues, both with the leads for specialist services and for multi-agency forums such as Maracs, to provide clarity, guidance and support to continue their vital work. If you are a professional working with domestic abuse victims, you can access virtual support through our **Community Platform**. We will be providing updated guidance to help you as well as free webinars, blogs and the opportunity to network with 1,000s of other professionals across the UK.

Introduction

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 abuse1. Previous crises suggest that this is not a new pattern. For example according to a recent article², 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. 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

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

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

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. We encourage the Government to consider the following actions:

- 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.
- Include domestic abuse professionals as key workers so that they can access childcare as they
 continue to work to support those who may be facing serious harm or murder.
- 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.
- Increasing funding to the national domestic abuse helpline including expanding online access to support services for victims and perpetrators.
- Launching a Home Office awareness raising campaign to remind people of why domestic abuse and controlling and coercive behaviour is a crime, alongside nationwide advertising of the DA helpline and online support.
- 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.
- Immediate cash injection of funding to support domestic abuse charities through this period who
 may be experiencing a doubling of calls, or more, in line with other public health emergencies and
 initial evidence coming from China.
- 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.
- A reiteration from Government that the Police will not be allowed to use the pandemic to downgrade domestic abuse or sexual violence.

The Coronavirus Bill

The Government released an outline³ of the main measures contained in the new emergency legislation. We recognise the importance of this legislation to preserve life and maintain order. However, we believe there are a few areas which deserve scrutiny so that they do not lead to unintended impacts on domestic abuse victims.

1) Detaining mental health patients

The legislation will:

• enable existing mental health legislation powers to detain and treat patients who need urgent treatment for a mental health disorder and are a risk to themselves or others, to be implemented using just one doctor's opinion (rather than the current 2). This will ensure that those who were a risk to themselves or others would still get the treatment they need, when fewer doctors are available to undertake this function

There needs to be consideration given to whether women could be disproportionately by this. Agenda's research⁴ has found that mental ill health amongst women has increased, with women more likely than men to face mental health problems, particularly conditions like eating disorders, self-harm, anxiety and depression.

2) Delay in assessing needs under the Care Act 2014

The legislation will:

³ <u>https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do/what-the-coronavirus-bill-will-do?fbclid=lwAR3Z7blc-PDEIoYQKBvkelyj9H6rw7DwPulkzXtkly4hC7svoDP_8oGz31Y#managing-the-deceased-with-respect-and-dignity</u>

⁴ <u>https://weareagenda.org/campaigns/women-in-mind-16/</u>

- make changes to the Care Act 2014 in England and the Social Services and Well-being (Wales) Act 2014 to enable local authorities to prioritise the services they offer in order to ensure the most urgent and serious care needs are met, even if this means not meeting everyone's assessed needs in full or delaying some assessments.
- these amendments would not remove the duty of care they have towards an individual's risk of serious neglect or harm

This could 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 reported⁵, "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."

3) Expanding accessibility to court proceedings

The legislation will:

 expand availability of video and audio link in court proceedings. This would include magistrates' court hearings taking place by phone or by video, should an individual appeal restriction of movement due to quarantine measures.

This is a welcome measure to ensure that victims of domestic abuse and other crimes can ensure that justice continues. It is right that vulnerable victims should be able to give evidence by video or audio link, particularly if it impacts on their ability to give best evidence. However, it is important that the measures as applied to alleged perpetrators does not lead to a deterioration in the justice system and the opportunity to hold them to account for their possible crimes.

4) Changing rules on death

The legislation will:

- mean a coroner is only to be notified where a doctor believes there is no medical practitioner who may sign the death certificate, or that they are not available within a reasonable time of the death
- introduce powers to enable the provisions under the Burial and Cremation (Scotland) Act 2016 relating to the collection of ashes to be suspended and replaced with a duty to retain until the suspension is lifted, except where family wishes are known. Also, suspend an offence in section 49 of the 2016 Act, allowing any relative of the deceased to complete the cremation application form, regardless of the required hierarchy set out by section 65 of the 2016 Act
- expand the list of people who can register a death to include funeral directors acting on behalf of the family
- enable electronic transmission of documents that currently have to be physically presented in order to certify the registration of a death
- remove the need for a second confirmatory medical certificate in order for a cremation to take place

We do not doubt these measures will be necessary to ensure those who are deceased are accounted for swiftly, while maintaining dignity. We do not know the full details of whether this could provide a potential cover for domestic homicides, but we would encourage the government to ensure that these measures are scenario-tested to ensure they do not provide a cover for would-be domestic homicide perpetrators.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6806 71/JTAI_domestic_abuse_18_Sept_2017.pdf