

RISK-ASSESSMENT AND VICTIM-SUPPORT RECOMMENDATIONS DURING THE COVID-19-RELATED LOCKDOWNS

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Abstract This chapter covers the effects of the COVID-19 crisis on the incidence and severity of domestic abuse cases in Europe. First, the manifestation of the COVID-19 lockdown and its adverse effects on private life are described. Building upon this description, co-occurring risks factors with a high potential to initiate or intensify domestic abuse (e.g., cramped living conditions) are discussed. Responding to various calls on investigating the impact of COVID-19 on domestic abuse incidents, IMPRODOVA research on the first lockdown shows that the related concerns for various reasons are inconsistently reflected in domestic abuse-related statistics. In some IMPRODOVA partner countries, however, victimisation numbers went up, after the lockdown ended. Consequently, the complexity of detecting domestic abuse cases during lockdowns are discussed. In line with the strong concern about intensified victimisation, innovative responses by front-line professionals to detect and manage domestic violence and abuse cases are presented. Building on the beforehand presented assumptions, findings and explanations, the chapter closes by highlighting eighteen recommendations regarding risk assessment and victim support during pandemics.

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Manifestation of the COVID-19 lockdowns

Since March 2020, in Europe and around the world the lockdowns impelled by COVID-19 have brought economic and work life, culture, education and childcare, travel, and various other routine facets of social life to an abrupt halt. Across the European continent, in North and South America, and elsewhere citizens have gone through first, second and third waves of widespread infection with the corona virus and its mutant forms. At the start of the pandemic-related quarantine and lockdown measures, many experts and commentators predicted there would be a ‘tsunami-like’ increase in domestic abuse victimisation as a likely outcome of families and couples being confined to their living spaces.

Now, more than one year later, what reliable evidence can be found to test this prediction? This chapter addresses this and other questions. The primary focus is directed to the repercussions held by the COVID-19 lockdowns in the context of intimate partnerships and families based on analyses in eight European member states.

By late spring 2020, it was feared in Austria, Finland, France, Germany, Hungary, Portugal, Scotland and Slovenia that the lockdowns would significantly increase intimate partner violence and violence against children. In many states and cities, people had to spend most of their days and nights at home. No childcare was available, and schools were closed; home schooling was required, and so was working from one’s ‘home office’ for those still with employment. In difficult social conditions, citizens with menial jobs often lose them. Such precarious employment situations, financial difficulties and similar stress factors may have introduced a ticking time bomb of emotions in the home.

Potential impact of COVID-19 on domestic violence prevalence rates

Following the February 2020 outbreak of COVID-19 disease in Italy, people in the European Union have faced health challenges not seen since the end of World War II. After the World Health Organization (WHO) declared the then widespread virus a pandemic on 11 March 2020, national governments across Europe began efforts to protect their populations from infection and maintain healthcare delivery. The most influential governmental measures were ‘lockdowns’, namely, periods of

several weeks during which all educational institutions, nearly all sports, entertainment and recreational facilities, and businesses other than grocery stores and petrol stations were closed. Citizens were asked to wear masks in public spaces, to stay at home, to work from home, to minimise their social contacts and, if they were out of town, to remain in local quarantine. As a result, couples and families limited their entire daily routines to an unfamiliar environment: working at home, cooking at home every day, and schooling or caring for children at home. For many citizens and families, the individual stress levels created by these changes were coupled with a fear of job loss and the associated financial burden, concern for one's own health or that of loved ones, and fear of societal changes in general. In these circumstances, the predictions of a bigger incidence of violence in homes seemed reasonable.

Across EU member states, resources like social support or easy access to healthcare services were lacking and/or under growing pressure. Accordingly, professionals active in the field of domestic violence (DV) prevention called for efforts to ensure that DV victims were not left unprotected from their perpetrators at home. The expected tensions between couples or parents and children in crowded family homes under stress led to forecasts of a huge rise in DV numbers. At the same time, the prevention and detection of DV and respective interventions and interagency cooperation were anticipated to become more complicated during the lockdown conditions. The European Institute for Gender Equality (EIGE) backed calls made to the Union and the member states to use the coronavirus pandemic as an opportunity to step up their efforts to protect women's rights (e.g. EIGE, 2021). In the same vein, the WHO and the organisations of UN Women stressed the important need to collect data during COVID-19 as a critical tool for reducing adverse effects on women and girls experiencing violence and to inform prevention strategies during future crises (UN Women & WHO, 2020; WHO, 2020).

In some cases, the measures to protect citizens from being infected with COVID-19 led to certain individuals facing an increase in DV risk factors. Vulnerable persons were expected to become more vulnerable to DV victimisation. Abusers were expected to have greater opportunities and encounter lowered detection thresholds for first-time or repeated DV. Accordingly, DV risk factors encompass dimensions like mental health, financial precariousness, insecurity, and isolation. These factors affect the persons chiefly concerned (victims, perpetrators, children, witnesses) as

well as frontline responder services, and members of the general public. Different types of impact affect all of the above-mentioned levels: prevalence, phenomenology, risk factors, reporting, access to services, processing of cases, and awareness of witnesses like neighbours, general practitioners, teachers, as well as the public at large.

IMPRODOVA research on COVID-19-related domestic violence

Internationally, the expected worldwide rise in DV incidents was a serious concern. These concerns were shared by the IMPRODOVA research project partners studying frontline responses to domestic abuse in eight European countries (see Kersten et al., in press): In Hungary, in March 2020, for example, domestic violence incidents reported to the police rose by 50 % compared to March 2019. Since the start of the formally declared epidemic, Slovenian police recorded a 20 % rise in domestic violence over the same period in 2019. For the police in Finland, family violence emergency tasks increased 13 % in March and April 2020 compared to the same period in the previous year. In response, IMPRODOVA teams aimed to map the available data (crime statistics, surveys), complemented with an expert assessment (interviews) of COVID-19's impact on the project's participating countries. The IMPRODOVA project's cooperation with *first-line responders, police, health, shelters, and other victim services* meant that the data sources available from these organisations could be used, and the findings compared across borders (Kersten et al., in press). More specifically, the country reports are based on available data assembled from the participating countries' law enforcement agencies and criminal justice system sources, from helpline and victims' shelter agencies, the medical sector, policy measures, and media coverage. Victim survey data were also included where available. Since the countries differ substantially with respect to policing, legal systems, social and cultural factors, the trends in DV cases reported to law enforcement must be interpreted in the light of such differences. Below are some examples:

- in France, DV victims must report to a police station; this is likely to affect reporting rates;
- cities in Portugal like Porto operate a special police unit for DV cases, which may make it easier for victims to report and seek assistance;
- in German cities and in the countryside, police patrol officers drive to residences where domestic abuse cases have been reported;

- in Finland, outside of the more densely populated areas, the distances are too vast to send patrol cars to affected residences;
- trust in the police varies between Northern (high trust) and other parts of the European continent, with this affecting reporting behaviour;
- during 2019 and 2020, in several of the participating countries DV awareness grew due to the rise in numbers of femicides together with a number of horrific domestic abuse cases. These were widely debated by the media, public and politicians. Together with media and activist campaigns, this has arguably influenced the likelihood of DV reporting by victims, their family members, and neighbours.

Our IMPRODOVA analyses suggest an increase in domestic violence phenomena and evident stronger demand by victims for online and phone counselling. However, during the project, the prediction of a huge rise in domestic violence victimisation could not be verified. Increased numbers of calls and reports to law enforcement were seen in some countries, plus greater demand for counselling and support, mostly after the start of the 2020 lockdown measures. Yet, in some instances, the numbers actually rose *after* the restrictions had been lifted and people were able to move around more freely. Such variations make it difficult to clearly identify causal factors, or even correlations.

Table 1: Impact of Covid-19 measures on prevalence, reporting, processing and practices of DV cases by frontline responder organisations, media reporting, and public authorities across eight member states

	AT	FI	FR	GE	HU	PO	SL	SCT
Police/CJS sector	[1] [2]							
DV offences	↗	↘	↕	→	↕	↘	↗	↕
Restraining orders	↗	↘		→	→	↕	↘	
Emergency calls	N/A	↕	↕	→	↕	↘	↘	↕
Court processing	↗				N/A	↗	N/A	↘
<i>Intensification of DV?</i>				N/A	↕	↘	N/A	
Social sector	[1] [4]						[1] [4]	
Hotline calls	↕	↕	↕	↕	↕	↕	↕	↕
Contacts with victims	↘	↘			N/A	↘	↘	↕
DV cases	→			→	↕	↘	↕	↕
Shelter referrals	↗	↘		→	→	↘	↗	↕
Medical sector	[1] [4]							

	AT	FI	FR	GE	HU	PO	SL	SCT
DV cases	↘		→	N/A	N/A	N/A	N/A	
Adapted policies	✓	✓			→	↑	→	
Policy sector	[4]							
Specific measures	✓	✓			→	↑	↑	→
Additional resources	✓				→	↑	↑	↑
Awareness campaigns	✓			✓	→	↑	↑	↑
Media sector	[4]							
Reports on DV	↑			↑	↑	↘	↑	↑
Press releases on DV	↑			↑	↑	↘	↑	↑
(Local) Initiatives/practices	[1]							[4]
Supermarket safe space					N/A	N/A	✓	N/A
Pharmacy safe space				N/A	N/A	N/A	✓	N/A
Digitalisation of CJS	✓				N/A	✓	✓	✓

Note. Types of sources: [1] (expert/practitioner) interviews, [2] official (crime/procedural) statistics, [3] victimisation/prevalence) surveys, [4] (media/governmental) reports

Legend for the above table:

↑	Increase	↓	Decrease
↗	Slight increase	↘	Slight decrease
→	Stagnant	N/A	Not applicable
✓	Yes	✗	No

Table 1 presents figures for an on-going, still-unfolding situation, further complicated by some countries’ renewed declarations of lockdown restrictions during 2020 and 2021. Based on the collection of IMPRODOVA participant country reports, it is safe to assume that **the lockdown measures** after March 2020 had an influence on reported DV incidents, in some countries more, in others less. In most of IMPRODOVA’s participating countries the forecasts of an imminent and huge wave of domestic violence due to the lockdowns are difficult to confirm. Similarly, the results still have a snapshot quality, a picture based on available data sources, expert opinions, practitioner reports and comparable sources. Reliable data were limited by their availability, while in some cases the country reports contained inconsistencies. Since processing reported domestic violence data takes varying lengths of time to properly assess the trends (increase, decrease or stagnation), the trends shown in Table 1 are no basis for broad conclusions or policy strategies.

Complexity of detecting domestic violence cases during lockdowns

Across Europe, it was found that isolation and confinement within the home gave violent partners opportunities to further exercise power and control over their partners (Kersten et al., in press). The lockdowns also impacted victims' opportunities to contact authorities and other informal networks that may have provided assistance and support, while the diminished access to services increased the risks of those experiencing violence. The extra attention the Covid-19-SARS2 suppression measures demanded from the authorities limited their ability to continue preventing and intervening in domestic violence incidents and to provide the conventional forms of services to the victims and perpetrators.

These lockdowns and social isolation created anxiety, mental health problems, greater substance abuse and financial stress, all of which are known to add to the risk of escalated domestic abuse. A significant factor during lockdowns is the increased capacity of perpetrators to control the victim and thereby contribute to the victim's restricted access to family, friends and other forms of support. Indeed, some information given to us by experts shows that the coercive control exercised by some violent partners made it very hard for certain victims to leave the abusive relationship. At the same time, victims' access to services provided by authorities and non-governmental organisations (NGO) was limited by the restricted mobility and physical contacts. Moreover, in addition to structural and situational changes, the uncertain circumstances coupled with the inability to predict the future may prevent victims from leaving the abusive relationship and seeking help outside the household or partnership. Victims may be forced to stay in an abusive relationship and endure violence, postponing considerations of leaving until the situation has become more stable and predictable. Vulnerabilities are heightened especially among disabled, immigrant and ethnic minority women, in particular among those living in a confined residence with many family members.

There was a range of best practices to prevent the exceptional conditions resulting from the Covid-19 lockdowns from undermining victims' security and frontline responders' (FLR) capacities to provide services and curb domestic violence in the IMPRODOVA participating countries. Effective prevention and intervention presuppose that FLRs and policymakers can maintain a valid picture of the prevalence of domestic violence through various registers and data sets. It should be

acknowledged that Covid-19 has affected the collection of much service-based data while preventing the collection of data in particular sectors. Police-recorded crime statistics that allow year-on-year comparisons to be made of numbers of DV incidents registered by police were only available in Scotland and Finland.

Innovative responses by frontline professionals to detect and manage cases of domestic violence and abuse

The social isolation and restrictions on free movement prevented face-to-face contact with clients, including those under a serious risk of domestic violence. However, multi-professional risk assessment procedures and meetings, such as the *Multi-Agency Risk Assessment Conference* (MARAC) were maintained in *Scotland and Finland*, and the *Multi Agency Tasking and Coordination* (MATAC) in Scotland. MARAC allows agencies to appraise the security needs of victims of serious domestic violence whereas MATAC assesses threats posed by the most serious DV perpetrators. In *France*, law enforcement agencies initiated innovative ways to stay in contact with victims and intervene in homes, for example through the use of code words left by victims or witnesses at contact points like supermarkets and pharmacies. Such unconventional means helped to maintain a picture of the situation, keep track of DV cases and clients, and identify possible new victims. The strengthening of such collaboration and the finding of a common purpose among the public agencies, private enterprises and NGOs was an extremely positive outcome. This collaboration led for instance to the establishment of new physical contact points for social and medical services and support outside of conventional settings.

Agencies and NGOs were attentive to the lockdowns' possible impact on the changing needs of victims. In many countries, authorities reacted quickly to these changing conditions and the potentially increasing number of more serious DV cases. Some governments started to provide the NGO sector with greater funding to deal with the stronger demand for services and support during the pandemic. In addition, authorities and NGOs rapidly activated existing online channels of help and innovated new forms of communication, such as hotlines, helplines and chatlines to communicate between the service providers and victims. For instance, the Commission of Citizenship and Gender Equality in *Portugal* created a new additional helpline SMS number and email address. In *France*, NGOs joined forces with private enterprises and public agencies and established helplines and hotlines.

Smartphones and other digital devices were also offered to individuals under serious danger of domestic violence so they could contact authorities more quickly and securely. Government funding was made available to expand helplines and available support in *Scotland* and the rapid shift to online provision by NGOs allowed contact to be maintained with many victims.

Moreover, in *Germany* it was realised that those working in the critical professions, like healthcare, security and education, were under severe strain. Those working in positions crucial for the system received emergency childcare and day-care support in certain locations. The availability of existing and new services was advertised through public campaigns and various media in all countries. In some countries, services were available in several languages to provide people with accurate and factual information about the services still functioning. Countering false information with facts was a valuable function. In *Austria*, language barriers were overcome by interpreters recruited to assist the response of helplines, which could then pass victims' questions on to expert social workers. In many countries, shelters did not receive new clients during the lockdowns, while in certain countries alternative accommodation for victims and perpetrators such as hotel rooms was provided by the authorities.

Recommendations for risk assessment and victim support during a pandemic

Based on findings about best practices and deficiencies in service delivery, the following actions and policies are recommended:

- Priority should be given to targeting resources to ensure that DV victims have access to high-quality services and support, and to make certain that their safety is assured.
- In order to maintain services, governments should offer extra financial support not only for FLR agencies, but also to those NGO service providers with a good record of effective work with victims and perpetrators of domestic violence.
- It is critical to maintain contact with clients, both the victims and suspected perpetrators. New means and channels for secure communication must be created to take advantage of various secure online solutions like helplines

and chatlines. Because digital devices and online tools can be hacked and abused by perpetrators, safety standards must be clearly specified.

- Since victims' use of smartphones, landline phones and computers can be restricted by perpetrators, and to ensure access for those who are digitally-excluded, new channels for secure communication and help-seeking must be created as alternatives; these could include diverse contact points, such as through neighbourhood markets, pharmacies, post offices etc., as well as through health and legal clinics.
- Special care is needed with vulnerable individuals and immigrants who have cultural and language deficiencies, for instance, by providing accurate written and online information in relevant languages and interpreters and services in such languages.
- Effective public campaigns and awareness-raising initiatives should be established to provide accurate information about the circumstances, the possible effects of the pandemic situation on domestic violence, and the availability of offline and online services, and made available in relevant languages.
- Well-coordinated cooperation between public authorities, private enterprises and NGOs and the pooling of appropriate resources is essential. This might include the following activities: cooperation in the construction of online infrastructure, the design and provision of communication devices, offering shelter placement, establishing and maintaining new online and off-line contact points, organising awareness campaigns, compiling information about domestic violence and Covid-19, its consequences and the services available.
- In order to produce a reliable and rapid picture of the prevalence of domestic violence in exceptional circumstances, authorities should create consistent information systems that rely on harmonised definitions and classifications of domestic violence on the country level. In addition, greater data standardisation is needed to allow comparisons between countries during a pandemic.
- Gathering robust data on domestic violence during a pandemic or other crisis is very important. However, all data collection must comply with ethical and safety principles, and assure the safety of victims at all times.
- Information should be accurately and immediately registered in various information systems maintained by a range of public agencies and NGOs.

Further, such data should be relatively straightforward to analyse. This may require improved digital information and intelligence systems with harmonised definitions and versatile analytical, processing and mining features. This would increase understanding of how different factors interact and which mechanisms are at work in exceptional circumstances.

- Data on calls and reports to the police, helplines, shelters or other services should be triangulated with data coming from medical and social service providers and NGOs.
- It is useful to examine patterns and trends arising from pre-, during and post-COVID-19 reports (to police, shelters or other services) to inform policy and programme responses.
- Multi-professional risk and threat assessment procedures and related safety planning should be established and continue to function in order for agencies to assure the security of those under the greatest threat of high-impact domestic violence.
- Risks should continue to be monitored and safety plans should be adjusted to new conditions. Risk factors established and validated in ‘normal conditions’ may produce different outcomes in atypical conditions. Therefore, parties to risk assessment procedures should be aware of this possibility and be ready to adjust their measures, assessments and safety plans accordingly.
- The pandemic has affected many organisational protocols and procedures, as well as individual workers’ coping strategies. The well-being and resilience of professionals working in critical services should be prioritised by offering structured support, along with the putting in place of mechanisms to help staff recover from the extra pressure from work caused by the virus and lockdown.
- Managers and supervisors should develop virtual support measures that maintain the dynamics and essence of staff well-being.
- It is especially important to acknowledge the demands placed on female workers who bear the burden of caregiving and workload in the domestic sphere whilst also supporting vulnerable and isolated victims during the time of a pandemic.
- Evaluations are required of the effectiveness and impact of awareness campaigns and new methods of communication and contact points.

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