

COVID-19 - the increased risks for domestic abuse victims

Domestic abuse is rooted in power and control. At the present time it is likely that we are all feeling a lack of control over our lives with the Government directive for us to #StayHome. We know that when an abuser loses power & control they tend to take their frustrations out on their victim.

Isolation is generally the key tool used by perpetrators. The current enforced standards of living in isolation and under stress-inducing conditions to stem the surge of COVID-19 cases will increase risk to victims living in an abusive household. Social distancing and self-isolation will be used as a tool by perpetrators to exert coercive and controlling measures on their victims that will shut down their routes to safety and support, and potentially deny access to resources that can help them.

As a result of the pandemic some signs may be more prevalent, for example:

Abusive partners may use COVID-19 as a 'legitimate' excuse to isolate and keep victims prisoner within the home e.g. claiming that the intent is to prevent the spread of the virus.
Abusive partners may share misinformation about the pandemic to control or frighten victims, or to prevent them from seeking appropriate medical attention if they have symptoms. Victims may also be denied necessary items, such as hand sanitizer or disinfectants.
Abusive partners will find it easier to deny access to healthcare, medication or treatment following physical abuse.
Abusive partners may use the virus as an excuse to expel the victim from the family home e.g. they do not want to be contaminated, or they want the victim to become ill.
The virus is expected to push the world into recession; financial constraints may make it more difficult for victims to leave abusive relationships. With potential job losses and limited access to paid sick leave or benefits, access to money may become an issue. There is likely to be little opportunity for victims to utilise ways to save money in preparation for leaving.
Women who experience domestic abuse report more depressive symptoms, are at greater risk of suicide, and use mental health services more frequently than other women in the general population. It is possible that victims will resort to unhealthy methods to cope with the abuse, such as misusing drugs & alcohol, or increasing incidents of self-harm; this will seriously impact their mental health.
The perpetrator may increase coercive control by forcing the victim to engage in sexual activities, forcing or encourage the misappropriation of substances, enhanced monitoring of movements and communications, constantly putting the victim down, emphasizing male rights and reinforcing traditional gender roles.
Issues and a lack of clarity around child contact during the pandemic could also see a rise in abusive behaviours.

Please see below which has been provided by Women's Aid:



Due to COVID-19 and the rising numbers of police officers that are either ill or self-isolating, the policing of domestic abuse is at threat. This has brought major concerns to police forces in how they can respond to calls for assistance and queries with a reduced work force alongside the added demands of policing the pandemic. With this in mind, Women's Aid, along with other national DA organisations was asked by the College of Policing to join a discussion looking at how best this can be managed and the possibility of support from specialist agencies.

One option to relieve pressure on front line deployment was to introduce and/or extend first response by telephone. Six forces are currently piloting telephone first response for a specific cohort of non-emergency DA calls. The criteria for calls being eligible for telephone first response has been tight, although proposals to relax the criteria very recently have been agreed in principle by the College, HMICFRS and national support services. However, there are potential risks associated with a telephone first response, but these would need to be balanced against the reality of the current situation which might be at best a single crewed/delayed response and at worst no deployment.

Suggestions for mitigating the risks associated with telephone first response were:

- Use where possible call-takers with (recent) training on domestic abuse and coercive control, and with experience of conducting primary risk assessment (usually the DASH)
- Clear and agreed criteria for calls that would still require emergency response if possible (primarily calls where there is an immediate/credible threat of physical harm; a significant history of domestic abuse; a current 'high risk' grading; stalking behaviour and/or breach of a protective order.
- Robust triage of calls with a clear route to re-institute officer attendance where appropriate
- Comprehensive intelligence/history checks (including with support services)
- Call back function to check the situation/make sure information given/obtained is correct; very clear instructions to caller about circumstances in which they should call again
- Robust supervision of call-takers by somebody with DA expertise; ongoing quality assurance and checking by somebody with appropriate DA expertise
- Integration of support services within the call centre function; referral to support sector helplines