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“Abusers are using COVID to enhance abuse”: Domestic abuse helpline workers’
perspectives on the impact of COVID-19 restrictions on those living with domestic abuse

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Abstract

Purpose: Mobility restrictions enforced by the UK Government in March 2020 as a response to COVID-19 resulted in those vulnerable to domestic abuse being confined in isolation with their abusers, deprived of safe spaces and many of their usual sources of support. Domestic abuse helplines therefore became an increasingly vital avenue for victim support, seeing a substantial increase in service demand during lockdown periods. **Method:** Through semi-structured interviews with 11 domestic abuse helpline workers across UK services dedicated to a diverse range of populations, this project examined the nature and frequency of calls received since the first COVID-19 lockdown period. **Results:** Key themes identified through thematic analysis were: 1) Abusers weaponising government guidelines to justify and intensify abuse, and restrictions acting as both a barrier and facilitator to leaving an abusive relationship; 2) A loss of previously accessed support, with users uncertain about what help was available and issues around engaging with new forms of support; and 3) Isolation from social support networks, with callers reporting a loss of respite, lack of emotional and practical support, removal of third-party abuse monitoring opportunities, and subsequent mental health implications. **Conclusions:** These findings will act as a crucial guide for policy decision-making regarding support needs emerging from the pandemic and beyond, highlighting the importance of multi-agency partnerships, and urging caution in the utility of virtual alternatives to face-to-face support longer-term.

Keywords: COVID-19, Domestic Abuse, Gender-Based Violence, Family Violence, Lockdown, Support

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“Abusers are using COVID to enhance abuse”: Domestic abuse helpline workers’ perspectives on the impact of COVID-19 restrictions on those living with domestic abuse

Introduction

Domestic abuse (DA) refers to psychological, emotional, sexual, physical, and financial abuse within the home, and is a world-wide public health problem (Ertan et al., 2020). The World Health Organisation (WHO) reported that 1 in 3 women worldwide will experience physical or sexual intimate partner abuse in their lifetime (WHO, 2021). However, mobility restrictions enforced by the UK Government in March 2020 as a response to the coronavirus (COVID-19) pandemic resulted in those vulnerable to DA being confined in isolation with their abusers, deprived of safe spaces or opportunities to physically contact anyone for help or support (Ivandic et al., 2020). Initial reports illustrate that lockdown measures have been associated with a substantial increase in the prevalence and severity of DA (Home Affairs Select Committee, 2020). In the context of lockdown, DA helplines (DAH) (including call, text, and email services) became an ever more crucial avenue for victim support, in the absence of access to previously available face-to-face or community-based support services. This led to a substantial increase in the level of service provision required from DAH during this time. For example, the UK charity Refuge reported a 700% increase in traffic to their support website and a 120% in calls received to their helpline in April 2020, compared to April 2019 (Refuge, 2020a, 2020b).

Stay-at-home orders implemented by the UK government unintentionally elevated the threat of abuse for those living with a violent or abusive partner. Government restrictions led to isolation from social networks, and prevention of normal work-related or social activities, both of which are commonly seen to be key elements of a domestic abuse scenario (Piquero et al., 2020). This provided a unique opportunity for abusers to use governmental guidance to add

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weight to their controlling and coercive behaviours. As such, the crime survey of England and Wales reported a 7% increase in police reports of domestic abuse between March and June 2020, compared to the same period in 2019. This survey further noted that up to 21% of offences recorded by police between April and June 2020 were domestic abuse-related, increasing by 5% from the previous year (Office for National Statistics, 2020a). There was also seen to be a 12% increase in victim support referral for domestic abuse cases, and a 65% increase in calls, compared to pre-pandemic, to the National Domestic Abuse Helpline. Between April and June 2020, the Metropolitan Police reported an 11.4% decrease in reported abuse perpetrated by former partners (Ivandic et al., 2021), suggesting that in some cases restrictions may have been a protective factor. However, they also found an 8.1% increase in current partner abuse, which highlights that those living with an abusive partner were put at greater risk.

There are several reasons as to why the COVID-19 lockdown measures enforced created an environment conducive to DA. Firstly, for the large part, victims were forced to stay at home with their abusive partners. This consequently provided abusers with increased opportunities to aggress and offered victims fewer avenues to retreat from the abusive environment (Women's Aid, 2020a). Families also faced several pandemic-related stressors, with many reporting 'pandemic burnout' due to the exacerbation of prior stressors and the addition of new worries related specifically to the virus (Marsh, 2021). This includes concerns regarding threat and risk of contraction, job security and financial stability, and the ability to access appropriate healthcare and childcare, all of which had implications for psychological health and wellbeing (Fiorillo & Gorwood, 2020; Jia et al., 2020). These cumulative stressors served to exacerbate already existing tension and strain within the home, creating a 'perfect storm' for those living with DA (Women's Aid, 2020b). Indeed, factors such as the inability to maintain social connections and increase in financial and economic stress have been associated with an

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increase in DA rates (e.g., Arenas-Arroyo et al., 2020; Beland et al., 2020; Fraser, 2020). Associated negative coping mechanisms, including the use of alcohol and drugs that increased during the onset of lockdown measures (Alcohol Change UK, 2020; Mental Health Foundation, 2020) may have also exacerbated the likelihood of DA, even in cases where there had been no prior abuse (McMurrin & Gilchrist, 2008).

Pre-pandemic research suggested that DA victims were more likely to seek help and support through informal means, e.g., friends and family, and when positive, these informal routes could increase the likelihood of formal reporting of abuse such as through police or victim support services (Coker et al., 2003; Goodman et al., 2005; Plazaola-Castano et al., 2008). However, during lockdown, the opportunities to informally disclose abuse to social networks, or for those close to the victim to detect abuse, were greatly minimised due to enforced social distancing restrictions. This meant that those wishing to disclose DA had to engage with more formal support services in the first instance. However, government restrictions saw the scaling back, or complete withdrawal, of many face-to-face services, including community-based support services for those seeking refuge (Women's Aid, 2020b). In line with this, while police reports of DA declined during the pandemic, engagement with remote victim support helplines substantially increased. Exploring the nature of calls received by DAH is therefore a salient avenue for developing a better understanding of the experiences of those living with abuse during the COVID-19 pandemic.

The current study

The increase in prevalence and severity of abuse experienced during the pandemic will have long-lasting negative impacts for DA victims and for DAH workers providing support. Reports suggest that UK support for DA victims was inadequate prior to COVID-19 (Bradley, 2020), indicating that while this problem may have been exacerbated by lockdown, it is not localised

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to the pandemic and will continue to require urgent attention post-COVID. A report released by the Home Office in 2019 (Oliver et al., 2019) estimated the annual social and economic cost of DA in England and Wales (year ending March 2017) to be approximately £66 billion. The lingering impact of the surge in DA cases and severity during COVID-19 lockdown will most likely see an increase in these costs as DA victims and the organisations that support them struggle to recover from this unprecedented situation. Through semi-structured interviews with DAH staff, this study will provide an important understanding as to how the nature of abuse changed during lockdown and the role played by domestic abuse helplines. This will be vital in the development and refinement of long-term strategies in the UK for improving support provision for victims and ensuring helpline staff have the tools required to provide adequate support.

Methods

This study was conducted in April 2021 as part of a broader three-phase UK-wide study examining the impact of COVID-19 restrictions on those living with domestic abuse and the experiences of helpline staff supporting them during this time. This paper focuses specifically on the findings from the first phase of the study that examined the nature of calls received by DA helplines during COVID-19 lockdown periods through a series of virtual semi-structured interviews with DAH staff.

Participants

Participants were recruited through five UK-wide domestic abuse support organisations. The only inclusion criteria were that participants were required to be over the age of 18 and have worked on the helpline during the course of the pandemic. As shown in Table 1, the final sample consisted of 11 participants from a range of helplines including those targeted at

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females, males, young people, and LGBTQ+. The majority of these services offered both in-person and virtual support pre-pandemic. Ten of the participants were female, and one was male, with ages ranging from 24 to 56.

[Insert Table 1]

Data collection

After receiving ethical approval from the University [blinded] ethical review board, several UK-based domestic abuse helplines circulated a link to an online survey containing an information sheet, consent form and availability request for any helpline staff interested in taking part in the interviews. After completing this, staff were contacted by email to confirm their interview timeslot and provide links to access the virtual meeting room. All interviews were conducted using Zoom video call software, and all participants agreed to have their interview audio recorded for transcription purposes. All interviews were conducted by the project Research Assistant and, in instances where any identifying information was provided by a participant, such as referring to the name of their organisation, this information was removed before the transcript files were finalised and shared amongst the research team. Following participation, participants were emailed a £10 electronic Amazon voucher to thank them for their time.

Following demographic questions (age, gender, location and target demographic of charity, length of time in post and contract type (e.g. full-time/part-time/flexible), interviewees were asked to reflect on the following questions: 1) Can you describe the nature of the calls you have received during lockdown/pandemic?; 2) Do you think the nature of the calls has changed since covid-19 restrictions? If so, How? In what ways?; 3) Can you tell us about any calls that mentioned the impact of being isolated from others such as friends, family, or other social support networks?; 4) Can you tell us about any calls that mentioned the impact of potential lack of access to previously available community-based support services?; 5) Did any calls

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relate to the nature and impact of other stressors related to the pandemic (e.g. financial, health-related)?

Data analysis

Interview data were analysed using an inductive and data-driven approach to thematic analysis (Braun & Clarke, 2006) that involves several steps. First, all authors began by independently reading and familiarising themselves with the transcripts and produced initial codes. A collaborative approach is then undertaken whereby the team discussed the initial codes, identified overlaps or similarities, and agreed final codes that were then applied to the transcripts independently to determine emerging themes. The team then deliberated until a consensus was reached regarding the final themes and subthemes. A thematic map was then created outlining and defining each theme and subtheme, and subsequently applied to the transcript data. Representative quotes for each theme were also identified.

Results

Thematic analysis revealed three overarching themes, each with corresponding subthemes. These themes are outlined in Table 2.

[Insert Table 2]

Theme 3: The impact of lockdown on DA experiences

The third theme focuses on the impact of lockdown measures on the abuse experienced of helpline callers. This is broken down into two subthemes: *Lockdown-related changes* in abuse, and *Breaking point*.

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Subtheme A: Lockdown-related changes in abuse. Several participants felt that the severity of abuse itself did not necessarily increase as a result of COVID, but rather the frequency and inability to exit the situation worsened:

Not that it is worse, because abuse is abuse, but just that the frequency and the inability to get away from it, I think, was affecting women more. (Participant 4)

Participant 1 agreed with this notion, arguing that they didn't feel there was an increase in severity of abuse, but that there were "*just less options for people*". However, there was agreement across participants that the pandemic did alter the way in which abuse was carried out. In many cases, pandemic-related restrictions put in place by the government were utilised by abusers as a tool to add weight or justification to abusive behaviours that had already been present:

Their partners are using that as a way of coercive control. And so we're seeing things like, 'I'm not saying you can't go out because I don't let you, I'm saying you can't go out because you know it's dangerous, it's not safe for you because you're vulnerable'. So partners using coercive control as a way to either and kind of make the isolation even more so. (Participant 2)

This point was raised by several participants, with Participant 9 stating that abusive partners were touting the message that "*the government is saying that you have to stay at home with me*". Perpetrators were therefore using government guidelines to diffuse responsibility for their controlling behaviours, putting additional pressure on victims to comply. On the other hand, participants also reported that some abusers would purposefully disobey government guidelines as a means of causing distress in victims:

Women in particular were saying that they were obeying the lockdown measures as much as they could. And, and their overwhelmingly male partners, were disregarding the measures. So, going into other people's houses, going to the pubs when you were still able

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to do that, and not washing their hands and sort of disregard and disrespecting those measures specifically as part of the emotional abuse. (Participant 2)

Participant 10 felt it was clear that perpetrators were “*breaking the rules to scare and abuse*”, and even stated that “*some women were washing their kids down after seeing dad*” for fear that they may have come into contact with the virus when in their care. This highlights that abusers viewed government guidelines as opportunities to inflict further abuse onto their victims.

Again, while participants mostly indicated that the type of abuse experienced remained relatively consistent with that prior to the pandemic, often the context of COVID provided a platform for certain abusive behaviours to flourish and intensify. Participant 5 referred to abuse as having “*changed to a COVID way*”. This was often related to the increased proximity between the victim and abuser, where abusive and controlling behaviour, such as monitoring behaviours, sharply increased:

People have been, you know, controlled and monitored in terms of making phone calls or computers for the web chat and email service seem to be more scrutiny over things like that, where people will be monitored, and they were worried about sending emails or sending web communication and that being seen by their partner. (Participant 5)

This illustrates that the increased monitoring opportunities for the abusive partner meant a further reduction in opportunities for the victim to reach out for help or support. Participant 9 also emphasised that this constant proximity meant that the abuse, or threat of abuse, also became more constant:

The victim and the perpetrator are just in the same property quite often and in close proximity. So, the psychological, emotional abuse was just kind of constant. I did have some callers saying that the perpetrator might not be doing anything. Like they could wake up

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and not speak to them all day, or see them because they were in another room working. But the thought of the abuse was there. (Participant 9)

Participant 7 noted an increase in the number of Multi-Agency Risk Assessment Conference (MARAC) referrals dealt with by their organisation, which was centred around female victims and their children during lockdown:

Our referrals to MARAC have definitely increased. So that's a very good indicator of the level of risk that has risen in the last year. The numbers to MARAC have been quite high. We used to do meetings where you would hear 6/7 cases maybe on average. These days we've been having meetings, it has been tailing off again, but there have been one's of 14/15 cases, which is really really unheard of. (Participant 7)

MARACs are a multi-agency approach to managing domestic abuse cases where the victim has been deemed as at high risk of serious harm or homicide, and an increase in such referrals during lockdown demonstrates the increased risk faced by those living with domestic abuse during the pandemic. Participant 10 also made reference to MARAC referrals through their organisation, but did not indicate whether these had specifically increased during lockdown.

Subtheme B: Breaking point. For some victims, participants indicated that the increased intensity of abuse during lockdown acted as a “wake up call” that instigated their decision to flee the relationship. This was often due to an increased escalation of abuse and no longer feeling able to manage:

I think a lot women are considering more extreme changes like refuge, or like presenting as homeless, when they would never have done that before because it was so much more manageable. So, the escalation of things has been a lot quicker than what that before COVID. Before it would be that you would try a lot of smaller things, you know, safety plan and risk assess with them, you know, do small little things that will keep them safer with the

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women feeling that she was managing it better. But now with COVID and all those other external COVID-related factors, it has made it a lot harder to manage. (Participant 11)

This changed the nature of support needed by the DAH staff, with help becoming more urgent and critical as callers reporting to have reached “*breaking point*”:

It feels like callers and women are wanting out now and need a plan of action instantly. So, it gone from 0 to 100 a lot quicker and they're just saying 'I need out of the house now', and that is really rare that you get a woman literally say they need out immediately, usually they just want some information to weight up their options. But a lot of the phone calls now, I get the sense they are at breaking point. It like 'I need a solution today and right now', rather than, 'can you run over some solutions for me and I'll think about it'. (Participant 11)

This illustrates how, for some victims of DA, being forced to confront the reality of their abusive situation during lockdown acted as a breaking point that led them to make more extreme or urgent exit decisions than they perhaps would have in the past. In line with this, participants reported that more callers executed plans to leave the home than they had experienced in the past:

One thing from lockdown is that women realised that like things escalated and got worse and actually moved out. We got a lot of referrals of women who were wanting to flee. So yeah- before they may just be living their life and whatever, but now they realised the situation they are in and that it isn't right or safe for them and their children. So, maybe before they were going out to their jobs and whatever, but now living in that environment 24/7, it really made them think like 'oh I really need to get out of here'. (Participant 10)

Lockdown measures therefore appear to have contributed to an increase in urgent at-risk cases dealt with by support organisations, with many seeing abusers weaponise government

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restrictions to their advantage. However, in some cases, this increased risk of harm acted as a wake-up call to victims, instigating more immediate exit decisions.

Theme 2: Pandemic-related changes to service provision

The first theme reflected changes to the support available to those living with DA during the pandemic, divided into two subthemes of *Issues accessing support*, and *Adjusting to virtual support provision*.

Subtheme A: Issues accessing support. Participants highlighted the implications of the pandemic and associated restrictions on previously relied on availability and access to support, including mental health and other community-based support services:

A lot the mental health services that people may have already been interacting with, they just stopped doing the first lockdown... All face-to-face support stopped and everybody went into crisis. (Participant 5)

Participant 5 explained how the withdrawal of these services led those living with DA into a state of crisis. A loss of support was not the only concern raised by callers, with limited access to support for other household members such as children also being problematic. For example, Participant 3 stated that “someone was talking about that she and her daughter had been accessing counselling, and that had stopped with the lockdown”. Participants explained that even in instances where services remained open, changes to the nature of their provision made it more difficult for victims to engage with them:

I mean we weren't open the way that we would be. At one point we weren't allowing drop-ins, and that's a big thing for women to just be able to pick up their stuff and come into the office where they know they're in a safe place and we go from there. That wasn't even an option so that added to women's stress about how to get support and where to turn to. I

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know a lot of services like ours, it was the same. So, I think, leaving a relationship like that is hard enough, but it's trying to leave a relationship like that when those options aren't there. (Participant 11)

Participant 11 highlights that those most vulnerable to the removal of in-person support were victims on the cusp of removing themselves from the abusive relationships, as they no longer had a safe space to flee to. Participants were consistent in highlighting how this withdrawal of support left victims unsure of where to turn, and unclear as to what support was actually available during lockdown:

They were getting messages from the media like you can't call your doctor because they are too busy, you can't call the police because they are too busy, you can't call the ambulance because they're too busy. So, there was literally not knowing where to go. (Participant 6)

The above quote demonstrates that widespread media coverage of the additional pressure put on support services such as the NHS and the police left victims feeling as though they had nowhere to turn for support. Participant 6 explained that this was especially prominent in instances where callers had received shielding letters from the government, urging them to self-isolate due to health-related vulnerabilities: *"they didn't necessarily know how to access the support they required."*

This highlights that during the early stages of Covid-19, the reduction or withdrawal of support previously accessed by or available to victims of DA left them with little option for formalised support and impacted on their ability to flee the abusive situation. This was exacerbated by messages from the Government and media emphasising how overrun these services were during the pandemic, which made callers reluctant to add to that problem.

Subtheme B: Adjusting to virtual support provision. The next subtheme is centred around issues associated with the shift from face-to-face support to the use of virtual platforms,

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which included telephone, email, and webchat-based support. Participants highlighted both challenges and benefits associated with this transition. Negative elements included both a lack of access to resources required to engage with certain elements of their online support provision, including therapeutic services, with Participant 11 explaining that some callers simply “*didn’t have access to a laptop*”. However, some organisations were given additional funding by the government to assist those with resources limitations:

We also got a lot of money so we were able to give women who didn't have a laptop a Chromebook. So, we gave them laptops and stuff from the government. So, women could link in then to do the group work but virtually. (Participant 10)

However, participants were also concerned as to whether online support could effectively meet the needs of the diverse population that they come into contact with:

When I think about people that may have learning needs, or disabilities or older groups of people whose first language isn't English, I'm not sure how we're meeting the needs of those groups of people. (Participant 5)

Participant 5 showed concern that online support was inherently limited in its utility for the groups highlighted above, which meant that they were left unsupported during the pandemic. This sentiment was echoed by Participant 8, who said that “*not having face-to-face interaction, it's kind of one step harder for them to seek help for many reasons maybe because of their disability or condition*”. Several participants also indicated that being confined to remote support meant that many victims struggled to reach out due to their abusive partners monitoring their digital devices:

They were worried about sending emails or sending web communication and that being seen by their partner. Or, you know, they've been restricted and monitored from using handheld devices like laptops. So a lot of people have had to be more careful about how they were reaching out. (Participant 5)

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Participant 11 stated that accessing support online simply “*wasn’t achievable*” for some women confined to their home with their partner during lockdown. This was most commonly attributed to the reduced “*window of opportunity*” for victims to reach out in this context, where they’re limited to perhaps only a few minutes where their partner is not present:

We have been getting those types of calls where they are saying ‘I have 5 minutes or I have 10 minutes to quietly tell you what’s going on for me and I need a solution now’ (Participant 11)

Participant 11 indicated that this sense of urgency was in stark contrast to the nature of the support they provided prior to the pandemic, where victims could visit their service face-to-face, and support was “*a bit more planned*”. Despite the limitations identified with virtual support provision, participants did highlight some benefits of this alternative to face-to-face support, including eliminating physical access issues such as travel:

For some people in rural areas, it’s very hard for them to get to these services. So that used to be a problem for them anyway. But like I say they were the ones that benefited more from that virtual thing because they didn’t have to travel. (Participant 10)

The move to online support also meant that victims could navigate their engagement around other commitments, which removed barriers to accessing face-to-face services such as a lack of appropriate childcare during organisational office hours:

Getting childcare is a big thing for any community support for callers. Maybe the support is only available after school hours, and women can’t get childcare sorted so can’t go. But with the virtual thing, maybe the kids were upstairs or in a quiet room somewhere, and so women didn’t have to get childcare to go be a group and all that kind of thing. (Participant 10)

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Participant 10 also expressed that the virtual support available was crucial for many victims to alleviate feelings of isolation to some extent: *“Just even feeling that they weren’t alone. I mean if we didn’t have virtual stuff, I don’t know how some women would have coped”*. This suggests that the transition from face-to-face support to virtual platforms brought with it both benefits and difficulties for those living with domestic abuse.

Theme 3: Isolation from social networks and support

The second theme reflected the experience and impact of isolation from social networks and support due to pandemic-related restrictions. This theme is divided into three subthemes: *Lack of contact with family and friends*, *Lack of respite*, and *Mental health implications*.

Subtheme A: Lack of contact with family and friends. Participants indicated that the government guidelines which restricted face-to-face contact between households meant that many victims lost a key source of social support from friends and family members:

They would have been seeing the mum once a week for help with childcare and that was like a lifeline and that all fell away, or people are saying like just about the mental health. Again, like contact with others or like a sort of... some sort of support network would have been part of the coping within the abusive situation and that that was all gone. (Participant 3)

As highlighted by Participant 3, this had practical implications in terms of childcare support but also impacted on victims’ mental health, making it more difficult to cope with their home situation. Participant 4 also noted that this could at times lead to further reliance on the abusive partner to provide childcare support, which added pressure for the victim and gave the perpetrator more control.

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Participants who worked for male victim-focused charities noted that the restrictions on contact with social networks significantly reduced their ability to remove themselves from the abusive situation when abuse became severe. This impacted on male victims' opportunities to open up or share their experiences with those close to them:

I think before I had the sense that people in that kind of situation would have stayed with a family member or, or, you know, had the option at least to go and kind of crash on a friend's sofa. (Participant 1)

The isolation side of it was not being able to see people, not being able to visit and speak to them in confidence. (Participant 5)

One of the most significant issues raised by participants in relation to reduced contact with friends and family was the absence of any kind of external abuse monitoring. Participants who worked for both female and male-focused organisations highlighted the importance of victim monitoring by close others as a means of identifying risk or need for intervention:

A women's dropping off her kids to her mum's every day for childcare, her mum might pick up on the fact that she's not looking like herself, she's not presenting very well and ask questions, and she will maybe disclose to her mum, but she's not getting those opportunities now. (Participant 11, female-focused charity)

It's a safety layer removed. So if there is abuse going on somewhere in their lives then it's hidden just because there's not anybody else physically around regularly checking out what's going on. (Participant 8, male-focused charity)

These quotes emphasise the reduced opportunities for those close to the victim to notice that abuse is occurring and offer support. Participant 3 expanded on this by explaining how this left victims with a "lack of reality checking" or feedback from others around them to verify that their abusers' behaviour was "not normal" and "not acceptable":

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When they are isolated the only voice they're getting is the perpetrators voice about how worthless they are, and like how everything is their fault. And so, yeah, they are just in this kind of echo chamber. So, yeah, they don't feel like they deserve help because they've been told that they are the problem. (Participant 3)

Participants raised concern that this also often left callers uncertain as to whether what they were experiencing actually constituted abuse or not, given the lack of feedback from others. Participant 10 further suggested that the removal of these external monitoring opportunities meant that the “*perpetrator thought that they could get away with it more*”, thereby further contributing to an escalation in abuse.

Subtheme B: Lack of respite. Another prominent subtheme was the lack of respite from abuse. Participants highlighted that often those living with abuse felt able to cope with their situation prior to the pandemic because they had breathing space from the abuser at certain times. However, given that both parties were often working from home during the pandemic, these opportunities were removed:

So previously, a way for them to cope, or get some sort of a respite would be them going to work or the perpetrator going to work. And there being some point in the day where they weren't crossing paths and so while the abuse experience is always there, they're not kind of actively at risk for that person. (Participant 2)

There has also been a lot of women who have almost accepted that they're going to be in an abusive relationship because they could and were managing it quite well because they had down time from that person. But now they are saying 'no, I can't do this when it's 24/7'. (Participant 11)

This was echoed by Participant 5 (male victim-focused), who suggested that being confined in the home with the perpetrator, with no opportunities for respite, “*contributed to more*

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conflict and other types of abuse.” Participant 9 also argued that the increased time spent in contact with the perpetrator increased the risk for more physical forms of abuse specifically:

Whereas, I suppose, if he was going out to work and coming back, then the abuse is only when he comes back home. I mean not necessarily because the abuse could carry on when they are at work, you know like psychologically. (Participant 9)

Participants also highlighted how callers were unable to engage in activities that often represented important protective or coping mechanisms in helping them deal with their abusive situation:

They don't have their usual protective factors. Like they aren't able to go out to the park for a walk or go to the gym, you know, there's nothing in place to kind of help them process the things they've been through. So I think their usual coping mechanisms are not available to them anymore. (Participant 11)

Subtheme C: Mental health implications. Several participants made reference to the impact of isolation on the mental health of callers. Compared to pre-pandemic, many indicated that calls related to mental health increased, and this was true for charities targeted at all genders:

There was a massive increase in mental health issues, and many people spoke about not feeling that they were able to cope, feeling low mood and depressed. We had a much higher number of people talking about suicidal thoughts and self-harm. And there was a lot more crisis management in terms of managing people's emotional wellbeing. (Participant 5)

Participant 4 indicated that their organisation had to adapt from primarily being a signposting organisation, prior to the pandemic, to engaging in “*far more safeguarding work*” with victims disclosing mental health issues and suicidal thoughts. This was also highlighted

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by Participant 11, who indicated that more referrals were being made to *“mental health services like Samaritans and BreathingSpace, so places that are more for mental health support.”*

While the only participant to do so, Participant 11 did note that the pandemic also potentially had mental health implications for the abusive partner, which further compounded the abuse within the home:

“...on top of that their partner is probably having the same anxieties and stresses about lockdown, just like everyone else.” (Participant 11)

Overall, forced withdrawal from friends and family members brought significant difficulties for victims, both emotionally and practically. This accumulation of factors further exacerbated mental health issues and elevated risk of harm, putting further pressure on support organisations to respond to those in crisis.

Discussion

This study aimed to examine domestic abuse helpline workers' perspectives on domestic abuse in the context of COVID-19 and the restrictions enforced by governments worldwide as a response to the pandemic. Given that the pandemic has been associated with an increase in DA incidents and/ or severity across the globe (Campbell, 2020; Davis et al., 2020; Piquero et al., 2021; Ravi et al., 2021), it is imperative that we develop an understanding of how COVID-19 has impacted on those living with abuse. The three overarching themes that transpired from our investigation will help provide insight to ensure that appropriate care and support is established and put in place as we emerge from the pandemic and begin to deal with its long-lasting impact on this vulnerable group.

While there was little indication that the severity of abuse itself increased, there was certainly agreement that the frequency of abuse was amplified during lockdown. Our findings align with and emphasise recent reports of 'pandemic-specific abuse' (Davidge, 2020; Gregory & Williamson, 2021), where perpetrators were seen to capitalise on the pandemic context in

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their abusive tactics. DAH staff consistently provided examples of how abusers were using government restrictions to add weight and justification to their abusive and controlling behaviours. This allowed abusers to shift responsibility for their controlling demands and added additional pressure for victims to be compliant. Some abusers were also purposefully ignoring COVID guidelines to cause their victims fear and distress around contraction for both them and their children. The restrictions themselves also provided more monitoring opportunities for abusers, which made it even more difficult for victims to reach out for support.

Interestingly, some DAH staff believed that, for some victims, the context of the pandemic acted as a breaking point, where the constant threat or increased frequency of abuse, and heightened risk of exposure for children within the home, led them to either reach out for support for the first time or make the decision to exit the relationship. This is supported by previous research that highlights fear surrounding child safety (Peterson et al., 2005) and perceived increase in risk of serious harm to oneself (Costanza Baldry & Cinguegrana, 2021) as prime motivators for seeking help and accessing formal support services. This suggests that, while the motivators for leaving an abusive relationship did not change during the pandemic, the sudden spike in abuse exposure resulting from stay-at-home orders may have served to fast-tracking decisions to leave in some cases.

This study also unveiled issues surrounding changes made to support provision during the pandemic. The restrictions put in place by the government to combat the spread of COVID-19 meant that the majority of support organisations were forced to close their doors to the public, removing all face-to-face engagement opportunities. While most began to offer various remote alternatives, including increased helpline opening hours and a stronger focus on the use of email, webchat and videocall support, DAH staff felt that this new mode of delivery also brought about new challenges for those seeking support. In many cases, staff felt that victims were left confused and unclear on what support remained available to them, especially in terms

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of in-person refuge options, and this was heavily reinforced by media messages relaying the additional pressures placed on support services during the pandemic. This left victims feeling more trapped in their abusive situation (Oppenheim, 2021).

DAH staff also felt concerned that the transition to online support meant that some more vulnerable groups were left unsupported, due to either a lack of resources required to engage (e.g., laptops), additional support needs that made engaging with technology more difficult, or because contact proximity to their abusive partner meant there was little space or time for them to engage without detection. It is perhaps unsurprising that the pre-existing issues around support seeking for those experiencing technology-facilitated abuse (e.g., monitoring of devices; Douglas et al., 2019) were heavily exacerbated by lockdown restrictions (Pfitzner et al., 2020).

However, certain advantages were acknowledged regarding accessing support online versus in-person. For example, staff felt that virtual support removed barriers to engagement for some of their callers, including those who were restricted by childcare commitments or travel. Indeed, prior research has emphasised geographical isolation and transportation limitations as a prominent barrier to accessing traditional support for those experiencing DA in more rural areas (Youngson et al., 2021) and as such, the increased provision of remote services may have in fact proved beneficial in such cases. For those who did engage with the remote services on offer during lockdown, callers expressed that online activities, such as group therapy sessions, offered some relief from feelings of isolation and loneliness during lockdown. However, as support organisations begin to evaluate the utility of integrating increased remote support provision on a more permanent basis, it is crucial that the barriers this mode of engagement presents for those living with technology-facilitated abuse and those without appropriate technological resources is at the forefront of such discussions.

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DAH staff reflected on the enduring impact that isolation from social networks and support had on their callers. For many victims of DA, interactions with friends and family members from other households was a fundamental source of support that helped them cope with their abusive situation, either by providing emotional comfort or more practical support including childcare or a safe space to retreat to (Klein, 2012). For some, this increased reliance on their abusive partner for support, relinquishing further control to the perpetrator. This highlights the important role played by informal third-party support for those living with DA. One of the most prominent consequences of reduced third-part contact was the absence of external abuse monitoring. Those close to victims no longer had opportunities to detect instances where abuse was happening, had worsened, or to provide input to the victim regarding the inappropriateness of their abuser's behaviour. One participant referred to victims' being stuck in an "echo chamber", where the only voice being heard was that of the abuser telling them it was their fault and that the abuse was deserved. This lack of reality checking left some victims unsure as to whether what they were experiencing was actually abuse, or whether it was in fact normal. Family members of those living with DA have similarly reported that COVID-19 lockdown impeded their ability to assess the level of danger faced given that there were no opportunities to identify cues that the abuse was still ongoing or had worsened (Gregory & Williamson, 2021). Informal support seeking from friends and family often marks an important first step in pursuing help for DA victims, whereby positive informal support seeking experiences increase the likelihood of progressing to engage with formal support services (Goodman et al., 2005; Plazaola-Castano et al., 2008). The removal of this option during COVID-19 lockdown may have consequently delayed the process of help-seeking or escape from an abusive relationship for some victims.

Call-takers also highlighted how a lack of respite during COVID restrictions, including engagement in hobbies or normal working patterns for both the victim and abuser, contributed

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to the escalation in conflict within the home due to chronic proximity (Office for National Statistics, 2020). Many expressed that victims seemed more able to manage or cope with their situation when the abuse was intermittent due to either party's commitments or activities outside the home environment, but pandemic-related confinement meant that abuse, or the threat of abuse, was more constant. This was seen to have significant mental health implications for callers, with a reported increase in calls where issues such as anxiety, depression and suicidal thoughts were a prominent theme. As also highlighted in recent reports (e.g., Office for National Statistics, 2020a), this meant helplines were required to directly engage with more signposting and safeguarding work than usual, often referring callers to mental health services such as the Samaritans or formalised counselling support. Some DA organisations began to offer in-house counselling support during the pandemic (Scottish Government, 2020), but demand was substantial and often unmatched to the physical or economic resources available to these charities. While the UK Government provided access to crisis funding for support organisations during this time, the level of funding was seen to be inadequate and many services remain concerned that the time-restricted nature of these grants mean that additional services will need to be withdrawn, discounting the longer-term pandemic impact on DA victims and expected continuous increase in service demand (Women's Aid, 2020b). This highlights the importance of multi-agency working whereby resources and workload can be shared through appropriate referral pathways to provide holistic and comprehensive support to victims amidst and following termination of abusive relationships. One participant in our study also acknowledged the impact of the pandemic on the abusive partner's mental health, which potentially contributed further to the pattern of abuse during lockdown. Previous authors have also suggested this (e.g., Peterman et al., 2020), but more research into abuser experiences during the pandemic is required to identify the mechanisms that may have facilitated an increase in abusive behaviour.

Limitations and future directions

While this study provides a timely and novel contribution to our understanding of the experiences of those living with DA during the COVID-19 pandemic from the perspective of DAH staff, it is not without its limitations. As this study was targeted at DA organisations within the UK, and given the relatively modest sample size, the application of findings to a wider non-UK context is somewhat limited. Furthermore, while DAH staff were at the forefront of support provision during the pandemic, call-takers often have time-limited interactions with service users. This limits the insight available from this group with regards to the more enduring, long-term impact of COVID-19 lockdown on those living with abusive partners. For this reason, it is imperative that the experiences of DA victims themselves are explored in more depth to provide further understanding of the abuse experienced, and long-term support needed going forward as we emerge from the pandemic to support this vulnerable group. Phase 2 and 3 of this study aims to do exactly this through anonymous online surveys and 1:1 interviews with victims of DA. Despite the limitations, this study provides a much-needed steppingstone to understanding how pandemic-related restrictions influenced the lives of those living with domestic abuse.

Conclusions

While the circumstances throughout 2020-2021 severely limited the potential for safely acquiring first-person narratives from those living with domestic abuse, DAH staff were able to provide crucial third-party insight into the experiences of this vulnerable group in the interim. These insights highlighted that the coronavirus pandemic and its associated restrictions presented a unique opportunity for abusers to intensify, prolong and justify their abusive behaviours. This was exacerbated by restricted critical external abuse monitoring by friends

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and family, limited awareness or opportunities to safely access remote modes of support, and a lack of respite or relief from the abusive environment, leaving those living with DA at an exponential risk and further jeopardising their physical and mental wellbeing. Engagement with helpline support services did substantially increase during lockdown periods, indicating that many victims were aware of these services, were able to reach out safely, and found solace in their provision. However, issues have been highlighted in terms of caller clarity about services available and the accessibility of those services for the diverse population of DA victims. This emphasizes how important visibility and inclusivity of support services are moving forward.

Domestic abuse support services in the UK were already argued to be inadequate prior to COVID-19 (Bradley, 2020) indicating that, while this problem may have been aggravated by lockdown, it is not localised to the pandemic and will continue to require urgent attention from support organisations and policy decision makers post-COVID. Particularly, the mental health impact on those living with an abusive partner during lockdown will be long-lasting, and so funding must be made available to support services to allow for the continued response to the pandemic-related surge in domestic abuse. It is also crucial that DA support organisations continue to build and maintain multi-agency partnerships with mental health services and receive sufficient training to support appropriate referrals for callers in need. Finally, while there may have been some positive aspects of the remote services provided by organisations during this time, caution must be taken in deliberations as to the longevity of virtual support methods devised as a response to COVID-19 restrictions as we continue to emerge from the pandemic. The findings of this paper with regards to the negative implications of purely virtual support for this vulnerable group should be taken into consideration in risk assessment and decision-making should we face further lockdowns, with the recommendation that DA support organisations should be considered an exception to any in-person contact restrictions.

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Tables

Table 1: Participant characteristics (N=11)

ID	Age	Gender	Charity target demographic	Time in post	Nature of contract
P1	27	Male	Male victims of domestic abuse and their families	7 months	N/D
P2	32	Female	Anyone experiencing domestic abuse	2 years	Full-time
P3	N/D	Female	Male and female victims of abuse	1 year, 3 months	Full-time
P4	29	Female	Female victims of gender-based violence	Volunteer 6 years, paid role 2 years	Full-time
P5	46	Female	Male victims of domestic abuse	3 years	Full-time
P6	38	Female	All victims and witnesses of crime	1 year, 6 months	Part-time
P7	55	Female	Females and children of all ages	4 years, 6 months	Full-time
P8	40	Female	Male victims of domestic abuse	2 years	Part-time
P9	49	Female	Females and children experiencing domestic abuse	1 year, 5 months	Part-time
P10	56	Female	Mainly females, children and young people (including LGBTQ+)	5 years, 6 months	Full-time
P11	24	Female	Female victims of domestic abuse	6 months	Full-time

Note: N/D = Not Disclosed

Table 2. Themes and subthemes identified

Themes	Subthemes
1. The impact of lockdown on DA experiences	<ul style="list-style-type: none"> • Lockdown-related changes in abuse • Breaking point
2. Pandemic-related changes to service provision	<ul style="list-style-type: none"> • Issues accessing support • Adjusting to virtual support provision
3. Isolation from social networks and support	<ul style="list-style-type: none"> • Lack of contact with family and friends • Lack of respite • Mental health implications