



# Coronavirus (COVID-19): domestic abuse and other forms of violence against women and girls during Phases 1, 2 and 3 of Scotland's route map (22 May to 11 August 2020)



**CRIME AND JUSTICE**

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## 1. Introduction

This paper provides an update to a Scottish Government [report](#) published in June 2020, which explored the impact of the COVID-19 on people experiencing domestic abuse and other forms of violence against women and girls (VAWG) between 30 March and 22 May 2020 (the period of lockdown).<sup>1</sup>

This paper outlines trends that have been identified from qualitative research on the experience of people experiencing domestic abuse and other forms of VAWG in the subsequent period, between 22 May and 11 August. This period takes into account the movement from lockdown into Phases 1, 2 and 3 in Scotland's [route map](#)<sup>2</sup> until the reopening of schools on 11 August. Scotland entered Phase 1 on 28 May; Phase 2 on 19 June; and Phase 3 on 10 July.<sup>3</sup> A Phase Three route map update on 30 July confirmed schools would reopen on 11 August.<sup>4</sup>

The research for this report took place on a weekly basis throughout the period specified. Evidence has been gathered from two primary sources:

- Semi-structured telephone interviews with service managers and practitioners from Scottish statutory and third sector organisations involved in supporting people experiencing or perpetrating domestic abuse or other forms of VAWG;<sup>5</sup> and
- Documentary evidence provided by organisations involved in supporting people experiencing or perpetrating domestic abuse or other forms of VAWG.

The services/organisations that participated in the research have been anonymised. The majority of organisations involved primarily supported female victims of domestic abuse and the majority of incidents referred to involved a female victim and male perpetrator.<sup>6</sup> Where possible, the terminology of “victim” and “perpetrator” has been used throughout the paper in order to maintain the anonymity of the small number of organisations that support all genders of victim.

## 2. Limitations of research

There are a number of important caveats to this research.

This was a qualitative evidence-gathering exercise, and while it provides valuable insights into the experience of people experiencing domestic abuse and other forms

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<sup>1</sup> Scottish Government (2020) 'Domestic abuse and other forms of violence against women and girls (VAWG) during COVID-19 lockdown for the period 30/3/20 - 22/05/20' available at: <https://www.gov.scot/isbn/9781839608292>

<sup>2</sup> The Scottish Government published 'Coronavirus (COVID-19): Framework for Decision Making: Scotland's Route Map through and out of the crisis' on 21 May 2020 <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/>

<sup>3</sup> The restrictions associated with Phase One can be accessed at: <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-phase-1-update/pages/2/>

<sup>4</sup> <https://www.gov.scot/publications/covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-phase-3-update-30th-july-2020/>

<sup>5</sup> 44 third sector and statutory organisation/services provided evidence via telephone interviews.

<sup>6</sup> This is consistent with reported domestic crime statistics for Scotland.

of VAWG, it provides only a partial picture. As with other Scottish Government research on domestic abuse, it should be noted that even the most detailed and high quality measure of domestic abuse will only relate to a small proportion of the total domestic abuse experienced in Scotland. Domestic abuse is an under-reported and often hidden crime. The Scottish Crime and Justice Survey, for example, estimates that the police came to know about just under one-in-five of the most recent incidents of partner abuse during 2016-17 and 2017-18, therefore there will clearly be some limit to the value of any single measure as an accurate reflection of total domestic abuse in Scotland. In terms of women involved in prostitution and Commercial Sexual Exploitation (CSE) robust and reliable data is difficult to obtain and there is no identified consistent data collection in this area.

For this evidence-gathering exercise, there are also a number of specific caveats that limit the reliability of this research:

- The organisations sampled varied in their remit, client base and institutional processes, which may significantly affect the reporting of their and their clients' experience, and the reliability and robustness of data provided;
- Most local women's aid centres were not included in the sample;<sup>7</sup>
- Organisations varied in the data metrics they provided;
- The research reflects only the voice of victims engaged in services;<sup>8</sup> and this is further limited in that these voices were represented via third parties (i.e. frontline staff and service managers) rather than directly.

### **3. Summary of main findings**

While there are some anomalies in the trends identified (particularly in the experience of minority groups), there are several consistent trends reported by services that relate to victims' and children's experience.

The key points emerging from the research are as follows:

#### **Referral rates:**

- Over the period of lockdown and Phases 1 to 3, referral rates varied quite significantly across different support and advocacy organisations. Despite some anomalies, there are some generalisable trends identified.

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<sup>7</sup> Scottish Women's Aid advised that local centres were unable to participate in the research due to prioritising frontline work.

<sup>8</sup> Some research suggests victims of domestic abuse do not always engage in specialist services. SafeLives Whole Lives Survivor Survey 2020, for example, found that "67% of victims had never accessed support from a specialist domestic abuse practitioner". Other research by SafeLives found that in England and Wales, 61% of victims of domestic abuse did not seek support during the Coronavirus lockdown (<https://safelives.org.uk/sites/default/files/resources/Safe%20at%20Home%2020200615.pdf>)

- Many frontline third sector organisations experienced similar trends in referral rates, with referrals reducing significantly during the initial weeks of lockdown and gradually increasing throughout the later weeks of lockdown, and throughout Phases 1, 2 and 3.

### **Mental health impact:**

- Throughout Phases 1 to 3, all VAWG services in the sample consistently reported victims experiencing significant mental ill health due to the impact of COVID-19.
- Victims cited the combined impact of isolation, lack of safe childcare options, managing the risk of domestic abuse and the risk of the virus to have a severe impact on their mental health and resilience.
- Many organisations observed significant increases in crisis work with victims, with many people experiencing suicidal ideation, depression and anxiety, increasing substance misuse as a coping mechanism, and/or increased levels of fear, both of the perpetrator and the virus.

### **Accessing support:**

- The main barrier for services engaging with clients continues to be mitigating the service-generated risks of contacting those who reside with and are monitored by their perpetrator.
- Organisations reported increased engagement with families who had multiple, complex and intersecting needs that had been disproportionately affected by lockdown restrictions
- Digital exclusion of some victims was a consistent finding, reported by a number of support and advocacy organisations across Scotland and throughout Phases 1 to 3.
- As Scotland moved into Phases 1 to 3, many services reported that clients were facing increasing economic/financial challenges related to accessing fuel, food and essentials for children.
- Destitution funds for victims have been effective in supporting some victims<sup>9</sup> facing economic crisis during Phases 1 to 3.
- The accessibility of housing for families fleeing abuse has varied across local authority areas in Scotland.

### **Risk assessment and safety planning:**

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<sup>9</sup> Data only provides outcomes for some victims and specifically only those that are engaged with services

- Some organisations limited their face-to-face contact with victims, or online engagement with victims, due to concerns the victim might be monitored by the perpetrator.
- Despite the easing of restrictions, some domestic abuse services reported they continued to provide safety planning advice specifically applicable within victims' homes, because the options for safety planning in public places remained limited.
- Throughout phases 1 and 2, there were reports from some victims who found the restrictions provided them some respite from abuse by their perpetrator, and allowed them safe space and time with their children, which was positive. For others, lockdown and the continued restrictions magnified their isolation and escalated post-separation abuse.
- As Scotland entered Phase 1, organisations began to receive communication from victims who were postponing separating from abusive partners due to the continued restrictions, particularly the limitations around access to temporary/alternative housing.<sup>10</sup> As Scotland entered Phases 2 and 3, a number of services reported cases where the victim had communicated they were making plans to separate from their abusive partner in the following weeks, in most cases when the abusive partner returned to work and/or children returned to school.

### **Criminal Justice:**

- As the Phases out of lockdown progressed, there were increasingly frequent reports of victims losing faith in the criminal justice system.
- Victims' stress and anxiety related to delayed or rescheduled court cases was reported consistently throughout lockdown and Phases 1 to 3.
- Court advocacy services consistently reported a number of challenges in effectively advocating for victims who were witnesses in criminal cases, or engaged in civil court processes, due to the quickly changing landscape of court processes.

### **Perpetrator tactics:**

- In general, perpetrator tactics have remained fairly consistent throughout lockdown and Phases 1 to 3. Perpetrators continued to employ creative ways to coercively control their victims, including use of the Health Protection legislation and threats of infection to control their victims.
- During Phase 3, some services began to anticipate that many of the risks and perpetrator tactics specific to lockdown was likely to continue despite lockdown being eased, as the Health protection legislation has acted as a 'starting point' for many perpetrators.

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<sup>10</sup> A service that specialises in housing reported an approximate 75% decrease in victims seeking temporary accommodation due to fleeing abuse during this period.

## **Children:**

- Consistent with the period of lockdown, services received reports of children being exposed to increased levels of abuse from domestic perpetrators. This was due to prolonged contact with perpetrators when children were not returned to the non-abusive parent after contact; perpetrators' drug and alcohol abuse in the presence of children; and the impact of the perpetrator's psychological abuse and monitoring behaviours on the non-abusive parent and their parenting capacity. Services for children and young people reported this has had a significant impact on children's mental health and wellbeing.

## **Child contact:**

- Domestic abuse perpetrated during or via child contact was widely reported by organisations across Scotland throughout the period of lockdown and Phases 1 to 3.
- There were consistent reports from across Scotland of women facilitating child contact outwith the conditions of agreements or court orders, in order to placate perpetrators and manage abuse.

## **Women in Prostitution and Commercial Sexual Exploitation (CSE):**

- Throughout Phases 1 to 3 there was evidence that women involved in prostitution continued to meet in person<sup>11</sup> and online advertisements continued to make reference to Coronavirus and/or women's challenging financial situation as the justification for engaging in online work.

## **Honour-based violence:**

- During phase 3, two specialist Black and Minority Ethnic (BME) domestic abuse support organisations highlighted a decrease in contact from women experiencing honour-based violence and/or enforced servitude from their extended family, raising concerns that women were unable to make contact due to stricter controls on their freedoms.

## **Experience of domestic abuse/VAWG services:**

- Across the board, the restrictions associated with Phases 1 to 3 had a significant impact on VAWG services' working practice.
- There were also a number of opportunities and positive outcomes identified for VAWG services during phases 1 to 3, relating to partnership-working, attendance at remote events and offering a service to more or a broader range of victims.

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<sup>11</sup> Sometimes in-person meetings was the only option listed in their profiles/advertisement/website.

The remainder of this paper provides additional information on findings within each of the identified thematic areas.

#### 4. Referral rates

Over the period of lockdown and Phases 1 to 3, referral rates varied quite significantly across different support and advocacy organisations, although there were some generalisable trends identified. The majority of frontline third sector organisations experienced similar trends in referrals, with referrals reducing significantly during the initial weeks of lockdown, then increasing in the latter weeks and during Phase 1, however not returning to 'pre-COVID-19' levels. A small number of services reported they did not observe any significant changes when phases 1, 2 and 3 were introduced and rates remained steady. One organisation reported their referral rates for support and outreach remained consistent with an equivalent period in 2019, however requests to enter refuge doubled during lockdown and the subsequent phases.<sup>12</sup>

As Scotland moved into Phase 2, referral rates began to vary more widely across Scotland. Two domestic abuse organisations reported increases in third party referrals<sup>13</sup> and some observed small increases in women asking for support to report domestic abuse to police. During this period, 10% of Multi Agency Risk Assessment Conferences (Maracs) reported referrals were higher than usual; 23% reported an increase in the number of repeat referrals since the introduction of lockdown and 10% communicated that lockdown had led to an increase in the number of referrals for groups which can often be 'hidden', such as Lesbian, Gay, Bisexual and Transgender (LGBT+), Black and Minority Ethnic (BME) and victims with disabilities.<sup>14</sup> A national sexual abuse support/advocacy organisation observed its highest helpline referrals to date. One organisation supporting women in prostitution observed a significant increase in self-referrals during this period.

During phase 2 (for the week 25 June to 1 July) there was a significant increase in the number of children (121, an increase of 40 from the previous week) registered on the Child Protection Register, of which 48% had domestic abuse reported as a significant factor in their registration.<sup>15</sup> This compares with 94 registrations in the same week in 2019, 36% of which had domestic abuse recorded as a concern at the case conference where the child was registered.

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<sup>12</sup> Staff report the opportunity for clients to find alternative, short-term accommodation (such as staying with friends/family) was limited, and therefore refuge was increasingly sought.

<sup>13</sup> One service reported a significant increase in anonymous referrals from individuals who were concerned about a friend or family member, and another service has observed an increase in third party (friends and family) making referrals. The services believe this was an indication that some women were unable to safely access support themselves.

<sup>14</sup> SafeLives 2020 'Scottish Marac COVID-19 survey results' p. 5; SafeLives conducted a survey with Maracs in Scotland between 21st April and 28th of May. Of note: "there were a few duplicated responses, where more than one person from the same Marac had responded to the survey, and some responses accounted for more than one Marac. The following statistics in this document are based on responses from 30 Maracs. Due to the small sample size please be aware that 1 Marac represents 3 percentage points (3%)." (SafeLives 2020 'Scottish Marac COVID-19 survey results').

<sup>15</sup><https://public.tableau.com/profile/sg.eas.learninganalysis#!/vizhome/VulnerableChildrenandAdultProtection/Introduction>



A small number of organisations also observed an increase in referrals related to online/social media activity during Phase 2. The service observed an increase in referrals relating to women, particularly younger women, naming their abuser online and seeking support following the repercussions arising from this. It also received increased referrals from transgender victim/survivors, some of whom made reference to ongoing anti-trans campaigns online and how this impacted on their experience and barriers to reporting. One service also observed an increase in referrals seemingly related to the increased coverage of the Black Lives Matter movement and focus on housing refugees in hotels. The organisation observed a number of referrals relating to the intersection of other forms of structural violence (such as racial inequalities) with domestic and sexual abuse.

During this period, most organisations observed an increase in the range of referring organisations,<sup>16</sup> with most reporting that referrals were being received from the 'usual range' of statutory and third sector partners as before lockdown.

As Scotland moved into Phase 3, the majority of organisations reported increases in referral rates, many to rates equivalent to comparable periods in 2019 or 'pre-lockdown'. A minority of services continue to report referrals lower than pre-COVID-19 or an equivalent period in 2019.

Maracs identified a decrease in referrals for most areas at the start of lockdown, and noted referrals increased throughout Phases 1 to 3. For most, referrals during Phase 3 were equal to or above 'pre-lockdown' levels. Some Maracs observed trends in the age of victims with more young and older victims being referred to Marac than usual. This was consistent with some local domestic abuse support services who have observed increases in referrals for older people.

## **5. Mental health impact**

Throughout Phases 1 to 3, all VAWG services involved in the research consistently reported victims experiencing significant mental ill health due to the impact of COVID-19. Organisations reported victims cited the combined impact of isolation, lack of safe childcare options, managing the risk of domestic abuse and the risk of the virus to have a severe impact on their mental health and resilience. Some victims of domestic abuse reported their lack of options for 'emotional safety-planning' (attending safe spaces such as churches and/or sporting, parenting or community groups) impacted negatively on their mental health. The impact was also particularly acute for women involved in prostitution/CSE due to the unknown end date and financial and economic impacts of the Coronavirus restrictions.

Many organisations observed increases in crisis work with victims, with many people experiencing suicidal ideation, depression and anxiety, increasing substance misuse as a coping mechanism, and/or increased levels of fear, both of the perpetrator and the virus. Organisations observed that victims required increased support, with many

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<sup>16</sup> "In the first three weeks of lockdown, referrals to domestic abuse services came from a narrower range of partners. After week 4, some services reported referrals from sources that did not usually refer to them." (Scottish Government (2020) 'Domestic abuse and other forms of violence against women and girls (VAWG) during COVID-19 lockdown for the period 30/3/20 - 22/05/20' available at: <https://www.gov.scot/isbn/9781839608292>)

contacting services several times a week and requiring extended support calls.<sup>17</sup> A number of services report that low mood and trauma triggers appear to be a recurring feature for the most isolated women.<sup>18</sup>

Particularly during Phases 1 and 2, there were reports of victims with addictions lapsing or relapsing during lockdown, and services and clients attributing relapse to increased isolation, lack of support and the increased pressures of having children at home.

Some organisations (both those supporting women in prostitution and people experiencing domestic abuse) set up partnerships or in-house arrangements to offer trauma-informed counselling/therapy to victims, or expanded existing services. Most organisations offered only a small number of counselling spaces and reported demand and uptake were high.

## **6. Accessing support**

The main barrier for services engaging with victims continued to be mitigating the service-generated risks of contacting those who reside with and/or are monitored by their perpetrator. Throughout lockdown and Phases 1 and 2, some organisations continued to report some women and children were unable to engage with support/therapeutic services due to the near constant presence and/or monitoring of the perpetrator and victims' lack of access to safe space. Some services reported they were experiencing challenges conducting initial referral meetings by telephone/remotely, particularly where Domestic Abuse, Stalking and Honour-based violence (DASH) risk assessment, diversity information, confidentiality agreements and safety plans must all be discussed for entry into the service, as this was a time- and resource-intensive process.

Digital exclusion of some victims was a consistent finding, reported by a number of support and advocacy organisations across Scotland and throughout Phases 1 to 3. Services observed some victims were disproportionately affected, namely those who did not own a smart device, those who did not have good telephone signal in their area, and those who did not have a Wifi connection. Women fleeing abuse who were housed in temporary accommodation were also disproportionately affected. Some women with school age children provided their smart devices to children to access online schooling, which left them without digital access.

At the end of Phase 1, organisations reported increased engagement with families who had multiple, complex and intersecting needs that had been disproportionately affected by lockdown restrictions. Services reported challenges in sufficiently supporting victims, some of whom were experiencing challenges associated with the Coronavirus restrictions (such as specific domestic abuse behaviours, digital exclusion, supporting children with anxiety or other mental health conditions or challenging behaviours, and/or problems accessing basic resources) and other

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<sup>17</sup> One service reported support calls lasting an average of 1 hour 20 minutes with clients.

<sup>18</sup> Some women involved in prostitution who have moved from face-to-face to online engagement reported the busyness of 'normal life' does not allow time for reflection, but being confined to the house and offering only online services had exacerbated existing trauma.

ongoing challenges (such as addictions, mental health, poverty, bereavement, etc.). In some cases, these circumstances were compounded by a lack of spaces in childcare hubs, mothers' roles as key workers, the absence of family support and reduced provision of mainstream support services.

As Scotland moved into Phase 2 and 3, an increasing number of organisations reported engagement with very complex family cases with multiple, intersecting needs. In many of these cases, services reported struggling to meet all the needs of families, due to resource constraints or the limited service provision of partner agencies. In Phases 2 and 3, a minority of services noted that some women experiencing domestic abuse or involved in prostitution/CSE require a very high level of advocacy to access multiple services and this has been especially challenging during the COVID-19 crisis. Services observed that some victims require a high level of in-person support to attend appointments, contact services and navigate processes, and the absence of face-to-face advocacy had impacted negatively on victims' access and support options and capacity.

## **7. Requests for general support**

As Scotland moved from lockdown into Phases 1 and 2, many services reported that clients were facing increasing economic/financial challenges. In particular, services reported an increase in engagement related to victims accessing fuel, food and essentials for children. Some services report increased applications to destitution resources and many specialist VAWG organisations continued to resource outreach services that delivered food and fuel vouchers, food parcels, toiletries, essentials for children, and other financial assistance to victims.

Some organisation set up services offering small grants to victims in financial crisis, for which demand was high. Victim Support Scotland's 'Victims Fund'<sup>19</sup> was referred to by a number of organisations in supporting victims. Similarly, the Encompass Network's Fund,<sup>20</sup> set up to support women in or exiting prostitution who were in crisis was described by services as a "lifesaver" for many of these women. Some organisations diverted specialist domestic abuse staff to crisis roles to cope with the demand for these services.

The accessibility of housing varied across local authority areas in Scotland. During Phases 1 and 2, some services reported there were fewer temporary housing options for clients fleeing domestic abuse, particularly for those who did not want to present as homeless. Services from one local authority area reported significant challenges, with some victims having been housed in hotels for the duration of lockdown and the subsequent Phases, some in inappropriate accommodation for periods of time, and significant delays for others. One service reported the local refuges were full and this limited the options available for women fleeing abuse. Some service managers also reported that some housing associations continued to

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<sup>19</sup> See <https://victimsupport.scot/victims-fund/#:-:text=The%20Victims%E2%80%99%20Fund%2C%20which%20is%20administered%20by%20Victim.by%20a%20crime%20that%20has%20occurred%20within%20Scotland.>

<sup>20</sup> See <https://www.encompassnetwork.info/>

request evidence of clients' high risk prior to facilitating housing moves.<sup>21</sup> By contrast, some local authority areas reported the housing response to families fleeing abuse had been fast and coordinated, with some councils bypassing temporary accommodation and housing families directly into permanent accommodation, and others rehousing families within 1 to 2 days.

## **8. Risks and Safety planning**

Consistent with the period of lockdown, throughout phases 1 and 2 there continued to be reports from some victims who had found the restrictions provided them some respite from abuse by their perpetrator, and allowed them safe space and time with their children, which had been positive. For others, lockdown and the continued restrictions had magnified their isolation and escalated post-separation abuse.

Despite the easing of restrictions, some domestic abuse services reported they continued to provide safety planning advice specifically applicable within victims' homes because the options for safety planning in public places remained limited.

As mentioned above, throughout Phases 1 to 3, there were continued reports of support organisations that were unable to safely contact victims due to the presence of the perpetrator. During phase 3, a domestic abuse recovery service reported it had been unable to accept new clients who remain in a relationship with the perpetrator due to service generated risks associated with remote working. Prior to the COVID-19 crisis, the service accepted women who remained with the abusive partner into its (face-to-face) group work programme. However, the manager felt unable to accept women who remain with the perpetrator into remote sessions due to the risks for the victim and others of being monitored by the perpetrator. During Phase 3, some organisations also restricted their face-to-face engagement with victims in public places, such as cafes or parks, due to the risk of being observed/monitored by the perpetrator.

Throughout the period of lockdown, organisations consistently communicated an anticipated increase in referrals once restrictions were lifted. As Scotland entered Phase 1, organisations began to receive communication from victims who were postponing separating from abusive partners due to the continued restrictions, particularly the limitations around access to temporary/alternative housing.<sup>22</sup> As Scotland entered Phases 2 and 3, a number of services reported victims communicated they were making plans to separate from their abusive partner in the following weeks, in most cases when the abusive partner returned to work and/or children returned to school. During Phase 3, a specialist BME organisation reported a number of clients that communicated they wished to leave their abusive partner but due to their immigration status and the limits to them accessing housing, universal credit, employment etc. they chose to remain in a relationship with the perpetrator.<sup>23</sup>

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<sup>21</sup> Sometimes in the form of 'evidence letters' from specialist domestic abuse services.

<sup>22</sup> A service that specialises in housing reported an approximate 75% decrease in victims seeking temporary accommodation due to fleeing abuse during this period.

<sup>23</sup> While this was a pre-existing challenge for some BME clients with insecure immigration status and EEA nationals prior to the COVID-19 crisis, specialist BME services observed the challenge had been exacerbated due to the additional barriers to leaving during lockdown.

## 9. Criminal justice

As the Phases out of lockdown progressed, there were increasingly frequent reports of victims losing faith in the criminal justice system. Victims' stress and anxiety related to delayed or rescheduled court cases was also consistently reported throughout lockdown and Phases 1 to 3.

Services reported that some victims did not feel they were being offered a sufficient or risk-based response from the criminal justice system, or from the family court system in relation to child contact. Throughout Phases 1 to 3, organisations reported a high number of victims attributed court and justice outcomes (e.g. absence of special bail conditions; the increased use of undertakings; perceived leniency in response to multiple, repeated offences; the lack of a non-harassment order and the use of financial penalties in sentencing) to COVID-19, and during Phase 3 some victims stated they were less likely to report in future as a result of the response. Court advocacy organisations also expressed concern about perceived increases in perpetrators who would usually be remanded or imprisoned being released on bail or police undertaking. It should be noted these were observations only and not based on statistical analysis of court proceedings.<sup>24</sup> Police Scotland undertook a number of measures to address identified issues.<sup>25 26 27</sup> Court advocacy staff reported challenges keeping victims engaged and observed high levels of despondency related to the delays in court cases and feeling that the justice system was not responding to victims' needs effectively. During Phase 3, a small number of Maracs observed an increase in repeat referrals and identified barriers to managing victim safety effectively due to the use of bail conditions for repeat offences and a perceived increase in leniency towards perpetrators in the court's use of remand.

During Phases 1 and 2, there were consistent reports from domestic abuse support organisations of victims being unaware of the 'business as usual' message relating to the criminal justice response to domestic abuse. There were continued reports of victims perceiving the police were too busy to attend domestic abuse incidents and some victims communicating to support services they had consequently chosen not

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<sup>24</sup> It should also be noted this is anecdotal evidence and there is no indication of the number of victims or proportion of court cases involved.

<sup>25</sup> Police Scotland's Domestic Abuse Co-ordination Unit (DACU) and Criminal Justice Services Division (CJSD) provided guidance and training to support the revised Lord Advocate's Guidelines in terms of changes to Liberation On Undertaking (extension to 90 days), ensuring victim safety was prioritised and explored the impact of the inconsistent language ("substantial"/"significant") in the first two iterations of the Lord Advocate's Guidelines. The third version of the Lord Advocate's Guidelines provided language consistent with the Joint Protocol and rescinded 90 day timescales. The training and guidance had a positive impact on the police custody outcomes, increasing the number of perpetrators held for court and enhancing undertaking conditions.

<sup>26</sup> As a result of concerns raised by internal and external partners a Short Life Working Group was established within Police Scotland to review a selection of custody decision disposals for domestic abuse perpetrators to identify opportunities for organisational learning and development in the context of the COVID-19 pandemic. This review was undertaken jointly by staff from Police Scotland's Domestic Abuse Co-ordination Unit (DACU) and Criminal Justice Services Division (CJSD) and opportunities to improve decision making, information-sharing and appropriate safety planning identified. New guidance for CJSD officers was circulated which was supported by training, jointly delivered by CJSD and DACU staff. This guidance aims to ensure a more consistent approach to dealing with domestic abuse perpetrators.

<sup>27</sup> Prior to the Coronavirus crisis, Police Scotland established feedback pathways with some domestic abuse services, which helps to direct the concerns and issues raised by service users to the police. Police Scotland report that these pathways generally provide sufficiently detailed information that allows relevant understanding of the issues raised, capture of organisational learning and resolution by way of appropriate responses.

to report to police.<sup>28</sup> In some cases, perpetrators were reinforcing this message as part of their abusive tactics. Some court advocacy and other domestic abuse support services observed increased communications from victims whose perpetrator had stated remand and/or imprisonment were unlikely in the current context and believed if they breached bail conditions/court orders or engaged in other criminality, the sentence would be more lenient.

Court advocacy services consistently reported a number of challenges in effectively advocating for victims who were witnesses in criminal cases, or engaged in civil court processes. While some of these challenges were resolved through communication with court agencies, including the Crown Office and Prosecution Service (COPFS),<sup>29</sup> court advocacy services reported the quickly changing landscape of the criminal justice process presented new challenges throughout Phases 1 to 3. Some organisations also experienced significant difficulties accessing accurate information for victims on the status of the courts and individual cases.<sup>30</sup> In particular, court advocacy organisations reported difficulties in accessing accurate and up-to-date information relating to bail review hearings.

## 10. Perpetrator tactics

In general, perpetrator tactics have remained fairly consistent throughout lockdown and Phases 1 to 3. Perpetrators continued to employ creative ways to coercively control their victims, including use of the Health Protection legislation and threats of infection to control their victims. There were reports from domestic abuse support organisations of perpetrators sabotaging victims' ability to work from home;<sup>31</sup> using the risk of infection to justify their lack of affection/contact with their partner as a form of emotional abuse; and coercing their way back into victims' homes, using COVID-19-related arguments to justify access.<sup>32</sup> Some services observed increases in online stalking and harassment behaviours. Services perceive this is due to an increase in time spent online in general and because, for some, this was the only means they had to control their partner/ex-partner. Services further reported perpetrators using the varying restrictions associated with Phases 1 to 3 to coercively control victims, including by purposefully confusing victims/children about the restrictions as a means of monitoring and isolating them.

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<sup>28</sup> It should be noted that Police Scotland provided consistent communications on the 'business as usual' message across all media (online and offline). The Lord Advocate also consistently publicly affirmed from the start of lockdown that the Crown's commitment to tackling domestic abuse remains firm, especially during this unprecedented time, and domestic abuse cases will continue to be prosecuted vigorously and fairly.

<sup>29</sup> COPFS issued guidance to prosecutors and Victim Information and Advice (VIA) staff since the start of lockdown on dealing with accelerated pleas, bail reviews and Non-harassment orders (NHOs). This guidance addresses the issues highlighted by advocacy and support services and reinforces the importance of: (a) keeping victims updated and seeking victims' views on bail reviews and NHOs and (b) engagement with support services to ensure they are aware in advance of court diets to enable safety planning and advocacy for victims. Further steps have also been taken by COPFS to improve partnership working with advocacy services, including improving the recording of information about advocacy services where the victim has such support, and providing identified PF contacts to advocacy services to improve resolution of local issues.

<sup>30</sup> For example, some services reported significant issues advocating for special bail conditions to be altered. Some reported long delays (of up to 4 weeks) in response from courts.

<sup>31</sup> By refusing to care for children during work hours or disconnecting the internet, for example.

<sup>32</sup> For some women, the presence of the perpetrator meant they became ineligible for certain therapeutic/support programmes, entry into which relies on their separation from the perpetrator.

Consistent with the period of lockdown, there were consistent reports that perpetrators' alcohol use had escalated, exacerbating the frequency and severity of abuse. There were also continued reports of victims being coerced to return to abusive partners, particularly where women were seeking additional support with childcare or were severely isolated.

During phases 2 and 3, there was some evidence of an increase in perpetrators presenting as victims and/or using services to further extend their abuse and manipulation. One service that supports male and LGBTI+ victims observed an increase in the number of referrals but a decrease in the number of cases accepted.<sup>33</sup> The service manager observed this was likely due to an increase in the number of perpetrators presenting as victims, who were therefore not accepted into the service after post-referral screening and risk assessment. In some cases, new clients quickly asked for evidence letters to prove their victim status<sup>34</sup> and this raised workers' concerns. In response, the service strengthened their assessment procedures and more time was spent screening, evidence-gathering and in liaison with colleagues about individual cases. Similarly, a national service for rehabilitation of male perpetrators observed no reported reduction in willingness of perpetrators to engage in programmes, however communicated concerns about an increased incidence of disguised compliance by perpetrators in programmes.

During Phase 3, some services began to anticipate that many of the risks and perpetrator tactics specific to lockdown (for example: enforced isolation; less contact with family/friends; coercive control of access to food, medicine and /or the internet/phone; economic abuse related to furlough/redundancy etc.) was likely to continue despite lockdown being eased, as the Health protection legislation has acted as a 'starting point' for many perpetrators. Some service managers observed that lockdown had provided perpetrators an increased opportunity to coercively control their partners and some victims reported that these behaviours were continuing despite the easing of lockdown allowing greater freedoms of association.

In terms of women in prostitution, support organisations observed an increase in coercive controlling and abusive behaviours among men purchasing sex and/or online images. Services reported increasing numbers of women becoming involved in online CSE and in women selling images, and an increasing level of competition to generate income. Some organisations received reports of punters coercing women into engaging in riskier practice, such as sending images privately or meeting in-person, sometimes in their own home. During Phase 3, some women who had sold images reported abusive behaviours, such as stalking/harassment; verbal abuse and communications offences, or punters selling on images without their consent.

## **11. Children**

Consistent with the period of lockdown, services received reports of children being exposed to increased levels of abuse due to: prolonged contact with perpetrators when they are not returned after contact; perpetrators' drug and alcohol abuse in the

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<sup>33</sup> Cases are accepted into the service after a screening process.

<sup>34</sup> Evidence letters are sometimes requested by victims as evidence of their experience of abuse, and used as proof for their need to access other mainstream services (such as housing or counselling) or are used in family court applications or other legal proceedings.

presence of children; the impact of the perpetrator's psychological abuse and monitoring behaviours on the non-abusive parent and their parenting capacity. Some services reported that, where the perpetrator had coerced their way back into the victim's home, this had a significant impact on children who had started their recovery journey. Some specialist children's organisations reported cases where children's recovery has been reversed by the presence of the perpetrator and children were experiencing high levels of fear, anxiety and stress.

There were some reports of children who had fled domestic abuse and were housed in temporary accommodation experiencing challenges accessing online schooling due to the lack of secure internet or smart devices. Similarly, some organisations received reports of children who had fled abuse suffering severe isolation, as digital exclusion prevented remote engagement with friends<sup>35</sup> and the limitations of face-to-face contact.

Most services communicated that remote engagement with younger children, particularly those aged 8 and under, was very difficult. In relation to Cedar (Children Experiencing Domestic Abuse Recovery, a domestic abuse recovery programme for children and young people that operates in nine local authority areas in Scotland), restrictions mean that therapeutic group work stopped across all projects for all ages of participants. A number of Cedar projects chose to provide one-to-one support or virtual group sessions for children, young people and their mothers that focused on wellbeing activities (rather than recovery from domestic abuse specifically), while one project adapted the Cedar model to begin to deliver therapeutic group work online from July onwards.

Some services reported a cumulative effect for victims with caring responsibilities for children with additional needs. Victims reported struggling to keep children sufficiently engaged and supported, particularly in cases where specialist support services were unavailable or additional support/special school places were limited. For some, this challenge was exacerbated in Phase 3 during the school holidays as children no longer had school work to structure their day, and options for holiday activities were limited due to remaining restrictions.

## **12. Child contact**

The most consistent finding throughout the period of lockdown and Phases 1 to 3 related to abuse perpetrated via child contact.

As Scotland progressed from lockdown into Phases 1, 2 and 3, services reported victims were experiencing demands for increased levels of contact, with perpetrators citing the easing of restrictions as justification. Domestic abuse via child contact took a number of forms. There were consistent reports of perpetrators using telephone and video-call contact with children to monitor victims. A number of different organisations received reports from victims of perpetrators instructing children to show them round the house during video-contact, or of victims and children being coerced into leaving video-calls running for long periods, allowing perpetrators to

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<sup>35</sup> For example, contact with friends via social media or gaming platforms was not possible due to the lack of a smart device, Wifi or phone signal at the new accommodation.



monitor the household. Consistent with the period of lockdown, throughout phases 1 and 2 there were continued reports of perpetrators breaching Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 during contact with children. In some cases, children communicated that contact had taken place in numerous different households and/or they had contact with extended family or other associates, in breach of the Coronavirus restrictions. In some cases, perpetrators used children's potential exposure to the virus as justification for their non-return following planned contact.

Particularly in Phase 1, services reported the guidance on facilitating child contact in cases of domestic abuse was ambiguous and advocacy services struggled to provide accurate advice. During Phases 1 and 2, there were some limited reports of women experiencing challenges accessing justice for ongoing harassment and abuse related to child contact. Two organisations provided cases whereby women had reported incidents to the police and were advised child conflict was a civil matter and to consult a solicitor; conversely, their solicitors advised that there was no court business ongoing so the victims should contact the police for advice.<sup>36 37</sup>

Child contact centres closed in Scotland at the start of lockdown in March. Social distancing restrictions also prohibited some third party contact and/or handover arrangements during lockdown and phases 1 and 2.<sup>38</sup> There were consistent reports from organisations across Scotland of women facilitating child contact outwith the conditions of agreements or court orders, in order to placate perpetrators and manage abuse. In some cases where there was an existing court order for supervised child contact, women had chosen to stop contact, due to child protection concerns, the lack of an appropriate third party, and/or to protect against transmission of the virus. Some court advocacy organisations reported women experienced high levels of anxiety relating to how this decision would be perceived by the court. During Phase 3, one service highlighted that some women, who had been shielding, were being asked to provide their personal medical information to family courts in child contact cases as evidence of their justification for limiting contact.

During phase 3, some services reported increased incidents of perpetrators attending victims' houses for handover and abuse being perpetrated "on the doorstep". One service reported some perpetrators had breached supervised contact orders to see their children following the announcement that social distancing measures were no longer necessary for under-12s. In Phase 3, the Marac coordinators' forum identified child contact as a 'lockdown specific issue', particularly

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<sup>36</sup> One organisation provided specific details of a case where a child was not returned to the mother after contact as per the conditions of a court order: police advised it was a civil matter and a solicitor advised the police could forcibly return the child. Another organisation provided details of a case where a woman was experiencing repeated harassment and verbal abuse during and related to child contact and had received similar advice from police and a solicitor.

<sup>37</sup> Police Scotland issued new guidance for Criminal Justice Services Division (CJSD) officers which was supported by training, jointly delivered by CJSD and DACU staff. This guidance aims to ensure a more consistent approach to dealing with domestic abuse perpetrators. This included guidance on child contact issued nationally to ensure the health and wellbeing of children is prioritised and police officers and staff are vigilant to behaviours perpetrated as part of domestic abuse.

<sup>38</sup> Such as handovers that took place in school, or supervised contact at a relative's house.

the increased use of child contact and contact centre closures to extend abuse and/or have bail conditions changed or dropped.<sup>39</sup>

### **13. Women involved in prostitution and Commercial Sexual Exploitation**

Throughout Phases 1 to 3 there was evidence that women involved in prostitution continued to meet in person.<sup>40</sup> In some of these cases, women advertised that they used precautions against the virus.<sup>41</sup>

The economic impact of lockdown and the subsequent phases had a significant impact on women in prostitution and CSE. Online advertisements continued to make reference to Coronavirus and women's challenging financial situation as the justification for engaging in online work. Many support organisations established destitution funds and/or worked in partnership with other third sector and statutory organisations to access crisis resources for women.<sup>42</sup> In particular, the Encompass Network Fund<sup>43</sup> was established to offer destitution funds for women involved in selling or exchanging sex, who were affected by COVID-19 and in need of financial help. During Phase 3, Encompass Fund administrators noted that: a significant number of applicants to the Encompass fund were mothers presenting in financial crisis; applicants indicated they wished to exit prostitution in the near or short term future; and many applications related to rent arrears, council tax arrears, food, fuel or essential resources for children. Organisations reported that the stigma associated with prostitution prevented some women from applying for destitution grants or other support, because the majority of these services required women to provide their real name, proof of identification, a current address and other personal details, which they were reluctant to share due to concerns around confidentiality and anonymity.

Organisations reported that the announcement in phase 2 that individuals who live alone could meet indoors with a partner without physical distancing meant that many women in prostitution returned to selling sex, with many reporting pressure from customers and managers to do so. During phase 2, services also observed an increasing number of aggressive online posts putting pressure on women to meet in person for direct sex and discouraging others from engaging only in online activity.<sup>44</sup>

Research suggested that Scotland's move into Phase 3 had a number of impacts for women in prostitution and CSE. Support services observed an increase in new women entering prostitution, the majority citing financial reasons for their involvement. Some organisations restarted outreach work during this period and workers observed women selling sex and men purchasing sex in some public areas during the weekend evenings. The reopening of hotels, bars and restaurants was

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<sup>39</sup> SafeLives hosted the Scotland Marac Coordinators' Forum on 28<sup>th</sup> July, via Microsoft Teams. 8 Marac Coordinators, representing 18 of Scotland's 32 operational Maracs.

<sup>40</sup> Sometimes in-person meetings was listed in their profiles/advertisement/website.

<sup>41</sup> Such as showers, masks, hand sanitiser etc.

<sup>42</sup> The Encompass Fund was cited regularly. Victim Support Scotland's 'Victims Fund' was cited by several service managers as being a valuable source of aid for women in prostitution.

<sup>43</sup> See <https://www.encompassnetwork.info/>

<sup>44</sup> Cased on the content of the posts, services perceived punters felt online engagement was diminishing the need to meet face-to-face, which was their preference.

reported to have a significant on women in prostitution, with many returning to selling sex at this point. Some women reported they were trying to engage with as many punters as possible during this period in case another lockdown was imposed that would prevent them from generating income. Further, there were some online forum posts and advertisements indicating an increase in women touring,<sup>45</sup> with some women travelling to Scotland from England for this purpose. Services noted the challenges of engaging with a wide range of women, some who are new and therefore not engaged in or aware of supports, along with a transient group who move or are moved around.

#### **14. Honour based violence**

During phase 3, two specialist BME domestic abuse support organisations highlighted a decrease in contact from women experiencing honour-based violence and/or enforced servitude from their extended family. This related to existing clients and new referrals. One service reported that, prior to lockdown, it received a volume of calls from women residing with in-laws who were experiencing enforced servitude, and this contact had almost entirely stopped. The service believed women were unable to make contact due to stricter controls on their freedoms caused by more family members being within the house rather than at work (due to redundancy, furlough and/or the increases in people working from home) and less time away from their perpetrators. The other service reported a decrease in referrals relating to Forced Genital Mutilation (FGM) and forced marriage. Service managers communicated significant concern that lockdown and the subsequent Phases had allowed increased opportunities for perpetrators of honour-based violence – particularly FGM – to remain undetected.

#### **15. The experience of VAWG services and staff**

Across the board, the restrictions associated with Phases 1 to 3 had a significant impact on VAWG services' working practice. As Scotland moved from lockdown to Phase 1, the majority of organisations in the sample had established protocols for remote working and safe engagement with clients. Some organisations had established online therapeutic group work programmes, for which there was continuously positive feedback. Throughout the Phases, many organisations reported working longer hours and/or amended hours to cope with the increased and varying needs of victims.

During Phase 1, some domestic abuse service managers reported decreased morale and levels of resilience among their staff. Some communicated that the route map acted as an indication of the longevity of Coronavirus' impact and staff's resilience was affected by realising the long-term impact on working practice. A minority of frontline domestic abuse services, with key worker status, continued to offer face-to-face engagement throughout lockdown and the subsequent phases. The experience of these organisations was different to those working remotely, with service managers generally reporting lower levels of vicarious trauma and higher

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<sup>45</sup> Touring involves women travelling to a destination for sex work. A scoping exercise in Glasgow indicated a 67% increase in women touring over a two week period during Phase 3.

levels of job satisfaction associated with meeting the immediate needs of victims and families. Organisations and services with a criminal justice remit reported the highest levels of despondency and low mood among staff, related to the ongoing court delays, the challenges of communicating these with victims fairly and effectively and increasingly high caseloads.<sup>46</sup>

During Phase 1, a minority of organisations began to make tentative preparations to return to face-to-face work, including deep cleaning of offices and establishing social distancing measures for work spaces. Some organisations began to offer limited face-to-face services, such as paired outdoor walks or accompanying victims to report abuse to police.

As Scotland moved into Phase 2, many service staff began to report the difficulties of engaging with victims and perpetrators remotely. Some services communicated challenges in rapport-building with victims by telephone/remotely, particularly with new clients entering the service for the first time, and with young children. A majority of organisations reported that face-to-face engagement allowed more accurate risk assessments in terms of domestic abuse, mental health and child protection and more accurate screening processes for potential perpetrators. Some staff also reported they simply found it more effective to offer support to clients in crisis face-to-face.

As Scotland entered Phase 3, there were increased reports from service managers of both staff and victims requesting a return to face-to-face engagement. The experience of organisations, in terms of service provision, tended to be affected by their location, capacity to ensure social distancing in the workplace and whether they were situated within local authority or larger organisational structures, and therefore dictated by external protocols on social distancing measures.

There were also a number of opportunities and positive outcomes identified for VAWG services during phases 1 to 3. One service, based in a rural area, reported that it was able to support a higher number of clients across a larger geographical area due to remote working and the time saved from not travelling to outreach meetings. Some victims, who were usually unable to attend face-to-face group work sessions due to travel restrictions, anxiety, agoraphobia, childcare responsibilities and/or risk of detection by the perpetrator, attended remote sessions and provided positive feedback regarding their experience. Similarly, some services observed that remote working provided increased opportunities to attend relevant trainings and seminars delivered from partners all over the UK, due to the time and resources saved in not travelling. This was reported as particularly beneficial for some BME and LGBT+ specialist support services who established links with equivalent services in England and Wales. Some services report their existing online/telephone services have improved during the COVID-19 period as more, focussed resources have been dedicated to maintaining and improving them.

There was also a correlation identified between organisational effectiveness and organisations that had robust and established multi-agency relationships, and broad

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<sup>46</sup> Due to court delays and rescheduling many court advocacy and criminal justice staff were unable to close cases but continued to accept new cases, therefore they were managing far higher caseloads than the period prior to lockdown.

knowledge and experience of clients' rights, legislation and their local context. These organisations appeared to experience the fewest challenges in supporting and advocating effectively for their clients during lockdown and the following phases.



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