



# Coronavirus (COVID-19): domestic abuse and other forms of violence against women and girls during Phase 3 of Scotland's route map (11 August - 11 October)



**CRIME AND JUSTICE**

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## 1. Introduction

This paper provides an update to previous Scottish Government reports published in [June 2020](#) and [September 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) and Phases 1,2 and 3 of Scotland's Route map until 11 August 2020, respectively.

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 11 August and 11 October 2020. This period takes into account the return of the majority of children to schools in Scotland during Phase 3 of Scotland's [route map](#)<sup>1</sup> and also includes the tightening of national restrictions by the Scottish Government on 14 September and 22 September, and various local restrictions.<sup>2</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; and
- Documentary evidence provided by organisations involved in supporting people experiencing or perpetrating domestic abuse or other forms of VAWG.

In total, 44 third sector and statutory organisation/services provided evidence via telephone interviews. 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>3</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 of VAWG, it provides only a partial picture. As with other Scottish Government

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<sup>1</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/> Scotland entered Phase 1 on 28 May; Phase 2 on 19 June; and Phase 3 on 10 July and A Phase Three route map update on 30 July confirmed schools would reopen on 11 August

<sup>2</sup> <https://www.gov.scot/publications/coronavirus-covid-19-local-measures/>

<sup>3</sup> This is consistent with reported domestic crime statistics for Scotland.

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>4</sup>
- Organisations varied in the data metrics they provided;
- The research reflects only the voice of victims engaged in services;<sup>5</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:**

- Referral rates during Phase 3 were varied across Scotland. Some services reported no significant increases from previous Phases, and observed referrals to have returned to equivalent 'pre-COVID' periods. However, a number of services reported significantly increased referral rates.

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<sup>4</sup> Scottish Women's Aid advised that local centres were unable to participate in the research due to prioritising frontline work.

<sup>5</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>)

- For organisations that mainly support adults, very few reported any significant changes to their experience correlated to children returning to school in August, and many reported that their and their clients' experience has been consistent over the previous 12 weeks.

### **Mental health impact:**

- Many organisations reported that the ongoing Coronavirus restrictions and clients' recognition that restrictions were likely to remain for a long-term period had negatively affected victims' and children's mental health.
- A number of organisations highlighted the absence or restricted provision of some mainstream services were a challenge for victims of domestic abuse and/or other forms of VAWG, particularly in relation to mental health and addiction support, and access to primary and sexual health services.

### **Accessing support:**

- The general absence of face-to-face service provision continued to have an impact on some victim/survivors and practitioners. Some service managers feel victim/survivors' needs are not as effectively met via remote support and some victims communicated feeling less supported and more isolated due to the lack of face-to-face engagement.
- Compared with the period of lockdown and earlier Phases, there were fewer reports of victim/survivors requesting support to access food, toiletries, clothing or other basic needs during Phase 3.

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

- Accessing safe and appropriate housing continued to be a challenge for victims in some areas.
- Services observed that local lockdowns were increasing risk for victims, and reported recent escalation of abuse for some victims.

### **Criminal Justice:**

- Consistent with the period of lockdown and earlier phases, organisations continued to report that victims felt the criminal justice response was not effective in addressing the risk posed by perpetrators.
- Domestic abuse support and advocacy organisations continued to report that court delays and rescheduling were having a significant impact on victims' stress and anxiety levels, and risk.
- Court attendance was identified as an increasing challenge during Phase 3. Court advocacy organisations reported difficulties related to queues outside of

courts, late adjournments, communications on outcomes and the attendance of supporters at court.

### **Perpetrator behaviour:**

- In general perpetrator behaviours and tactics had not changed significantly throughout the period of lockdown and subsequent Phases, however they have increased in frequency and/or intensity due to the Coronavirus restrictions providing more opportunities for abuse and control to go “unobserved”.
- Services supporting men observed a significant increase in perpetrators accessing their services presenting as victims. In some instances, the perpetrators’ reasons for seeking access to the service were related to being denied child contact by their ex-partner.

### **Children:**

- In the period directly after children returned to school, specialist domestic abuse recovery services for children experienced significant challenges in providing support to children due to the Coronavirus restrictions, including challenges negotiating access to school buildings or arranging face-to-face meetings with children.
- A number of specialist children’s organisations communicated significant concerns for the ‘generation’ of children who had experienced domestic abuse but were currently missing out on recovery work.

### **Child contact:**

- Consistent with lockdown and previous Phases, many organisations continued to receive reports from victims regarding perpetrators extending their abuse during or via child contact.

### **Honour based violence and extended family abuse:**

- Specialist BME organisations observed decreased referrals for BME women living in situation of enforced servitude and extended family abuse. These numbers have decreased significantly throughout the period of lockdown and subsequent Phases, suggesting women were unable to make contact due to stricter controls on their freedoms.

### **Women in prostitution and commercial sexual exploitation (CSE):**

- Organisations that support women involved in prostitution/commercial sexual exploitation (CSE) reported the sex industry had almost entirely re-opened by Phase 3 of Scotland’s Route Map, with outreach workers observing on-street prostitution numbers steadily increasing to reach pre-COVID levels.

- There continued to be a small number of online posts making reference to Coronavirus and women's challenging financial situation as the justification for engaging in online work, although this was lower than the period of lockdown and earlier Phases.

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

- Staff experience across domestic abuse and other VAWG organisations varied significantly. Some organisations reported that staff were now accustomed to this way of working and working from home protocols had been effectively established, while others reported increased stress, anxiety and dissatisfaction with the absence of face-to-face engagement with clients.

#### **4. Referral rates**

Referral rates during Phase 3 were varied across Scotland. Some services reported no significant increases from previous Phases, and observed referrals to have returned to equivalent 'pre-COVID' periods. However, a number of services reported significantly increased referral rates,<sup>6</sup> with increases varying between 44% and 50% across different organisations.

A number of services communicated they were at capacity due to increased referral rates. Where services had refuge facilities, refuge requests were higher. One service reported that requests for refuge had doubled compared with the equivalent period in 2019. One service that supports male and LGBT+ victims reported referral rates had increased significantly during Phase 3, rising from approximately one new referral per week to between one and two per day. One service noted a significantly higher number of first time callers to their helpline, and another, national service reported that their accepted cases and waiting list numbers increased exponentially during this period. Another service had similarly high referrals and had responded by prioritising clients based on risk, and introducing a waiting list for those who were assessed not to be in crisis or in urgent need. The service manager reported this had negatively affected frontline staff as they did not feel as they were meeting victims' needs. One national service noted that the inability to provide definite start dates for support meant that maintaining engagement from clients/families was difficult. A service manager from the organisation provided that families were "desperate for support and really want to start recovery". A number of other services had also introduced or increased their waiting lists, or reduced their programme of support sessions to accommodate higher numbers (for example, reducing the standard allocation of 24 support sessions to 12 sessions).

A number of organisation noted an increase in referrals to Marac from their service. In Aberdeen, a fourth Marac was established to address increasing referrals. It was also noted there was an increased number of female perpetrators with a male victim being referred to Marac in Aberdeen.

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<sup>6</sup> Some services perceived that an increased awareness of the risks of domestic abuse had resulted in increased referrals to specialist services.

One service noted an increase in the severity of abuse in their received referrals, observing higher levels of coercive control and the increased vulnerability of some victims. The service noted that Domestic Abuse Stalking and Honour Based (DASH) risk assessments were consistently indicating higher levels of risk, increased fear among victims, more severe threats and higher levels of physical and sexual violence.

Despite the anticipated increase in referrals from schools, there were very few services who noted the children returning to school correlated with increases in referrals from education.

## **5. Mental health support**

Consistent with lockdown and previous Phases, organisations consistently reported a significant impact on adults' and children's mental health resulting from the Coronavirus restrictions and the impact of domestic abuse or other forms of VAWG.<sup>7</sup> Many organisations reported that the ongoing restrictions and clients' recognition that restrictions were likely to remain for a long-term period had further affected victims' and children's mental ill health. A number of organisations reported that the perception and feelings around the Coronavirus crisis had moved from one of crisis to a "slow grind" where "everything is under strain" and families were feeling overwhelmed.

A national organisation reported support calls were taking an increased length of time due to increased feelings of isolation and the mental health impact of increased restrictions, and communicated there was a "noticeably higher level of emotional intensity in first contact calls, and an equivalent increase in length of continuing support calls as people disclose increased levels of anxiety, fear, stress, depression, and loneliness." A number of specialist domestic abuse organisations reported that, in this context, their clients were more quickly triggered by perpetrators' behaviour or other sources of stress and had lower levels of resilience because anxiety levels were already high.<sup>8</sup> Another organisation reported the return to school was an additional source of stress for some families, particularly for children whose anxiety was related to school attendance and where this source of stress had been absent for several months.

## **6. Accessing support**

A small number of services observed that the return of children to schools on 11<sup>th</sup> August provided more opportunities for individuals experiencing abuse the necessary privacy to contact services for support. The majority of services, however, did not observe any significant changes in clients' engagement with their

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<sup>7</sup> SafeLives' (2020, 'Safe at Home in Scotland Survivor Consultation') research found the most common thing survivors required support with during the Coronavirus crisis was their mental health. This research identified isolation as a major factor in victims' mental ill health.

<sup>8</sup> One service manager reported that women were presenting to the service in crisis following incidents which may not have previously resulted in the same level of trauma, such as an abusive text message or a verbal accusation by the perpetrator.

service due to children's return. Some organisations continued to extend their hours of operation to increase the opportunities for clients to access the service.

A number of organisations highlighted the continuing restrictions and absence or restricted provision of some mainstream services in their local areas were a challenge for victims of domestic abuse and/or other forms of VAWG. Some services observed that victims were being impacted by abuse and then further impacted by the lack of capacity across mainstream organisations/services. Two organisations located in different rural settings provided this was a particular challenge in relation to mental health support. A national support service for people who had experienced sexual abuse noted some survivors had experienced challenges accessing sexual health services, with some survivors asking whether they required to disclose their abuse in order to be prioritised. The service also reported that some clients were facing difficulties accessing addiction support or home detox services.

The general absence of face-to-face service provision continued to have an impact on some clients. Some organisations communicated that the restrictions on face-to-face engagement meant victim/survivors felt support was not being tailored to their needs. The local lockdown in Aberdeen, which restricted travel, meant some clients, who had been engaging face-to-face, reverted to phone contact with services and service managers noted the negative impact on victim/survivors of this restriction. One specialist domestic abuse organisation communicated that clients had reported the absence of group work meant peer support networks were absent, the isolation caused by domestic abuse was not eased, and this had a negative impact on their emotional recovery. To address the challenges, some organisations had started socially distanced outdoor meets or walking groups, however it was recognised that this type of engagement would become more difficult over the winter months.

Digital exclusion continued to be identified as a barrier to some clients accessing support services, although the issue was not reported to be as prevalent as during the earlier phases or lockdown.

Some organisations continued to be able to return to offices due to the spaces being inappropriate and/or unable to facilitate safe social distancing measures. In some local authority areas, domestic abuse organisations worked with partners or the local Violence Against Women Network to secure alternative office and/or community spaces to engage with clients. In some areas, other third sector organisations had loaned larger spaces (such as youth centres or community halls) during hours they were not being used, and in some instances private sector companies had offered office spaces, which were unused due to their workforces working from home. Service managers reported positive outcomes for staff and clients as a result of these initiatives as face-to-face engagement tended to be the preference and the larger spaces available allowed this to be safely facilitated.

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

Compared with the period of lockdown and earlier Phases, there were fewer reports of victim/survivors requesting support to access food, toiletries, clothing or other

basic needs during Phase 3. One organisation observed that the advancements in knowledge of Coronavirus and track and trace technologies meant fewer clients were being advised to self-isolate unnecessarily and so adults living alone were less restricted in accessing their basic needs.

Some specialist domestic abuse services continued to offer general support to some clients who were facing challenges, particularly in terms of providing information. Service managers noted that Independent Domestic Abuse Advocates (IDAAs) spent increased time during support calls providing advice on local lockdown measures and/or national restrictions as clients asked questions about what activities and engagements were permitted.

Previous research by JAS reported on the value and need for destitution funds and resources for women and children during the Coronavirus crisis. Organisations continued to note the need for such funds and provide empirical examples of how the fund had benefited victims during Phase 3. One service manager communicated that the ability to provide women with what they needed had been advantageous for clients but also rewarding for staff, who felt a high level of job satisfaction from being able to meet families' needs.

Victim Support Scotland's Victims' Fund was re-funded due to an identified need to support victims experiencing financial destitution. One service manager noted an increase in applications to the Victims' Fund that cited the impact of coercive control, specifically financial/economic abuse as justification for the application. The Encompass Fund, to support women involved in or exiting prostitution, was extended to September 2020. The Encompass Fund amended its application process slightly during this period in order to pay women small grants directly, as it was recognised some women involved in prostitution did not feel safe providing their personal details and were concerned about privacy, particularly in cases where grants to assist with rent arrears were being paid directly to landlords or housing associations rather than the women themselves.

## **8. Risks and safety planning**

Despite the majority of organisations anticipating increases in separation and victims fleeing domestic abuse when the schools returned, most service managers did not report any significant increases in victims fleeing and/or seeking temporary accommodation after the schools returned. One organisation that offered a refuge service observed significant increases in applications for refuge (77 applications between March and September 2020 compared with 44 for the equivalent period in 2019).

Three services observed that local lockdowns were increasing risk for victims, and reported recent escalation of abuse for some victims and trauma from non-recent abuse affecting other victims due to the increased isolation during lockdown periods.<sup>9</sup> One organisations reported that the introduction of more stringent

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<sup>9</sup> One of the services noted an increase in referrals relating to non-recent sexual abuse, which clients indicated was due to the isolation period causing escalations in their trauma and feeling the need to seek support as a result.

restrictions around household mixing meant victims could not seek temporary safety at friends' or families' houses, which increased their risk.

Accessing safe and appropriate housing continued to be a challenge for victims in some areas. Two services communicated there were significant backlogs (of repairs, offers and agreed house moves) stemming from the period of lockdown, which continued to have a knock-on effect for victims awaiting moves or safety planning adjustments within their existing accommodation. A specialist organisation reported that access to housing and/or housing repairs etc. were difficult to negotiate even for high risk victims of abuse referred from Marac and in some instances housing partners were not responding to actions resulting from Marac. A service manager from an urban area, that had reported continuing challenges relating to housing throughout lockdown and the earlier phases, communicated that accessing appropriate and safe housing was still a significant difficulty during Phase 3. A mainstream service from a rural area communicated that a shortage of refuge spaces and "lack of financial assistance" had prevented some victims from separating from perpetrators. An organisations from a different rural area stated that evictions were not taking place over the period of lockdown and subsequent Phases, meaning perpetrators were not being removed from households.

There were fewer reports of difficulty contacting victims due to the presence of children or the perpetrators during Phase 3, although this was still noted as a challenge by some service managers. One national organisation noted they had observed an increase in the number of support calls going unanswered and expressed concern this was due to the presence of the perpetrator. Service managers also noted safety planning continued to be difficult due to some victims' lack of privacy and safe space to engage remotely.

## **9. Criminal justice**

Significant challenges related to the criminal justice response to victims of domestic abuse were reported during the research period.

During Phase 3, domestic abuse support and advocacy organisations continued to report that court delays and rescheduling were having a significant impact on victims' stress and anxiety levels, and risk. One national organisation reported the delay in court scheduling meant some perpetrators were able to coerce their way back into victims' homes and encourage the victim's attrition/disengagement.

Consistent with the period of lockdown and earlier phases, organisations continued to report that victims felt the criminal justice response was not effective in addressing the risk posed by perpetrators. A number of support and advocacy organisations observed that victims continued to communicate dissatisfaction with perpetrators being released on undertaking, with some victims communicating that they saw 'no point' in reporting the abuse where this was the outcome.<sup>10</sup> Some services reported that perpetrators were using court delays as a threat and evidence of their perceived impunity, stating to their victim that the courts or police wouldn't deal with victim's

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<sup>10</sup> Research by SafeLives (*ibid.*) also evidenced victims' desire for more stringent legal protections to protect against abuse.

complaint.<sup>11</sup> Support organisations for women involved in prostitution reported similar trends, with women reporting increased levels of violence from customers and claims customers felt they were “invincible” because women would not report violence to the police due to they themselves breaching the Coronavirus restrictions by having physical contact.<sup>12</sup>

Court attendance was identified as an increasing challenge during Phase 3. Supporters’<sup>13</sup> access to court was identified as an issue affecting some witnesses attending court. Organisations reported communication challenges with courts, which was inconsistent across different court areas, and in some cases victims’ supporters were not permitted access to the court. It was reported that court familiarisation visits were very difficult during this period due to the social distancing and access restrictions to court, with visits only being allowed with prior authority from the court in exceptional circumstances.

Organisations also reported issues with large numbers of witnesses being cited to court, and turned away on the day of the trial diet (either on standby or with the case adjourned to a future date), due to high levels of court loading. Court advocacy services reported this was causing high levels of stress and anxiety and resulting in some victims communicating reluctance to re-attend court and/or engage with court advocacy services in future. In some cases, organisations reported clients were very anxious due to the number of other witnesses in attendance and the potential risk of Coronavirus transmission as a result of this number of people in close proximity.

Queues outside of courts, where witnesses and victims were in the same space as the accused person, was also identified as an issue, with particularly significant concerns communicated about Glasgow and Paisley courts.<sup>14</sup> In some cases, victims had children with them, and there were reports from support and advocacy organisation of perpetrators queueing with their friends and family, causing further stress and anxiety for victims. One national service noted the lower numbers of court/prosecution staff meant victims could not be allowed access to the court via alternative entrances, in order to avoid contact with the accused. Locally, the organisation had made *ad hoc* arrangements with court staff to allow victims entry into the court building in order to avoid queues, however this was not standardised across all sheriffdoms.

Organisations reported that victims who wished access to view their statement prior to giving evidence in trial were, in some cases, unable to do so. It was believed this was due to a number of factors, namely the absence of suitable and available staff to facilitate this process. A national service reported this was a particular challenge for witnesses whose trials had been rescheduled and for whom there were long delays between the incident and providing evidence in trial.

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<sup>11</sup> Research by SafeLives (*ibid.*) also evidenced victims’ reluctance to report to the police due to it being perceived as “inappropriate (during lockdown)”.

<sup>12</sup> Many women are also reluctant to report criminal behaviour by customers to the police outwith the Coronavirus crisis due to other factors (such as stigma, historically poor responses etc.)

<sup>13</sup> Supporters are either family or friends who attend to provide emotional support to the victim/witness or volunteers/staff from support organisations who attend in this capacity.

<sup>14</sup> This may be explained by the higher coverage of specialist advocacy services for these courts, rather than queues at these courts being longer than elsewhere, i.e. advocacy services for other sheriffdoms are either not represented in this research or do not exist in certain areas. However consistent reports were communicated by one service with national coverage.

Organisations also reported lengthy and repeated adjournments, with some adjournments being scheduled for early 2021. “Last minute adjournments” were also reported as a significant challenge, exacerbated by communication challenges that meant victims were awaiting updates on the progress of their case in the late afternoon. One organisation reported that their clients were expressing “dismay” at the lack of communication on new court dates.

Sentencing was also identified as an ongoing issue, with court advocacy organisations communicating that in addition to long and often delayed trial diets, victims perceived sentences were lenient and not effective at providing them protection from abuse.

There were a number of communications challenges reported by court advocacy organisations from across Scotland. A number of organisations reported difficulties accessing court outcomes in a timely manner. Non harassment orders (NHOs) were identified as a specific issue by court advocacy services, who noted that in a number of cases NHOs were not granted despite being sought by victims and the justification for this decision was either not on record or there was no central mechanism for advocacy organisations to access this information. Organisations reported victims (and advocacy workers) were unable to access outcomes related to special bail conditions or NHOs on the day of court, resulting in clients waiting overnight to hear outcomes and be able to safety plan based on accurate information. There were some reports of women relying on bail checks conducted by Police Scotland as their only means of being updated regarding the conditions in place. COPFS have confirmed that their Victim Information and Advice (VIA) service continue to contact victims by telephone on the day of court to advise whether an accused has been remanded in custody or released on bail, and, if the latter, to provide the details of any bail conditions in force. If VIA are unable to reach the victim by phone that day, the police will be asked to do so. There were a small number of reports of some clients experiencing long delays when attempting to contact police (non-emergency), court and prosecution services by phone. One national court support organisation also reported significant communication challenges whereby referrals to provide support to victims were received on the day of the trial and were therefore difficult or not possible to facilitate at short notice.

In relation to civil court, one organisation provided that women were receiving court outcomes but no additional information regarding the case(s). One organisation supported women by developing timelines of abuse for their use in court cases and for the purposes of support/recovery, however they reported access to information regarding women’s cases from March onwards had been “incredibly difficult” and was significantly affecting this support. One organisation provided that they had observed an increase in distress calls about experiences with family court, with two organisations providing empirical examples of women reporting they felt they were being blamed for their experience of domestic abuse and the impact of the perpetrator’s behaviour on their children.

## 10. Perpetrator tactics

Overall, 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.<sup>15</sup> Some organisations reported that, in general perpetrator behaviours and tactics had not changed significantly, however had increased in frequency and/or intensity due to the Coronavirus restrictions providing more opportunities for abuse and control to go “unobserved”. Organisations continued to report coercive control behaviours, such as controlling access to food, medication, internet, phones and smart devices, and financial control, which were not specific to the Coronavirus crisis period, but which were less likely to be detected due to the ongoing restrictions and social isolation. One organisation noted this was a specific challenge for clients who were working from home with the perpetrator. There also continued to be reports of increased levels of stalking and harassment by perpetrators. Rape Crisis Scotland also noted an increase in requests for the FollowIt app<sup>16</sup> during this period.

One service that supports male victims reported significant increases in perpetrators attempting to enter their service by presenting as victims of domestic abuse. In some of these cases, the perpetrators’ reasons for seeking access to the service were related to being denied child contact by their ex-partner. Staff communicated challenges relating to how these individuals could be effectively signposted and diverted once they were screened and identified as perpetrators of abuse. The service manager reported that some men were using controlling and abusive tactics towards staff, including name-calling and contacting the service repeatedly despite being diverted to mainstream services.

## 11. Children

In the period directly after children returned to school, specialist domestic abuse recovery services and children’s court advocacy services experienced significant challenges in negotiating access to school buildings due to the Coronavirus restrictions. For organisations that offered adult and children’s services, recovery and support work with children was reported as the greatest priority and challenge for their organisation, and was described by one national service manager as a “nightmare” and by another as “really challenging”. This was particularly restrictive in secondary schools, however it was reported that access permitted to both primary and secondary schools varied between local authorities and even within local areas.<sup>17</sup> Specialist domestic abuse recovery services for children have experienced challenges in providing support to children in person during the school day, for

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<sup>15</sup> One organisation provided an empirical example of a victim who was reluctant to report abuse to the police because she feared repercussions as the perpetrator had been residing with her, despite having separate accommodation, and was therefore breaching Coronavirus restrictions due to not formally residing at the address.

<sup>16</sup> FollowIt is a smartphone application designed and developed by Rape Crisis Scotland and the Scottish Women’s Rights Centre, which allows victims to securely store/record information about stalking incidents.

<sup>17</sup> Some schools would allow children to leave for planned sessions, however children could not return; some schools did not allow practitioners into the building; some would not allow children to engage in group work with children from other schools.

example, accessing school buildings or children being prohibited from leaving to attend group work in other venues and returning to school premises during the school day. Some projects have responded by offering virtual therapeutic group work by liaising with the school to negotiate a safe space for the attendee to participate remotely during the school day; others have offered in person therapeutic group work at the end of the school day, meaning children are not returning to school following the session. Some services were restricted in when and where they could engage with children, with some organisations restricting support work to after school and a number of service managers communicating that identifying appropriate spaces to engage with children face-to-face was difficult, particularly in cases where their homes were not safe spaces (or considered safe by the child). Some organisations had facilitated support sessions in outdoor public places, such as parks, but it was recognised this was not a long-term solution, particularly over the winter months. Some support services provided virtual support services, however in many cases children did not have access to devices and/or private spaces within school, or where devices were available the security settings did not allow calls from external agencies.

In some areas, liaison between services and schools has effectively resolved these issues, and from mid-September onwards, some areas had agreed access protocols for practitioners. In other areas, the issues remain unresolved, with schools continuing to prohibit access.

Organisations reported that clients had varying experiences relating to children's' return to school. For some, the reopening of schools caused increased stress and anxiety because victims were not aware of their child's whereabouts at all times (as they had been during lockdown) and they had concerns regarding perpetrators' access to children at school and perpetrators' knowledge of their routine and routes. For others, schools' access restrictions, which prohibited adults from entering school grounds, served as reassurance to victims because the abusive parent could not gain illegitimate access to the child. One organisation provided some empirical examples of an abusive parent who had contacted the school requesting to know whether their child was present however, due to being unable to gain proof of their identity, the school had been unable to disclose the information to the perpetrator.

A number of specialist children's organisations communicated significant concerns for the 'generation' of children who had experienced domestic abuse but were currently missing out on recovery work. One specialist children's organisation communicated that staff felt virtual recovery work was simply not effective with children and engagement required to be face-to-face in a play (or other appropriate) setting to achieve the required outcomes. Another organisation communicated that children were on long waiting lists to access Child and Adolescent Mental Health Services (CAMHS), which had been inaccessible during lockdown, and the lack of mental health support for children was of significant concern. Some organisations had amended the content of their sessions to focus on practical and wellbeing support for mothers and children (rather than therapeutic recovery work) and/or had

provided recreation and activity packs for children and young people, and initial feedback was positive.<sup>18</sup>

## **12. Child contact**

Consistent with lockdown and previous Phases, many organisations continued to receive reports from victims regarding perpetrators extending their abuse during or via child contact. Domestic abuse support services reported perpetrators encouraging children to monitor the non-abusive parent on their behalf and/or be hostile to them; constant changes of time for contact and/or handover as a means of exerting control; and verbal abuse during handover. Some services reported that women continued to have to facilitate contact themselves, particularly in cases where contact centres were closed, and this was increasing their and their children's risk.

A small number of organisations reported that perpetrators were breaching the more stringent Coronavirus restrictions - particularly in relation to household visits - by taking children to multiple households during contact, which was causing victims increased stress and anxiety.<sup>19</sup> The organisation reported that women communicated there was little guidance or recourse for them in these circumstances, and there was ongoing ambiguity about where women should seek assistance and whether the abusive parent's conduct was a criminal or civil matter. There were also a small number of reports provided of perpetrators attending at victims' houses unannounced, justifying their attendance by stating they were "making up for missed contact" during the lockdown and subsequent Phases.<sup>20</sup>

Control over maintenance payments was reported by a number of services during this period. Some clients reported that perpetrators justified their refusal to pay maintenance over previous phases and lockdown due to not being allowed the same levels of access to their child(ren). One organisation also reported some perpetrators were exerting financial control by forcing their ex-partner to wait for payments.

## **13. Women involved in prostitution and commercial sexual exploitation**

Organisations that support women involved in prostitution/CSE reported the sex industry had almost entirely re-opened by Phase 3 of Scotland's Route Map, with outreach workers observing on-street prostitution numbers steadily increasing to reach pre-COVID levels. The increase in on-street prostitution was also noted in a number of posts by men on online fora. During Phase 3 there was also an increase in online posts advertising women touring in Scotland.<sup>21</sup>

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<sup>18</sup> One project has been offering adapted recovery support and working one-to-one with mother and child(ren) in person; another was offering in-person group work, but had reduced the number of sessions offered; and some have been/were starting to offer virtual group work recovery support.

<sup>19</sup> This was frequently reported during the initial lockdown between March and May 2020.

<sup>20</sup> Research by SafeLives (*ibid.*) on survivors' experience during lockdown also evidenced the extension of abuse by perpetrators via or during child contact.

<sup>21</sup> Touring involves women travelling to a destination specifically for sex work.

Lap dancing venues remained close due to Coronavirus restrictions and organisations reported this was frustrating for women who depended on this for income. In particular, women had expressed concern regarding how to maintain their income as private dances – their main source of income – were prohibited due to the social distancing restrictions.

Organisations reported that customers were aware women in prostitution had been financially affected by the Coronavirus crisis and as a result men were putting pressure on women to change their boundaries and accept less money. Organisations had also received some reports of men putting pressure on women to offer unprotected sex, or removing the condom during sex.<sup>22</sup>

As with the experience of domestic abuse organisations, service managers noted increased periods of time were dedicated to understanding changing Coronavirus restrictions and then communicating them and their specific impact to the women. The local lockdown in the West of Scotland during September, which prevented household mixing, had an impact on women involved in prostitution, with some services engaging with women to consider the impacts this would have and signposting to financial resources and support them to access crisis funds where possible.

Some organisations reported challenges in identifying and engaging with women entering prostitution for the first time during this period, with one organisation receiving calls from women asking for advice on how to enter prostitution due to feeling they had no other choice. Organisations communicated this had an effect on women who had been involved in prostitution longer-term, as many customers preferred new women, leaving existing women in a precarious financial position or forcing them to engage in higher risk practice with regular customers.

Organisations reported that piecemeal and/or short-term funding and the lack of infrastructure supporting women to exit prostitution remained significant challenges in effectively supporting their clients, with one service facing closure during this period due to a lack of funding.

One service reported that they had observed some significant advantages for their service and clients during lockdown, related to being able to advocate for women via the telephone. The service observed that, for many women who have exited prostitution and who require intensive support to access mainstream support organisations, advocacy support via the telephone was more effective than face-to-face meetings because it was less time consuming and women were not required to attend specific locations and/or spend time in waiting rooms for long periods. The service has utilised conference calls to advocate on clients' behalf and found this to be more conducive to achieving desired outcomes for women. Some clients had also communicated that they preferred engagement with support workers by phone because it was more anonymous, less time consuming, and, if they missed an appointment, they felt less pressure and guilt than when they did not attend a face-to-face meeting.

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<sup>22</sup> Organisations noted that it was extremely rare for women to report such abuse to police. Some women stated they report to health services and/or the National Ugly Mugs database.

There continued to be a small number of online posts making reference to Coronavirus and women's challenging financial situation as the justification for engaging in online work, although this was lower than the period of lockdown and earlier Phases. Services continued to report online platforms to sell images were saturated with images, resulting in high levels of competition among women to generate income. Of the online sites that were advertising face-to-face contact with women, very few posts were identified that offered virtual alternatives to direct contact. Services that monitor online activity reported emerging trends relating to more extreme offers from women, such as allowing men to "take control of their entire life" for 24 hours for a fixed price. There were also continued reports of men stealing women's images or putting collective pressure on women to send images.<sup>23</sup> Service managers identified there was very little legal recourse for women in these circumstances and this was an ongoing challenge in deterring abusive behaviours and supporting women.

#### **14. Honour based violence and extended family abuse**

Consistent with previous Phases within Scotland's route map, specialist BME organisations observed decreased referrals for BME women living in situation of enforced servitude and extended family abuse. Specialist organisations noted that they had a number of female clients engaged in the service prior to the start of the Coronavirus crisis, who were experiencing enforced servitude and some forms of honour based violence from in-laws. These numbers have decreased significantly throughout the period of lockdown and subsequent Phases, suggesting 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. In particular, services noted the numbers had decreased for women who had insecure immigration status.

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

A number of services reported that their and their clients' experience of Phase Three did not differ significantly from the previous phases and the return of the schools had not had the anticipated effect on referral rates or other tasks/actions.

Whether organisations were working from home or engaging in face-to-face service provision varied greatly. A number of services were engaging in face-to-face work only in the highest priority/risk cases, but the default was otherwise to continue working from home. Some services identified that their ability to support clients in person was sometimes "at the mercy" of local authorities or other, large organisations, whose rules dictated external access. A court support service reported the restrictions within court buildings had made it challenging to train new staff and volunteers, due to a lack of shadowing opportunities. The service communicated concern about the long term impact of this on staff training and their

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<sup>23</sup> Organisations provided that there was some evidence of groups of men working together to 'target' women online, coercing them into sharing or selling the image to a member of the group who then circulated it to others.

ongoing capacity to support clients at court. The majority of services that were engaging in face-to-face service provision communicated the benefits of this contact with clients.

Staff experience across domestic abuse and other VAWG organisations varied significantly. Some organisations reported that staff were now accustomed to this way of working and working from home protocols had been effectively established. Some service managers reported increasing levels of stress and anxiety amongst their staff, primarily related to increasing referral rates and caseloads, and the ongoing pressures and strain of working from home. Some services noted working from home necessitated more intensive support from service managers for frontline staff. One national service identified that the unknown nature of the Coronavirus restrictions and workers' inability to provide definite start dates for support to clients was causing increased stress and anxiety for staff.

Other services continued to communicate the organisational benefits of working from home, specifically that they could accept higher numbers of clients to the service from a wider geographical area, or that intensive advocacy support could now be provided by telephone/remotely which reduced costs, travel time and anxiety for their clients.

Throughout August and much of September 2020, funding remained a concern for some domestic abuse and VAWG support services, with some organisations serving redundancy notices on staff while they awaited confirmation of funding decisions, and a number of third sector organisations closing. One service had used unrestricted funding as a means of paying staff overtime to cope with increasing demand, however the service manager noted this was not sustainable.



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