



Domestic abuse frontline service COVID-19 survey results

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.

Context

In this unprecedented crisis we recognise that the Government has to introduce emergency measures to protect those who are vulnerable to COVID-19 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 <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-domestic-violence>

domestic assaults against women nearly double, and both men and women reported increases of psychological abuse.

About the survey

SafeLives wanted to assess the extent to which COVID-19 had already impacted on the domestic abuse sector. We sent out a survey to frontline services by email and shared it on our social media feeds. The survey was open from Tuesday 24 March to midday Friday 27 March and we received 132 responses. There were a few duplicated responses, where more than one person from the same service had responded, so removed 13 responses, leaving 119 services, from which the following data is drawn.

Headlines

Services have highlighted both the increased risk to clients and the significant challenges they face in responding effectively to people under the current circumstances.

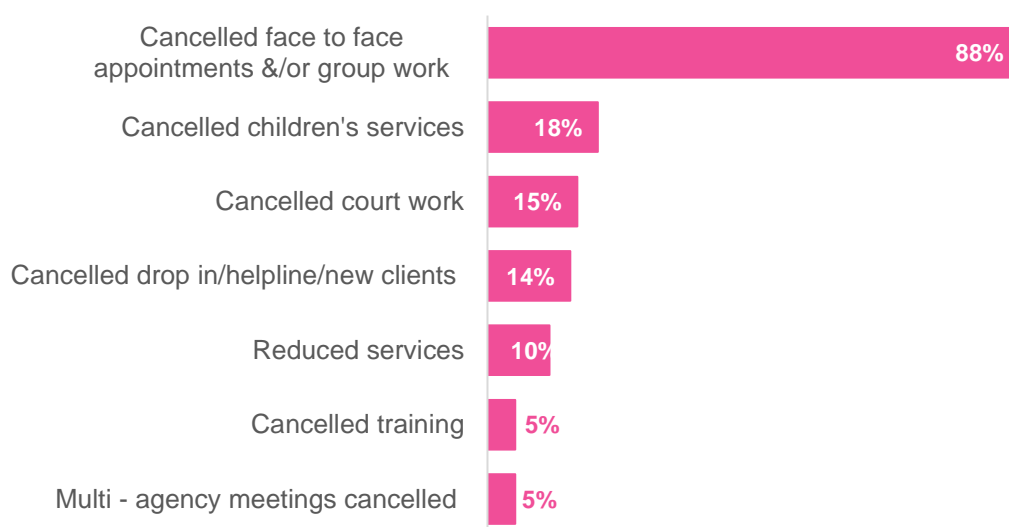
- **Three quarters (76%) of respondents said they have had to reduce service delivery** due to COVID-19.
- Out of the 58 respondents who raised further issues, 79% said they were concerned about the **increased risk** their clients faced.
- Out of the 76 respondents who discussed remote working, **67% cited IT and tech challenges in delivering services remotely** under the current circumstances and **42% are concerned about client safety whilst using phone or online services**
- **One in ten (9%) said they have unsafe staffing levels** at present. Of those that currently do have safe staffing levels, a quarter (24%) think this will change for the worse in the next few weeks, and 60% are unsure.
- Just under a quarter (**22%**) of services say they are not able to effectively support adult victims of abuse at the moment, while **42% of them say they are not able to effectively support child victims of abuse**.
- A **third (31%) of services have had a decrease in staff due to COVID-19**. Of these services:
 - 59% had at least one member of staff off work due to self-isolation because of underlying health conditions
 - 54% had at least one member of staff off work due to self-isolation because of symptoms
 - 46% had at least one member of staff off work self-isolating due to a member of household showing symptoms
 - 38% had at least one member of staff off work due to needing to care for children who do not have childcare
 - 32% had at least one member of staff off work due to elective self-isolation
- 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.
- One in five (17%) services had experienced issues with accessing key worker status. Of these, 50% said staff have had **difficulty being acknowledged as key workers** and 42% that **schools are not able to accept their children**
- 16% of services said they were experiencing **financial difficulties**. Of these, 53% said this was due to funding opportunities having dried up and 16% due local commissioners changing commissioning due to COVID-19.
- We asked what level of financing their organisation requires to continue providing services in the next 6 months. The table below shows the results of this question:

Approximate level of financing required for the next 6 months	n=119
	%
Less than £20,000	2%
£20,000 to £50,000	12%
£50,001 to £100,000	11%
£100,001 to £500,000	17%
£500,001 to £1,000,000	9%
More than £1,000,000	9%

Reduction in services

As stated, three quarters (76%) of respondents said they have had to reduce service delivery due to COVID-19. These respondents were asked to provide a list of services that had been reduced or cancelled. There were 88 respondents to this question, who provided a total of 135 comments. These comments were coded under seven categories, which can be seen in the chart below. Percentages are out of the total number of respondents.

Which services have been reduced or cancelled?



Where respondents had said that face to face appointments and/or group work had been cancelled, a third (35%) said that this had been replaced by phone calls

"No face to face work therefore group work stopped and no support in court. Housing services are limited, police are overworked so less support available from them, Police DV Court Team currently not contactable"

"No face to face contact. Struggling to contact if client is in self isolation with perpetrator. Cannot use wider agencies as they are unable to meet client's outside of the home."

"no face to face meetings with clients - only over the phone. No target hardening service, no women's centres, no one stop shop, no travel expenses to refuge."

"Not being able to visit our refuges to check on clients and provide face to face therapeutic support to both clients and children. Phone not the same obviously."

"schools, health care, doctors support services all services working with vulnerable people children."

"Support is primarily being delivered remotely wherever possible via safe telephone / email contact. We are maintaining a critical response service for those who need face to face support."

"Groups for clients cancelled MARAC being completed without agencies present (via updates submitted) Not being able to move some clients to other refuges due to health conditions Drop-in service cancelled Refuge warden numbers decreased so unable to have a staff member manning refuge for 24 hours"

"No face to face appointments. New referrals on hold because cannot do assessments with couples who are still in the relationship and intend on staying together over the telephone. All our children groups are cancelled and resources are being posted on facebook and video calls are being made to all children."

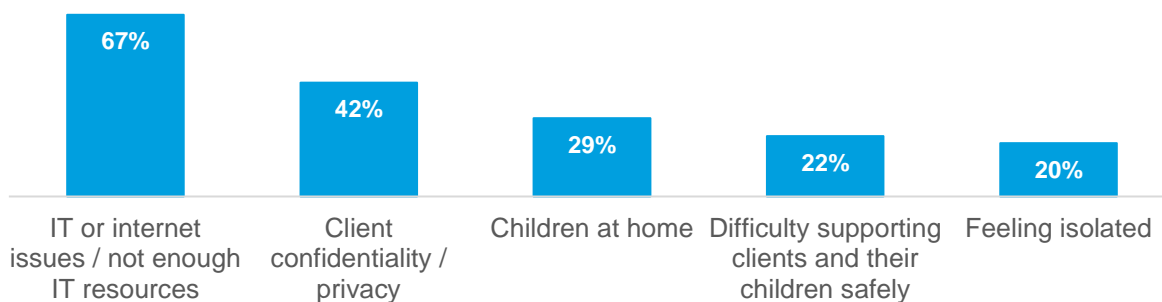
“Only that we have had to close one communal refuge due to COVID-19 being identified in one family”

Remote working

We asked what percentage of staff were home or remote working. The mean average percentage was 86%, and the median was 100%. Three in five (61%) services said that all staff were either home or remote working.

Respondents were then asked if they had any issues with remote working. There were 76 respondents to this question, who provided a total of 137 comments. These comments were coded under five categories, which can be seen in the chart below. Percentages are out of the total number of respondents.

For remote working staff please list any issues they are experiencing working remotely



Two thirds (67%) of services reported have issues with either IT resources or internet connection:

“Self-isolation - no laptop facility 2 WFH with laptop facility Connecting as a team is difficult, supporting your staff. feeling guilty some can work from home, but some have to go in due to not enough laptops but as essential service we need to go in.”

“overload of internet, logging on, posting out to clients. Slow response to systems. Feeling isolated and missing team”

“Internet connectivity Suitable equipment, chairs etc Reduced privacy- impact on working confidentially now children at home We are a survivor led organisation, many employees are lone parents with care responsibilities Isolation Working differently, and very anxious about their service users”

Two in five (42%) services reported issues around client confidentiality or privacy:

“Privacy has been a bit of an issue for the IDVA's with children, and addressing this is a daily battle”

“no privacy at home as been an issue, problems connecting as a team and connecting with service users. they are all at home with their kids so trying to speak to them privately is very difficult.”

A third (29%) of services reported issues due to having children at home:

“Every member of the team also has children at home, internet connectivity is on and off, team WhatsApp is used but immediate ad-hoc conversations are not happening. Some members are struggling emotionally with balancing work at home plus childcare”

“childcare while working from home, internet connection difficulties, working in isolation”

A quarter (22%) said that they were having difficulties supporting clients and their children safely:

“Only difficulty to date is engaging directly with younger children and those still in abusive relationships due to perpetrators at risk of hearing”

“The main impact is that we cannot implement our ASK re programme, where we routinely ask fact to face clients if they are or have been victims of abuse. this is not safe to do by phone as we don't know who is listening so has been totally suspended. this will reduce the effectiveness of the advice we give when we are not aware that a client is a victim of DA”

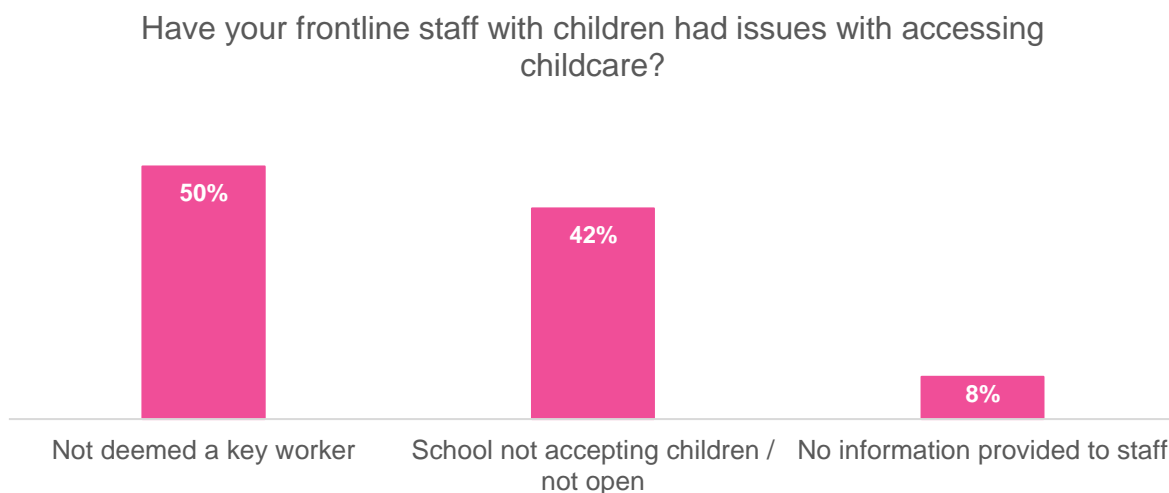
Not all services were having issues. Some said it was too early to say as it was only day one or two of working from home. This service appears to have everything in place:

“no issues - we are working on a rota basis to allow child care/home schooling to happen safely we have purchased equipment and furniture to allow safe working practices we are connecting very well as a team - doing daily calls, weekly whole team meeting - we have a homeworking page on Teams to share good practice and laughs. One of our team are providing us with daily yoga exercises via youtube - we are working as a community and this is translating to the support that the staff can give their clients - this extends to volunteers (all survivors of abuse)”

Key worker status

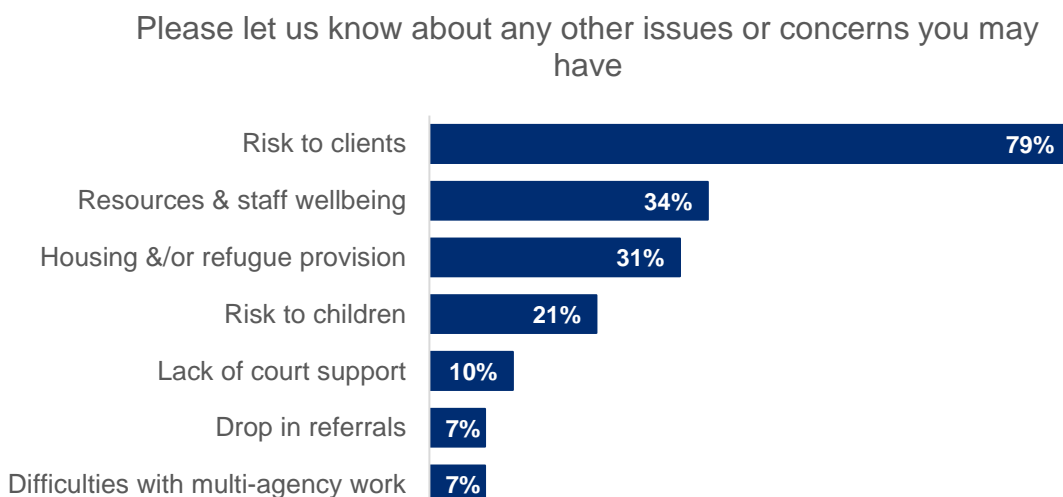
Nearly one in five (17%) respondents told us that their frontline staff with children had had issues with accessing key worker status to enable their children to continue receiving childcare.

When asked to give further details, twelve (66%) did so and their responses were coded into three categories which can be seen in the chart below. Percentages are out of the number of respondents.



Any other issues or concerns

Services were asked if they had any other issues or concerns they or their service users are experiencing due to COVID-19. There were 58 respondents to this question, who provided a total of 110 comments. These comments were coded under seven categories, which can be seen in the chart below. Percentages are out of the total number of respondents.



The vast majority (79%) of respondents wanted to tell is about the risk to clients:

“Real concerns regarding service users being confined at home with offenders who will use this as a further measure of control with potential for escalating violence and abuse. Concerns that service users will not have the privacy to receive telephone support. Concerns that service users will not be able to access any support/self refer. Service users facing challenges around child access with government highlighting that parents who are separated should have access to their children - service users could be exposed to further abuse. Lack of clarity around court appearances for offenders on remand and the now lack of witness support in court especially in family courts. Prolonged, drawn out uncertainty for those having ongoing conflict and abuse over child contact. Concerns for children and young people in these situations”

“Most of our clients depend on spouse/partner income they have been told to stay home and look after the children, the vast majority of them can't prove that they are entitled to welfare, have no recourse to public funds, all benefit are claimed by father of the children, cultural & language barrier, beliefs and stereotypes is stopping them access help and support.”

“I feel that victims of DA are at risk more now than ever. If organisations cannot make safe contact then I am truly worried that the rates of homicide and high risk DA are going to increase rapidly, with our profession also on the line.”

“The stay at home policy may increase risk of domestic abuse and the ability to leave for a safe place delayed due to travel restrictions, access to money or services. Some service users will not be able to access services due to the perpetrator being in the property. This could lead to a decline in mental health and safety of women and children.”

“I am mostly concerned about victims of domestic abuse as this is impacting them the hardest, which inevitably impacts our staff in terms of burn out and vicarious trauma. It is likely that if staff do not feel they can get actions completed to keep their clients safe this will impact staff morale. Equally there is a risk with working from home that people feel isolated, so we are setting up virtual team meetings which occur daily.”

“- Phone calls are not sufficient to assess somebody's circumstances and risk to DVA - Many of our service-users have anxieties around using the phone and may not have privacy or safety to use the phone as a method of contact - Lack of refuge space in order to refer high-risk clients”

“We have seen a drop off in requests for advice appointments even though we continue to be able to give advice unsurprisingly as victims aren't able to call /use the internet safely”

“Domestic abuse workers not being recognised as key workers. Families who are in one house with their perpetrator and us not being able to make safe contact Domestic abuse not being recognised as a concern during COVID19”

“The concern that perpetrators are self-isolating with our service users, which could lead to an increase in violent incidents, coercive control, and isolation for our clients. Our clients may return to perpetrators during this time as it may feel safer than being on their own during these uncertain times, and it's more difficult to offer solely phone support.”

“Concerns that clients will experience more abuse if staying at home with perpetrators all the time; higher concerns for those who are pregnant or particularly vulnerable. Some clients will find it hard to receive support via telephone/ online hangouts if their perpetrator is there all the time as phone calls may not be safe but they cannot meet a support worker without perpetrator wanting to know where they are going. Clients cannot use the excuse of going to the GP/ school etc.”

A third (34%) mentioned resources and staff wellbeing:

“My major concern is funding and it continuing through this issue and out the other side. If we have services reduced at the moment and are trying to cope with reduced staffing, will we be penalised later by funders and commissioners by saying we can cope with less staff”

One in five (21%) mentioned the additional risk to children:

“Domestic Abuse is going to be more hidden. Whilst schools are providing provision for ‘vulnerable children’ there are many children that are at risk but yet do not meet threshold for statutory involvement. The safety of these children is of concern. There are concerns over people in the healthiest of relationships, whilst the government are putting financial support in place, people are going to be confined to small spaces, unable to socialise and will be worrying over their future. This WILL cause arguments and matters may escalate into physical violence, this being the first experience of domestic abuse for many (situational couple violence). We need to ensure we provide some targeted support.”

“children being at home is putting added financial pressure on service user who are already living in poverty, this is adding to their mental health. the isolation is compounding their fears, and making them feel inadequate as parents in having to choose, food or gas/electric, without gas or electric they cannot cook, if they top this up as the children are home all day then they cannot afford food.”

Recommendations

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:

- DA Commissioner to be represented in vulnerable groups planning committee located in MHCLG.
- 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.
- 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. This campaign to be linked to increasing access to support through supermarket, pharmacies and delivery companies – through posters advertising the national DA helpline, asking providers to include DA messaging and a link to national DA helpline on their apps/web portals, potentially introducing a code word which could alert supermarket staff and pharmacy staff to the need to call 999.
- 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.
- Continued reiteration from Government that the Police will not be allowed to use the pandemic to downgrade domestic abuse or sexual violence.

Get in touch

- For any questions about the research, email **Jess Asato**, Head of Public Affairs and Policy: jess.asato@safelives.org.uk or call 07939 594 634
- For press/media enquiries, contact **Natalie Mantle**, Head of Communications: natalie.mantle@safelives.org.uk

COVID-19 guidance

- SafeLives has created a dedicated COVID-19 webpage which is updated daily with guidance, including all key helpline numbers: <http://safelives.org.uk/news-views/domestic-abuse-and-covid-19>