

PROTECT COVID 19: Exploring lived experiences of the impact of intimate partner violence and abuse on children, affected family members and perpetrators during the COVID- 19 global pandemic.

**‘Innovation and the Application of Knowledge for More Effective Policing’  
N8 Policing Research Partnership Catalyst Project**

**SUMMARY**

Parental Intimate Partner Violence and Abuse (IPVA) is a prevalent and substantial concern and the COVID-19 pandemic lockdown has exacerbated the risk of IPVA experienced by families. There is an urgent need to understand how victims/survivors and perpetrators have experienced the multi-agency response to IPVA during the pandemic.

**KEY POINTS**

- It is important that organisations play a critical role in raising awareness of parental IPVA and signposting victims/survivors, perpetrators, and children to specialist support.
- The move to online and telephone support services had both negative and positive consequences. Organisations providing specialist support should consider the feasibility of delivering support and interventions using a mixture of face to face appointments to build rapport and remote measures once a relationship has been established to provide flexibility.
- When organisations are providing support remotely, an agreed codeword should be established to alert professionals if the perpetrator or children are present, which will restrict the ability to converse openly.
- Domestic Violence groupwork programs should be delivered face to face to optimise the impact of the content being delivered and to promote peer support for participants.
- There is further need for frontline services to acknowledge that immigration status can be a barrier to accessing services and recognition of the importance of specialist culturally sensitive support (particularly the case with honour-based violence) inclusive of using independent translators rather than family members when assessing need.
- Further education and awareness is needed regarding the DDV- Destitution Domestic Violence concession, which enables victims/survivors on a UK partner visa to claim public funds while applying to settle in the UK because of domestic violence.

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**Background:** In 2019, approximately 2.4 million (5.7%) adults aged 16-74 years in England and Wales experienced domestic violence. Of these, 4.2% experienced abuse carried out by a partner or ex-partner, referred to as intimate partner violence and abuse (IPVA) [1]. The COVID-19 pandemic lockdown has exacerbated IPVA and a surge in incidents has been reported through local police intelligence, voluntary and statutory agencies and calls to UK helplines [2]. It has been reported that incidents of IPVA have increased as a result of household tensions due to enforced coexistence (multiple national lockdowns and working from home practices), economic stress related to loss of income, the disruption of social and protective networks and the decreased access to support services [3]. This impact is felt most greatly within the home and may reverberate across family networks [4]. Our N8 PRP project aimed to understand how victims/survivors and perpetrators of parental IPVA experienced the adapted multi-agency response to IPVA during the pandemic, and their evolving needs within this fast-changing context.

**Methods:** The study was conducted October 2020- September 2021 and used semi-structured interviews via telephone and a focus group via Zoom with victims/survivors and perpetrators of IPVA. Interviews were conducted within North East England; participants were recruited via the police, local authorities, women's refuges, and voluntary/third sector organisations. Thematic analysis of the data took place. 22 participants were interviewed for this project; of these, seventeen were women (nine white British; eight Pakistani/Indian/Bangladeshi) and five were men (all white British). Participants had between one and five children. All women self-identified as survivors of IPVA and at the time of interview were residing in refuge accommodation or away from the perpetrator, for many the move occurred during the pandemic. All the men self-identified as the perpetrator of IPVA and gave accounts of their experiences of their role in violence and abuse. Each participant was asked to share information about their current living situation including whether they were currently residing with their children and their experience of IPVA, before describing their experience of how access to and the operation of? multi-agency services was impacted by the COVID-19 pandemic and subsequent lockdown and social distancing requirements.

### **Findings**

**General impact of lockdowns:** Every participant described the various ways the pandemic had impacted upon their lives, such as being separated from wider family and being unable to seek their usual sources of support, increased friction, anxiety, and nervousness. Being forced to spend more time with their partners was described by perpetrators and victims alike as contributing to tension. For the majority of participants who resided with their partners at any point during lockdown, lockdown? was described as amplifying the existing aspects of abusive relationships through increased forms of control, surveillance, and isolation, therefore impacting on ability to access any support.

*[Y]ou're isolated. Well, I think they survive on that, because that's what perpetrators do, they try and have you come away from your loved ones. So, it was kind of like a win-win situation. He always knew where I was, he always knew who I was talking to... So, it was like you're even more isolated and you're even more closed-off from means of support. (Participant 5; Survivor, 3 children).*

### **Survivors:**

**Initial police contact:** The participants generally acknowledged positive contact with the police with respect to personal visits, and advice received from officers, as well as the role of police in facilitating access to other support services and agencies and providing updates and assurances.

*They sent out a woman police officer the next day and she was lovely... when I told her what was happening, she said you are doing all the right things... she put me at ease... She gave me the confidence to lift the phone to them if he started again and he did. (Participant 1; Survivor, 4 children).*

Although most of the contact with the police occurred through phone calls during the lockdown, the survivors had a sense of validation that their concerns were being taken seriously and felt satisfied with the safety measures put in place during the pandemic.

*I couldn't really leave because we're in lockdown... So, this time they actually searched my house and my garden, and they were doing walks around my street to make sure if he came, before they arrested him, that I was safe in my house. (Participant 2; Survivor, 1 child).*

**Decision to leave:** Participants verbalised that a main driver in leaving the relationship was a realisation that a perpetrators behaviour was not changing, even when pregnant and/or when the violence was witnessed by children.

*No, this way of life is not happening around a new-born, and I've got to cut the cord right now, and end things. (Participant 5, victim, 3 children).*

*She (daughter) came up on the Monday, by the Friday, he (perpetrator) was beating the hell out of me in front of my two girls. (Participant 11, victim, 4 children)*

**Flexibility and adaptability:** Participants described accessing services which seek to provide holistic support that aimed to minimise the risk of recurrence of further IPVA incidents. The flexibility and adaptability of these specialist IPVA programmes during COVID were a key feature for the participants. The main changes adopted by the support services to IPVA survivors during the pandemic included a transition from physical appointments to virtual meetings via zoom.

*Before, I used to be there [domestic abuse service] three days a week, doing different courses and that. Then obviously lockdown happened, but they still kept everything as it was, but we just went on Zoom and did it all. (Participant 2; Survivor, 1 child).*

**Honour based Violence:** Honour based violence added a different dimension to the IPVA the women experienced and was exacerbated further due to COVID. In-laws/husbands family could pressurise a woman to remain in the relationship and use the threat of shame and aggression towards the woman's family to coerce them. This could be further complicated by inter-familial relationships, such as when a woman was married to her cousin.

#### **Perpetrators:**

**Police Intervention:** Three men participating in the study had been arrested for incidents of IPVA and were assigned to an offender management programme as an alternative to criminal charges and prosecution. The four month long, tailor-made programme was delivered over the telephone during COVID rather than the face-to-face meetings which would normally occur. All three engaged with the programme during lockdowns. The main aspects they identified as being useful included learning specific techniques to de-escalate problematic situations within the home, breathing exercises, and knowledge and insights into different types of violence and abuse, why they occur and how to prevent them.

*It's not very good, it wasn't a very good situation to be fair which is why I'm doing a lot of courses to try and make it better and then learn from it. (Participant 4; Perpetrator, 2 children).*

**Behaviour Change Programme:** Similarly, the male respondents talked about how a behavioural change programme delivered by a Local Authority enabled them to recognise forms of domestic abuse and learn techniques to regulate their behaviour (this programme remained face to face throughout the pandemic).

*...[T]here were no issues. Everything was controlled, well masked-up and two metres away and stuff like that. Yes. So, we just worked around it. ... It was only me and her in a big room anyway. (Participant 7; Perpetrator/Survivor, 2 children).*

#### **Barriers to accessing services:**

**Remote services:** Most of the barriers discussed centred around the social distancing requirements of lockdown. The move to telephone and online services was challenging; victims/survivors had an awareness of the potential of retraumatising their children if they were openly discussing situations and therefore sought strategies to avoid that.

*Because the Domestic Abuse Unit rang us, I couldn't really openly tell them, because I had my seven-year-old [who was home schooling], who knows basically what I'm saying. So, I had to kind of like make it sound a bit better than I was feeling, so that she didn't get concerned, if that makes sense? (Participant 2; Survivor, 1 child).*

Whilst stigma and toxic shame are the most significant barriers for men and there was also a resistance to group sessions among perpetrators centred around feeling uncomfortable discussing IPVA and personal circumstances in groups with strangers on Zoom. For some this was described as uncomfortable, embarrassing, and shameful.

*That company, they tried to get me to do zoom calls with a group of people, and I don't like being on video...not with a group of people, telling them my problems. (Participant 3; Perpetrator, 4 children).*

When considering accessing a domestic violence programme during COVID, participants found online methods were hard to navigate and they did not feel they got the same level of support as face to face work.

*One of the times I was online, I just cried the entire way through it, but nobody recognised that....had I been in a class that would have been spotted. (Participant 10; survivor, 2 children).*

**Immigrations status:** Immigration status was a further barrier for participants accessing any support for IPVA and Housing. The threat of deportation from their husband and husband's family was a barrier to them seeking support at an earlier point. Participants described family members acting as interpreters to professionals and preventing them receiving the necessary help.

**Police:** There was some frustration expressed by victims/survivors in terms of police applications for grants for security lighting and cameras as delays were experienced because of the pandemic.

### **Conclusion and implications:**

The COVID 19 pandemic has prevented face to face access to support services and closed down routes to safety for victims of IPVA and their children. Organisations responded rapidly and have adapted their responses to continue providing support online and over the phone, this has been greatly appreciated by victims/survivors.

This work has provided valuable insights into the experiences of participants accessing support during COVID, however, in depth consideration needs to be given to the design and delivery of online interventions and provision of support. The findings show that the digital space highlights 'missed opportunities' for engagement and the potential for digital poverty is a key implication, further work to establish who is 'invisible' to services because they do not have access to a phone or to data is necessary.

In addition, specialist services should consider delivering community-based interventions and to 'reach out' in public spaces that would not arouse suspicion or rely on digital space e.g. supermarkets, pharmacies, shopping centres.

1. Office for National Statistics. *Domestic abuse in England and Wales overview: November 2020*. 2020 [29.07.21].
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3. Bradbury-Jones, C. and L. Isham, *The pandemic paradox: The consequences of COVID-19 on domestic violence*. *Journal of clinical nursing*, 2020. **29**: p. 2047–2049.
4. Mazza, M., et al., *Danger in danger: Interpersonal violence during COVID-19 quarantine*. *Psychiatry research*, 2020. **289**.