

# Coronavirus (COVID-19) advice for social care

## Impact of easing COVID-19 restrictions on domestic violence and abuse

Updated: 7 January 2021

### Setting the context

This quick guide has been developed to provide practical ideas for social care professionals about the impact on domestic violence and abuse as lockdowns and restrictions are eased.

The Home Affairs Committee's [Home Office preparedness for COVID-19 \(Coronavirus\): domestic abuse and risks of harm within the home](#) [link 1](#) suggests that contacts to domestic abuse helplines have increased during the coronavirus pandemic, with incidents becoming more complex and serious, and higher levels of physical violence and [coercive control](#) [link 2](#).

Professionals should be aware that a perceived loss of control can be a trigger for abusive behaviour. During lockdown, perpetrators are likely to have experienced an increased sense of control. This could be threatened by the easing of lockdown and perpetrators may intensify coercive control or engage in new, more harmful behaviour to re-exert control. Agencies and practitioners need to be aware of this and be alert to the signs in child and adult victim/survivors and perpetrators.

As lockdowns and restrictions ease:

- Keep communication lines open with services that victims/survivors may be accessing to monitor any changes in risk.
- If things seem quiet, do not assume that risk has reduced – continue to have professional curiosity, asking direct, open questions if possible.

### Reflecting with colleagues

While it is not always possible in an urgent situation, it is important you reflect on your own feelings and beliefs about perpetrators and victim/survivors of domestic abuse. For example, do you believe 'violent people can't change' or 'perpetrators are ill and have a psychological disorder'?

Our own beliefs and experience can influence the way we work with families, so it is important to have space to talk about it and plan a method of working.

### Starting the conversation

Below are some ideas for questions you could add to your conversation when trying to understand the impact of lockdown easing and restrictions changing:

COVID-19 has presented many challenges for us all and continues to impact family dynamics for a lot of people. It is worth starting a conversation with people you are working with who are suspected victims/survivors or perpetrators to understand what impact it has had so far, how they coping and how they plan to move forward.

When professionals are trying to engage with perpetrators they can be faced with denial, minimisation, counter accusations, resistance and obstruction. Perpetrators could also be intimidating and/or charming.

It is important to let the victim/survivor know that you intend to speak with the perpetrator and agree what you are going to share and what you are going to say. You can find out from them what they think are the best days or time to talk with the perpetrator. Once a date and time has been agreed with the perpetrator, let the victim know these details. It is best practice to call the victim/survivor just before you intend to speak to the perpetrator to establish the current situation in the household. Once you have spoken with the perpetrator, you could establish what they are going to do after the call or visit and, if appropriate, you could suggest going for a walk, taking a bath/shower, reading, watching favourite TV, etc. You should then call or talk to the victim/survivor a little while afterwards and agree steps they can take if the situation becomes volatile.



During initial conversations with the **perpetrators, child or adult victim/survivors** you can try to establish routines of the day. You can ask things like:

- When are meal times?
- When do you go out for daily exercise?
- What are work and school routines?
- How have you been occupying your time?
- What have you enjoyed during lockdown and what has been challenging?
- How have you coped with the challenges?
- Is there anything I can do to support you as the restrictions change?

This can help you to build a picture of day-to-day patterns and any potential trigger points. You can also learn when might be the best time to talk to victim/survivors.

Below are some ideas for questions you could add to your conversation when trying to **understand the impact of lockdown easing**:

- What has changed for you?
- Who has been in your household during lockdown?
- How has this impacted the dynamics in your family?
- Have the issues causing conflict changed during lockdown?
- What has been challenging?
- How did you deal with the issues?
- What would you do differently?
- Are there any techniques for coping with people or situations you want to share?
- What do you think will impact your relationship post lockdown?
- What further support do you need in other areas? e.g. alcohol/substance misuse?

You can also help by providing some practical suggestions for staying safe. [SafeLives](#)  provides information about keeping families safe.

## Language

How you communicate at the initial stages and beyond is crucial to laying the foundations of your working relationship. This also applies if you are re-establishing a relationship after a lockdown or if a colleague has been working with the family in the past.

There may be times you need to ask direct questions if there are urgent safeguarding concerns. When discussing these types of incidents, it is still possible to ask open questions that try not to trigger a naturally defensive closed response.

So rather than asking, 'were the children in the room during the violence?', you could consider:

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“Did you have a sense of what the children were doing or where they were when the violence was happening?’ Or ‘when you were feeling (angry, upset, worried etc) looking back now, what were the children doing at the time?’

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The words and tone you use are important. These can be emotive situations and if you can communicate in a compassionate way that does not feel disrespectful or judgmental it can help you build a picture of the situation.

Try and be collaborative and inclusive, enabling the family understand you are all working together.

## Rapid rapport building

Engagement can be difficult for everybody involved, and goals for the first few meetings should be to secure another meeting. These meetings can be in person, using digital tools, or a combination of both.

It may be that you do not have a long time to build a relationship due to immediate concerns. In these circumstances, you will need to have some rapid rapport building techniques.

Some of these include:

- Looking for areas of shared interest
- Identifying things you appreciate about the person you are talking with, for example, 'I can see that your children are important to you'
- Letting the person know how and why you have been thinking about them
- Being honest and open from the start
- Recognising the difficult situation
- Keeping body language open.



There are further insights into language and relationship building in the European Union's [Engage Roadmap](#) <sup>link 4</sup> .

## Public health focus

Training GPs and health professionals to identify domestic violence and abuse has led to an increase of referrals as outlined in research by [Queen Mary University](#) <sup>link 5</sup> .

The NHS has produced a helpful [guide](#) <sup>link 6</sup> to working with perpetrators for healthcare professionals. It could be that healthcare professionals are one of the few groups that perpetrators may disclose to. Perpetrators may attend appointments with frequent non-specific health concerns but are unlikely to admit to their behaviour without direct exploration.

In addition to simply asking 'how are things at home?', some follow-up questions could be:

- Do you argue a lot with your partner?
- How would your partner/children describe how you are when you argue?
- What are you like when you argue?
- Do you smash things/shout a lot/put your partner/children down?
- What are you most ashamed about doing to your partner/children?
- Have you ever pushed/slapped/hit your partner/children or used other force?
- How do you feel about this?

It is good to be respectful and empathetic by acknowledging that any disclosure is a positive first step to stopping their behaviour.

The Pathfinder toolkit focuses on a whole health model. It aims to transform healthcare's response to domestic abuse by ensuring a coordinated and consistent approach across the health system including acute, mental health and primary care services. The model supports health services to work with the local domestic abuse specialist services to commission integrated care pathways and build the capacity of all health staff to respond safely to survivors of domestic abuse.

## Working with other professionals and the community

There are particular issues in families where there is a pregnancy or new baby. It is important to work closely with the family and network of professionals such as midwife, GP, school, social care. There are a number of programmes that adopt a whole-family approach, for example, For Baby's Sake focuses on families where there is a pregnancy or a new baby.

[Evaluation of For Baby's Sake](#) <sup>link 7</sup> shows the benefits of working in a trauma-informed way.

The Institute for Health Visitors gives [advice](#) <sup>link 8</sup> to support best practice when working with vulnerable families.

We know that abuse is not confined to intimate partner abuse. Refer to SCIE's [quick guide](#) <sup>link 9</sup> for organisations to support adults, men, LGBTQ+, families and individuals.

During the initial lockdown period, several local COVID-19 mutual-aid groups became alert to the signs of domestic violence and abuse. Some agencies saw a rise in referrals from neighbours who had the opportunity to know and see their neighbours more and gained better knowledge of local support available.

Some agencies have delivered webinars to community groups outlining issues facing domestic abuse and practical advice and guidance of what people can do.

## Perpetrators

[Respect](#) <sup>link 10</sup> has noted an increase of calls from perpetrators to their helpline. SafeLives' [Engage: Core engagement](#) <sup>link 11</sup> offers some strategies for you to support perpetrators if they show some evidence and concerns about their behaviour.

## Assessment and safety planning

As situations change and lockdowns ease, it is a good idea to make a safety plan or revisit an existing one. SafeLives suggests some questions you could consider.

Routines and rituals may change during easing of a lockdown and could potentially be a trigger for escalation.

You may be working with families not previously known for domestic abuse, however, tensions may have escalated during a lockdown. The Stefanou Foundation has developed a [relationship spectrum](#) <sup>link 12</sup> that can help you to think about the families you are working with.

The Children and Family Court Advisory and Support Service (CAFCASS) has produced a [resource](#) <sup>link 13</sup> for assessing harmful conflict.

A recent [Survivors' Voices report](#) <sup>link 14</sup> outlines some practical steps for teachers, carers, statutory services and youth work agencies to consider with a focus on talking to children and creating opportunities to enable them to let someone know what is happening and how they are feeling.



If you are working with a family where there is high risk and high harm, you can contact Respect's [Drive webchat](#) <sup>link</sup> <sup>15</sup> for advice on Mondays, Wednesdays and Thursday from 10am–12pm and 2pm–4pm.

## Find out more

- [An introduction to coercive control](#) <sup>link 16</sup>
- [link 17](#) Children's Social Care guide to keeping families safe from domestic abuse throughout the COVID-19 emergency
- [Domestic violence and abuse: Safeguarding during the COVID-19 crisis](#) <sup>link 18</sup>
- [Domestic violence: Working with perpetrators – a guide for healthcare professionals](#) <sup>link 19</sup>
- [Engage: Core engagement](#) <sup>link 20</sup>
- [Home Office preparedness for COVID-19 \(Coronavirus\): domestic abuse and risks of harm within the home](#) <sup>link 21</sup>
- [Parental relationships spectrum - a new tool for professionals](#) <sup>link 22</sup>
- [Pathfinder toolkit](#) <sup>link 23</sup>
- [Professional advice to support best practice: Working with vulnerable families](#) <sup>link 24</sup>
- [Resources for assessing harmful conflict](#) <sup>link 25</sup>
- [Respect Drive Webchat](#) <sup>link 26</sup>
- [Roadmap for front-line professionals interacting with male perpetrators of domestic violence and abuse](#) <sup>link 27</sup>
- [Staying safe during COVID-19 A guide for victims and survivors of domestic abuse](#) <sup>link 28</sup>
- [Supporting 'off-radar' children and young people who are at risk of violence/abuse in their household: Part 1 \(interim report\)](#) <sup>link 29</sup>
- [The evaluation of For Baby's Sake](#) <sup>link 30</sup>
- [Training GPs to identify domestic violence leads to dramatic increase in finding victims](#) <sup>link 31</sup>

## SCIE support

[SCIE's COVID-19 hub](#) <sup>link 32</sup> contains more relevant information including safeguarding, supporting people who are isolated and vulnerable, and infection control. It can be used when supporting and safeguarding adults and children during COVID-19, and can also be shared with community groups.

**link 1** | <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/321.pdf>

**link 2** | [https://safelives.org.uk/practice\\_blog/introduction-coercive-control](https://safelives.org.uk/practice_blog/introduction-coercive-control)

**link 3** | <https://safelives.org.uk/sites/default/files/resources/Covid%20guidance%20for%20Children's%20Social%20Care.pdf>

**link 4** | [https://www.work-with-perpetrators.eu/fileadmin/WWP\\_Network/redakteure/ENGAGE/engage\\_EN\\_190313\\_web.pdf](https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf)

**link 5** | <https://www.qmul.ac.uk/media/news/2020/smd/training-gps-to-identify-domestic-violence-leads-to-dramatic-increase-in-finding-victims.html>

**link 6** | [http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DV-Working\\_with\\_perpertrators.pdf](http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DV-Working_with_perpertrators.pdf)

**link 7** | [https://12de7a7a-a948-409f-b503-6d23b500e6d3.filesusr.com/ugd/7a0b7c\\_d958eb0089c24c5b8b1b716a4437679b.pdf?index=true](https://12de7a7a-a948-409f-b503-6d23b500e6d3.filesusr.com/ugd/7a0b7c_d958eb0089c24c5b8b1b716a4437679b.pdf?index=true)

**link 8** | <https://ihv.org.uk/wp-content/uploads/2020/06/Vulnerable-Families-FINAL-VERSION-19.6.20.pdf>

**link 9** | <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse>

**link 10** | <https://www.theguardian.com/society/2020/apr/09/uk-domestic-abuse-helplines-report-surge-in-calls-during-lockdown>

**link 11** | <https://safelives.org.uk/sites/default/files/resources/Engage%20RW.%202020.%20Core%20engagement.pdf>

**link 12** | <https://www.stefanoufoundation.org/post/parental-relationships-spectrum-a-new-tool-for-professionals>

**link 13** | <https://www.cafcass.gov.uk/grown-ups/professionals/ciaf/resources-for-assessing-harmful-conflict/>

**link 14** | [https://www.vamhn.co.uk/uploads/1/2/2/7/122741688/off\\_radar\\_c\\_yp\\_at\\_risk\\_report\\_part\\_1\\_.pdf](https://www.vamhn.co.uk/uploads/1/2/2/7/122741688/off_radar_c_yp_at_risk_report_part_1_.pdf)

**link 15** | <https://respectphoneline.org.uk/frontline-workers/>

**link 16** | [https://safelives.org.uk/practice\\_blog/introduction-coercive-control](https://safelives.org.uk/practice_blog/introduction-coercive-control)

**link 17** | <https://safelives.org.uk/sites/default/files/resources/Covid%20guidance%20for%20Children's%20Social%20Care.pdf>

**link 18** | <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse>

**link 19** | [http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DV-Working\\_with\\_perpertrators.pdf](http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DV-Working_with_perpertrators.pdf)

**link 20** | <https://safelives.org.uk/sites/default/files/resources/Engage%20RW.%202020.%20Core%20engagement.pdf>

**link 21** | <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/321.pdf>

**link 22** | <https://www.stefanoufoundation.org/post/parental-relationships-spectrum-a-new-tool-for-professionals>

**link 23** | <https://safelives.org.uk/health-pathfinder>

**link 24** | <https://ihv.org.uk/wp-content/uploads/2020/06/Vulnerable-Families-FINAL-VERSION-19.6.20.pdf>

**link 25** | <https://www.cafcass.gov.uk/grown-ups/professionals/ciaf/resources-for-assessing-harmful-conflict/>

**link 26** | <https://respectphoneline.org.uk/frontline-workers/>

**link 27** | [https://www.work-with-perpetrators.eu/fileadmin/WWP\\_Network/redakteure/ENGAGE/engage\\_EN\\_190313\\_web.pdf](https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf)

**link 28** | <https://safelives.org.uk/sites/default/files/resources/Safety%20planning%20guide,%20victims%20and%20survivors,%20COVID-19.pdf>

**link 29** | [https://www.vamhn.co.uk/uploads/1/2/2/7/122741688/off\\_radar\\_c\\_yp\\_at\\_risk\\_report\\_part\\_1\\_.pdf](https://www.vamhn.co.uk/uploads/1/2/2/7/122741688/off_radar_c_yp_at_risk_report_part_1_.pdf)

**link 30** | [https://12de7a7a-a948-409f-b503-6d23b500e6d3.filesusr.com/ugd/7a0b7c\\_d958eb0089c24c5b8b1b716a4437679b.pdf?index=true](https://12de7a7a-a948-409f-b503-6d23b500e6d3.filesusr.com/ugd/7a0b7c_d958eb0089c24c5b8b1b716a4437679b.pdf?index=true)



**link 31** | <https://www.qmul.ac.uk/media/news/2020/smd/training-gps-to-identify-domestic-violence-leads-to-dramatic-increase-in-finding-victims.html>

**link 32** | <https://www.scie.org.uk/care-providers/coronavirus-covid-19>

**link 33** | <https://www.scie.org.uk/myscie/register>

**link 34** | <https://www.scie.org.uk/myscie/login>

