1 **Title page**

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4 **Parental intimate partner violence and abuse during the COVID-19 pandemic –**
5 **learning from remote and hybrid working to influence future support.**

6 **Abstract (244 words)**

7 **Objectives:** The COVID-19 pandemic has exacerbated intimate partner violence and abuse
8 (IPVA). Incidents of IPVA have increased as a result of household tensions due to enforced
9 coexistence (multiple national lockdowns and working from home practices), economic stress
10 related to loss of income, the disruption of social and protective networks and the decreased
11 access to support services. This study aimed to understand how female survivors of parental
12 IPVA have experienced the adapted multi-agency response to IPVA during the pandemic and
13 consider learning from remote and hybrid working to influence future support. **Method:** This
14 study adopted a qualitative research design, utilising semi-structured interviews and a focus
15 group. Data collection took place between March and September 2021. In total, 17 female
16 survivors of IPVA took part in the project; we conducted the semi-structured interviews via
17 telephone (n=9) and conducted an online focus group (n=8). **Results:** Findings identified that
18 services for those experiencing IPVA need to be innovative, flexible, and adaptable and 'reach
19 out' to survivors rather than waiting for survivors to 'reach in' and ask for support. Findings
20 show that the digital space highlights 'missed opportunities' for engagement with both
21 professionals and peers and the potential for digital poverty is a key implication, which risks
22 entrenching existing inequalities. **Conclusion:** In-depth consideration needs to be given to the
23 design, delivery and evaluation of online interventions and provision of support to improve
24 access and acceptability of services, maximise their effectiveness and to support the safety of
25 survivors.

26 **Key words:** COVID-19, Intimate Partner Violence and abuse, Parents, Lived experience,
27 Qualitative.

28

Parental intimate partner violence and abuse during the COVID-19 pandemic – learning from remote and hybrid working to influence future support.

Introduction

In the year ending March 2020, approximately 2.3 million (5.7%) adults aged 16-74 years in England and Wales experienced violence or abuse within the last year (1.6 million women and 757,000 men) (1). Of these, 4.2% experienced abuse carried out by a partner or ex-partner, referred to as intimate partner violence and abuse (IPVA) (2). The World Health Organisation defines IPVA as 'acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion, and various controlling behaviours such as isolating a person from family and friends or restricting access to information and assistance' (3). In addition, violence and abuse can take the form of debt bondage, intimidation, coercion, control, modern day slavery, forced isolation, physical, mental and sexual harms (4, 5) and is often closely connected to exploitation of those who are framed as vulnerable and/or 'at risk' (3). IPVA is a prevalent and substantial concern that spans public health (2); child protection (6, 7); Criminal Justice (8); Health and Social care and voluntary/statutory organisations. The Domestic Abuse Act which received royal assent on 29 April 2021 aims to 'raise awareness and understanding about the devastating impact of domestic abuse on victims and their families and to further improve the effectiveness of the justice system in providing protection for victims and survivors of domestic abuse and bringing perpetrators to justice' (9).

Whilst IPVA is connected to multiple and persistent episodes of behaviour (10) there has been a surge in incidents reported through local police intelligence, voluntary and statutory agencies and calls to UK helplines (11) during the Covid- 19 pandemic. The incidence and severity of reported levels of IPVA increased around the world in response to various restrictions being

53 imposed (12, 13) and work by Risser et al (14) showed overall increases in IPVA during the
54 pandemic.

55 In the UK, measures such as mandating people to 'stay home', social distancing and isolation
56 periods were introduced in March 2020, during the early stages of the Covid-19 pandemic to
57 limit the spread of the disease. During the lockdown, restrictions led to the closure of centres
58 and IPVA services, and most of the support transitioned to remote platforms and phone contact.
59 Whilst these enforced measures contributed to infection control and reduced the spread of the
60 virus, they also played a role in the significant increase in psychological, physical and financial
61 consequences for survivors and children experiencing violence within the home and
62 exacerbated barriers to leaving an abusive relationship (15).

63 Whilst it is acknowledged that IPVA may have been occurring prior to the pandemic, it is
64 recognised that incidents may be intensified as a result of household tensions due to enforced
65 coexistence (multiple national lockdowns and working from home practices), economic stress
66 related to loss of income, the disruption of social and protective networks and the decreased
67 access to support services (12). This impact is felt most greatly as survivors may feel less safe
68 to seek help whilst isolating within the home and it has been argued, via a gendered analysis,
69 that a loss of a sense of control over lives and a sense of powerlessness may have led some
70 men to seek to (re)assert masculine dominance at home (16-18). The intensified emotions
71 experienced by survivors residing in close proximity to their abusers have resulted in
72 heightened states of stress and anxiety being suffered, making the pandemic a much more
73 dangerous time for women and their children (19).

74 For parents the additional factor of school closures put further strain on families, who were
75 required to carry out home schooling and manage childcare responsibilities without any
76 external support alongside their usual obligations (20). However, despite Piquero et al's

77 systematic review (21) and McNeil et al's rapid review (22), reporting that school closures
78 may have further increased tensions within families, at a time when children were exposed to
79 parental IPVA or familial abuse at higher and more significant rates than previously, with
80 greater frequency and intensity, these reviews report on prevalence and not narrative
81 experiences. In addition, the amount of practical and emotional support that children access at
82 schools via their peers and teachers as non-parental significant adults diminished (11, 23) and
83 the ability of professionals to detect levels of exposure to violence was limited (24). Childcare
84 provided by the family's wider support network (grandparents, friends, childcare providers)
85 also reduced due to the restrictions, further enhancing the stresses of enforced co-existence.
86 The combination of these factors impacted the safety of children experiencing violence within
87 the family during the pandemic (14). Children who have been exposed to parental IPVA are
88 significantly more likely than non-exposed peers to experience mental health problems (25,
89 26), have lower educational attainment (27), experience IPVA in their own relationships and
90 experience ill health (28) all of which are aligned to constrained life chances (28-30). Many of
91 these harms are often hidden however, and the true scale of parental IPVA is unknown. This is
92 especially true within the current pandemic when incidents of violence and abuse may go
93 unreported, as calling the police to intervene during lockdown may jeopardise the survivors
94 safety further (11).

95 Coming out of various phases of lockdown did not necessarily bring about a reduction in IPVA;
96 for example, a recent Social Care Institute for Excellence report emphasised that, as social
97 restrictions are lifted, perpetrators of IPVA may try to re-exert the control they perceive they
98 had during lockdown by engaging in new and/or more harmful behaviour and intensifying
99 coercive control (31). Substantial harms to the survivors, children and families associated with
100 parental IPVA include social and psychological problems (32), physical ill-health, poor mental
101 wellbeing and financial problems for survivors (33).

102 It is important to acknowledge that parents who are survivors of IPVA are not a homogenous
103 group; the intersections of identity are important to understand here (34) as there is limited
104 research that gives insight into IPVA (35) and the varying impacts it has on marginalised parent
105 groups (36), or how these parents are able to engage and access support, and whether support
106 acknowledges intersections of identity, power and oppression (37). As such, this study adopts
107 an intersectional lens via a 'practical intervention in a world characterised by extreme
108 inequalities' (Cho et, al. 2013: 785) to look at the way that gender interacts with other axes of
109 identity such as race and class, how this affects the way that parents who are survivors of IPVA
110 reflect on their experiences, and differing levels of engagement with support services.

111 Despite there being multiple papers available regarding IPVA during the pandemic, there is
112 still a scarcity of literature where parents who are survivors of IPVA are the primary focus of
113 the research. Available literature often introduces parental survivors as a subcategory within
114 the data and reports on prevalence rather than providing in-depth qualitative accounts of the
115 experience of living through a pandemic whilst being exposed to IPVA and managing childcare
116 responsibilities. This current paper aims to contribute knowledge regarding experiential
117 accounts and focuses specifically on the lived experiences of parental intimate partner violence
118 and abuse during the Covid-19 global pandemic, examining how the pandemic impacted upon
119 survivors who are parents and how they experienced remote support. Furthermore, it also
120 considers learning that can be taken from the delivery of remote support, and important
121 considerations for practice when engaging with these parents, as services emerge from the
122 COVID 19 pandemic and resume hybrid working.

123

124 **Methods**

125 Overview: this study adopted a qualitative research design; interviews were conducted between
126 March to September 2021 and the focus group took place September 2021. A combination of
127 purposive and a snowballing sampling framework was adopted, to recruit hidden populations
128 into the study, an intersectional lens was adopted to analyse the data collected rather than shape
129 the research design (38).

130 Participants: Participants were eligible for inclusion if they met the following criteria: a
131 survivor of Parental IPVA whom has accessed services during COVID 19, 18 Years +, residing
132 in the North East of England and able to provide informed consent. Exclusion criteria were as
133 follow: a survivor who had not accessed services during COVID 19, below 18 years, residing
134 outside of the North East of England and individuals who are unable to provide informed
135 consent.

136 Interview guide development: The topic guide design reflected the team's involvement in
137 previous research within the subject area and from conducting other sensitive research studies
138 during the pandemic.

139 Recruitment: In light of sensitive nature of the interviews, participants were recruited via
140 gatekeepers. Gatekeepers consisted of individual professionals working on the frontline with
141 survivors of IPVA (women's refuge's, voluntary/third sector services, local authorities). The
142 gatekeepers introduced the research to potential participants and completed a consent to contact
143 form that was shared with the research team if the participant agreed to be interviewed. This
144 was a very important strategy to help maintain the safety of interested participants. If
145 permission was acquired, a researcher then contacted potential participants, introduced
146 themselves and talked through the participant information leaflet. All participants completed a
147 consent form and emailed it to the researcher prior to commencing the interview.

148 Data collection: it was envisaged at the beginning of the study that individual interviews would
149 be conducted, as they would enable the research team to obtain a deeper understanding of an
150 individual's experiences regarding a sensitive topic. However, participants recruited through
151 one organisation, requested that they could participate in a group as that felt more comfortable.
152 Therefore, to respect the wishes of participants and be responsive to their needs, semi-
153 structured interviews were conducted via telephone and a focus group via an online platform
154 with survivors of IPVA. Semi-structured topic guides were chosen to enable the researcher to
155 be flexible in their approach to exploring participants' experiences and perspectives, whilst
156 also having the scope to explore unforeseen areas of discussion (39, 40). Interviews were
157 organised at a time and date convenient to each participant. Participant safety was a key
158 consideration when arranging interviews, whereby any concerns highlighted by gatekeepers
159 were discussed and mitigated where possible. In addition, the safety of participants was
160 checked at the beginning of the interview (for example: they were asked who else was present
161 within the home/environment they were in at the time of the interview), and it was agreed that
162 if a participant needed to terminate a call for any reason, an agreed statement such as 'I think
163 you have the wrong number' would be used and the researcher would attempt to re-connect
164 with the participant later that day. If an interview was disconnected and contact could not be
165 sought again later, the researcher would defer back to the gatekeeper and follow their
166 established safeguarding protocols.

167 All interviews and the focus group were conducted in English; however, a translator was
168 available within the focus group to assist with language needs when necessary. All interviews
169 were audio recorded. The focus group was not recorded at the request of the participants;
170 however, notes of their discussion were taken, along with observations regarding how the
171 women interacted with each other and discussed their experiences. Brief notes were made in
172 relation to topics of convergence and divergences in information provided. In addition, detailed

173 reflections were recorded immediately following the completion of the focus group by both
174 researchers who facilitated the group.

175 The interviews and focus group were conducted, within North East England; participants were
176 recruited via local authorities, women's refuges, and voluntary/third sector organisations. It
177 was envisaged that approximately 20 interview would be needed to achieve data saturation
178 (41).

179 Participants were given a gift voucher as recognition for bringing their expertise, knowledge
180 and perspective to the research and subject area. Transcripts were anonymised and all
181 identifiable information relating to the participant sample were securely stored in a separate
182 location.

183 The study was approved by North West - Greater Manchester West Research Ethics
184 Committee, 20/NW/0469.

185 Qualitative analysis

186 All interviews were, transcribed verbatim and subject to iterative, in-depth thematic analysis
187 using an intersectional theoretical lens to make sense of the data. When analysing the
188 interviews, we took an inductive approach, constantly comparing the interview transcripts to
189 identify emerging themes (42). The reflective notes from the focus group were also compared
190 to the transcripts. Two researchers (HA and SB) conducted the qualitative analysis. Verbatim
191 quotes were used to highlight similarities and differences within the data and across
192 participants. Trustworthiness of analysis and findings was ensured by discussing data among
193 the wider team, inclusive of academics, practice partners and a survivor with lived experience
194 to agree a consensus on the interpretations presented. The quotes included in this paper came
195 from survivors of IPVA, pseudonyms and anonymised participant numbers have been used
196 throughout to protect each individual's identity.

197

Sample

198 In total, 17 female participants took part in the project; we conducted the semi-structured
199 interviews via telephone (n=9; 8 White British, 1 Peruvian migrant) and an online focus group
200 (n=8; 1 British Indian, 1 British Pakistani, 6 Pakistani/Indian/Bangladeshi/Peruvian migrants
201 with indefinite leave to remain/no recourse to public funds) with survivors of IPVA.
202 Participants had between one and five children. All women self-identified as survivors of IPVA
203 and at the time of interview were residing in refuge accommodation or away from the
204 perpetrator, and for many the move occurred during the pandemic.

205 The interviews were between 16 and 53 minutes in duration, with a mean time of 32 minutes
206 and the focus group lasted 90 minutes.

207 The analysis and extracts of participants reflections are explored in depth below.

208

Results

209 **Impact of lockdowns**

210 Survivors who had resided with their abusive partner during any part of lockdown described
211 that they experienced increased forms of isolation, control, and surveillance, which in turn
212 impacted on their ability to access any support.

213 *[Y]ou're isolated. Well, I think they survive on that, because that's what perpetrators*
214 *do, they try and have you come away from your loved ones. So, it was kind of like a*
215 *win-win situation. He always knew where I was, he always knew who I was talking to…*
216 *So, it was like you're even more isolated and you're even more closed-off from means*
217 *of support.*

218 *(Participant 5, 2 children)*

219 In practical terms, participants described that lockdown resulted in them experiencing
220 increased anxiety and nervousness due to their abuser's behaviour and being unable to seek
221 their usual sources of support from family members due to isolation restrictions. This

222 experience was common amongst survivors and was emphasised further for participant 1, who
223 was not able to fly to see her family for a prolonged period of time.

224 *I was very anxious and nervous as my family…couldn't be here and we couldn't get*
225 *flights out to them so they said I would have to call the police because of the nature of*
226 *what [my partner] was saying about me.*

227 *(Participant 1, 4 children)*

228 Participants also described how perpetrators used the social distancing restrictions to control
229 them and enforce that they stayed at home, even when they weren't adhering to the rules
230 themselves.

231 *It was Covid, but he does not want me to go out. He went to his friend's house, but when*
232 *I said, "I would like to meet these people that I [met on the internet], he said, "No. No,*
233 *no." Always, "No," whatever I want is, "No, meeting is very dangerous"*

234 *(Participant 12, 1 child)*

235 Being forced to spend more time with their partners was described by survivors as contributing
236 to tension within the home, and participants stated that this was often associated with increased
237 consumption of alcohol on behalf of perpetrators. This in turn was seen as a contributing factor
238 to arguments and violence, and in some cases the breakdown of relationships.

239 **Impact on the children**

240 Impact on children was spoken about in two distinct ways, one being the direct exposure to
241 instances of violent incidents. This was described as being intensified due to isolation measures
242 resulting in parents being unable to hide IPVA and protect their children from witnessing it, as
243 they were in the house more frequently and exposed to the abuse. Participants, whose children
244 had been present and who had witnessed episodes of violence during lockdown, often described
245 this experience as the catalyst for fleeing the family home and despite lockdown exacerbating
246 barriers to leave abusive relationships, participants still made a choice to leave the relationship
247 for their physical and mental health.

248 *He was aggressive with me and he was always aggressive with me, and this time my*
249 *daughter heard everything. All the fight. So, she asked me, "Mum, please leave."*

250 *(Participant 12, 1 child)*

251 *I thought I needed to stay with him for the children's sake, but I couldn't stay with him*
252 *over the Covid, not good for the children's mental health and probably all the other*
253 *things.*

254 *(Participant 8, 5 children)*

255 Of equal concern to many survivors was the potential for re-traumatisation of their children if
256 they were discussing issues around IPVA via the telephone to professionals while their children
257 were present. This was increasingly likely due to school closures throughout lockdown
258 resulting in home schooling.

259 *Because the Domestic Abuse Unit rang us, I couldn't really openly tell them, because I*
260 *had my seven-year-old [who was home schooling], who knows basically what I'm*
261 *saying. So, I had to kind of like make it sound a bit better than I was feeling, so that she*
262 *didn't get concerned, if that makes sense?*

263 *(Participant 2, 1 child)*

264 This attempt to protect the children from overhearing details may have resulted in downplaying
265 the full extent and impact of the abuse This minimisation and toning down of incidents
266 potentially impacted on how an individual's experiences and associated needs were understood
267 and categorised in terms of severity, which in turn could impact on the levels of support offered.

268 One resource that was described as beneficial for survivors that were residing in refuges at the
269 time of the interview was the availability of a creche service. The opportunity for survivors to
270 have their children looked after in a safe environment and have protected time to obtain
271 support, without their children present was appreciated.

272 *You can do all your meetings and appointments and stuff, if need be, in that time. So, I*
273 *used to get my support plan- like my support meeting would always be scheduled in*
274 *when the little one was in the crèche, just so you're not having to talk about all of this*
275 *stuff, in front of the kids".*

276 *(Participant 21, 2 children)*

277 **Survivors contact with police**

278 Several participants reported having contact with the police during lockdown. Contact with the
279 police regarding in-person visits, advice and signposting to other support services and
280 providing updates was generally reported by survivors in a positive manner.

281 *They sent out a woman police officer the next day and she was lovely... when I told her*
282 *what was happening, she said you are doing all the right things... she put me at ease...*
283 *She gave me the confidence to lift the phone to them if he started again and he did.*

284 *(Participant 1, 4 children)*

285 Most of the contact with the police occurred through phone calls. However, despite this more
286 remote method of communication survivors reported that they felt the police had a heightened
287 awareness of the potential impact of lockdown on incidents of IPVA and they responded
288 sensitively. The survivors described feeling a sense of validation that their concerns were being
289 taken seriously and felt satisfied with available safety measures that were implemented during
290 the pandemic.

291 *I think they knew like, if he came to my house this time I couldn't really leave, because*
292 *we're in lockdown… this time they actually searched my house and my garden, and*
293 *they were doing walks around my street to make sure if he came, before they arrested*
294 *him, that I was safe in my house… I think the way they handled it, I think it was more*
295 *down to Covid, because I was locked in the house. The responding officers who came*
296 *out first, they were a lot, like they cared more, and they were constantly reassuring us*
297 *and ringing to make sure I was okay.*

298 *(Participant 2, 1 child)*

299 **Women's Refuges**

300 Participants described varied experiences of women's refuges during lockdown. For some the
301 refuge was a place that provided everything that they needed, both physically in terms of shelter
302 and housing, but also emotional support too. They provided much needed support during
303 Covid- 19, that many survivors could not receive elsewhere.

304 *They [refuge staff] have sorted my housing application form out, they've referred me*
305 *to the Adult Services, they are trying to help me to get food parcels and things like that.*
306 *Because my last wage, in June, I didn't get a payment off the dole last month, so I've*
307 *gone eight weeks with no food and stuff like that. So, they have given me a lot of support*
308 *in the women's refuge, they have done a lot for me.*
309 *(Participant 11, 4 children)*

310 Others though described experiences which they felt were traumatising and sometimes worse
311 than the situation they had sought to escape. Survivors described conflicts with other residents
312 within the refuge, whilst this may be true prior to the pandemic, the dynamics between
313 survivors within the refuge during Covid-19 was intensified due to women feeling isolated
314 within their own accommodation and/or tensions between women who were not seen to be
315 following social distancing restrictions.

316 *I felt totally unsafe in the refuge to the fact that they had to move us. There was nothing*
317 *put into place…none of the policies were robust enough at all.*
318 *(Participant 9, 1 child)*

319

320 Survivors were restricted in their ability to leave the refuge and obtain support from family
321 members, as would have happened if travel restrictions were not in place.

322 *I hate it [at the refuge], I do, I'll be honest, I don't like it. I feel I've got more hassle*
323 *here than I did in the relationship. The bitchiness… It's just ridiculous, honestly. I was*
324 *crying on the phone to my mum…begging her for me to come back there… we're all in*
325 *here for the same reason, we should all be helping each other, not taking your anger*
326 *out on somebody else.*
327 *(Participant 11, 4 children)*

328 Participants explained that they had experienced a delay in receiving a full package of support,
329 such as access to therapeutic support due to the pandemic restrictions and associated additional
330 childcare responsibilities.

331 *Respondent: I just want to get my life back on track.*
332 *Interviewer: What sorts of things have they been doing to try and help you do that?*
333 *Respondent: At the moment, not a great deal, but I think we'll just wait until the kids*
334 *are in school, so they'll get more time with me.*
335 *(Participant 8, 5 children)*

336

337 **Access to IPVA support**

338 Survivors reported receiving specialised support from various services and agencies during
339 lockdown, including women's shelters, social workers, the justice system, survivor support
340 services and local schools. Participants expressed appreciation for the positive impact of this
341 new network of support received during the Covid-19 pandemic.

342 *They (Police) called up the domestic violence team... You are assigned a [Domestic*
343 *Violence] worker and they ring you up every couple of days or you can ring them*
344 *whenever. She was brilliant. It was them who helped me through when actually he kept*
345 *the kids.*

346 *(Participant 1, 4 children)*

347 There was recognition from participants that remote methods of engagement resulted in
348 professionals having the flexibility to engage with survivors more frequently due to reduced
349 amount of time being taken to travel between appointments.

350 *I think maybe the online stuff can be good as well. So, if you've got somebody with a*
351 *massive caseload who is really busy, at least it might give them an opportunity to check*
352 *in with somebody every week [online] for 15 minutes when they couldn't have the time*
353 *that week to go and visit them*

354 *(Participant 9, 1 child)*

355 For many, the support they received was viewed as vital, and this often took the form of one
356 agency or often one individual, with whom they had a good relationship, being able to connect
357 them to other services that could provide help and advice.

358 *She [keyworker] was just really understanding. She was just lush. I'm gutted she has*
359 *left, to be honest. She was so nice.*

360 (*Participant 21, 2 children)*

361 Interview participants highlighted the flexibility and adaptability of specialist IPVA
362 programmes during Covid-19 as a key feature of support. When support services moved online,

363 this was often reflected upon by the women in ambivalent terms. For some participants, this
364 transition was a smooth one, with no obvious disruption or downsides.

365 *Before, I used to be there [at the domestic abuse service] three days a week, doing*
366 *different courses and that. Then obviously lockdown happened, but they still kept*
367 *everything, as it was, but we just went on[line] and did it all.*

368 *(Participant 2, 1 child)*

369 However, other participants spoke of barriers and added complications that occurred because
370 of the transition to online and telephone support. Unsurprisingly, the lack of face-to-face
371 interaction with another human being was the most common downside to online services
372 described by survivors.

373 *There's like an energy in the room that you don't get online… If you're in a room with*
374 *people and you've got a therapist working, they can sense when something's wrong with*
375 *somebody, they can have a word with them after, and you don't have that on[line]. It's*
376 *just, you're finished on[line], you all log off and go about the rest of your day, don't*
377 *you?*
378 *(Participant 9, 1 child)*

379 The lack of human interaction did have serious consequences for some survivors, and rather
380 than providing help, these online support groups were the cause of emotional distress.

381 *One of the times I was online, I just cried the entire way through it, but nobody*
382 *recognised that. I had- and that triggered all my nightmares, I had nightmares and that*
383 *but nobody… whereas had I been in the class, that would have been spotted.*
384 *(Participant 10, 4 children)*

385 The remote or online platforms could be seen as inhibiting the rapport building that would
386 occur if support was taking place face to face.

387 *it's not as easy to talk to someone over the phone as it is face to face, I think.. Because*
388 *obviously you don't know who you're talking to over the other end of the phone, you*
389 *can't see their face or anything, you can't get to know them, to open up to them.*
390 *(Participant 11, 4 children)*

391 There were also practical and systemic issues which led to problems when trying to access
392 therapy online. Participant 10 describes waiting to receive Eye Movement Desensitisation and

393 Reprocessing (EMDR) which is a form of therapy to support her with anxiety and post-
394 traumatic stress disorder developed through experiencing IPVA.

395 *I waited for a year and a half for complex post-traumatic stress [therapy], and then*
396 *when it came along, with it being the pandemic, we tried to do it online and it wasn't*
397 *really working. And then my sessions had ran out. So, then I started the queue again…*
398 *I kept saying to the therapist, like, she couldn't understand, she didn't know if it was*
399 *like my broadband, her broadband… but that wasn't really helpful to me because it*
400 *just- I had been waiting for a year and a half for this therapy and then the therapy*
401 *came, and I couldn't meet anyone eye to eye anyway.*
402 *(Participant 10, 4 children)*

403 This emotional distress and frustration for participants centred around the lack of flexibility
404 regarding session delivery, i.e., despite not being able to fully engage in the EMDR therapy
405 due to internet connectivity issues, participant 10 had received her quota of sessions and was
406 effectively closed to this treatment. Some survivors felt defeated and unable to access the help
407 they needed during the pandemic, a situation often exacerbated by reduced levels of confidence
408 resulting from coercive control which abusive partners had exerted over these survivors' lives,
409 and their previous experiences of trauma inducing violence and abuse.

410 *I have a lifetime of being beaten up… I've tried to kill myself God knows how many*
411 *times… I'm at the end of my tether, I get where I feel defeated and I think, "What's the*
412 *point?" because I don't know what to- I'm ringing people. There's nothing open. I'm*
413 *trying to figure it out on my own and I don't know where to go… I'm full of self-doubt.*
414 *I don't believe in myself. I don't have any confidence.*
415 *(Participant 10, 4 children)*

416 **Specialist support for ethnic minority survivors**

417 Minoritised women in the study reported varying experiences of IPV during lockdown, they
418 described facing additional pressures due to intersections of race, gender, class, and their
419 immigration status. All focus group participants had received support during lockdown from
420 an organisation for black and minoritised women focusing on the intersection of race and
421 gender. The centre provided intersectionally designed practical support around securing an
422 income, immigration advice, night-time emergency support, housing advice and during
423 lockdown a foodbank. While they did not report that lockdown had any impact upon the

424 services they received, it is important to recognise that this was the first time each of them had
425 accessed such support.
426
427 Participants spoke of the lack of social or support networks outside of their own or their
428 partner's family, and how coercion and control was often exerted by the wider family unit. As
429 well as aggression from partners and families, fears of stigma and shame, and honour-based
430 violence were used (or threatened) in an attempt to influence the women to remain with their
431 abusive partners. This was intensified during Covid-19 when they experienced stricter controls
432 on their freedom due to family members being more frequently present within the home due to
433 lockdown restrictions. Most of these women (n=7) spoke of the amplifying effect of
434 intersectional harms related to the threat of deportation, insecure or uncertain visa situations,
435 and language as a barrier to accessing support, as well as concerns that the conditions of their
436 entry visa meant they were not allowed to access public funds while in the UK. This is
437 exemplified below:

438 *I did not know that in this country someone could help me. I did not know that. I was*
439 *two months going around asking people……because I did not have anyone here. I did*
440 *not know the rules in this country. I did not know that anyone can believe me. I did not*
441 *know anything.*
442 *(Participant 12, 1 child)*
443

444 **Discussion**

445 Findings from our study highlight that there is a need for survivors exposed to IPVA to re-
446 engage with and maintain social connectedness, especially during times of enforced isolation.
447 Many of our findings are pertinent to all survivors of IPVA, however, it needs to be
448 acknowledged that Covid-19 had an uneven impact on how parents experiencing IPVA
449 engaged with and accessed support as the pandemic prevented face to face access to both
450 familial support and professional services. Reduced access to support networks was

451 problematic as previous literature has identified that regular contact with friends, family and
452 professionals can support healing from abuse (43). As identified in previous literature, the
453 government-imposed restrictions closed down routes to safety for many survivors of IPVA and
454 their children inducing greater harms, particularly at the intersection of race, gender, and class,
455 and those with a precarious immigration status. For some this resulted in their children being
456 exposed to more severe violence and at an increased frequency, due to extended periods of
457 time when they were present within the home (14, 22, 23, 44). As we attempt to re-establish
458 'normality' post the Covid-19 pandemic, it is important for services to consider an
459 intersectional approach to support survivors to help sensitively reconstruct their support
460 networks.
461
462 In line with the available literature, for survivors still residing with their partners, this study
463 highlights how lockdown restrictions could enable perpetrators to exert further coercive control
464 mechanisms, including increased levels of isolation, control and surveillance (45). This study
465 has further highlighted the use of confinement and the threat of contracting the virus as an
466 additional mechanism to facilitate their abuse by perpetrators (15). Whilst the issue of digital
467 monitoring was not discussed explicitly within the our sample, literature shows that accessing
468 support via online methods can be challenging due to perpetrators not allowing survivors
469 access to their phones or conversely perpetrators using tactics such as digital monitoring and
470 tracking as a form of coercive control (46-48) both resulting in limited access to services.
471 Available literature shows that the transition to virtual support increased concerns for frontline
472 providers regarding the safety of survivors and that modes of communication were adjusted to
473 address privacy concerns for survivors still residing with their abusive partners.
474

475 The response to the Covid-19 pandemic has led to new ways of working, and accelerated a
476 move towards online and virtual support (49) some of which may continue post pandemic.
477 Recent studies found that from a service provider/advocate perspective the transition to virtual
478 support provided both challenges and opportunities (50). Participants explained that
479 organisations often reacted rapidly and adapted their service to offer continued support online
480 and over the phone, which was greatly appreciated by many survivors. Police were described
481 as having a heightened awareness of the potential intensification of domestic violence incidents
482 due to prolonged periods of isolation and were sensitive to the needs of survivors (51) this was
483 of particular importance to women who were considering the safety of their children as well as
484 themselves. The requirement for police to respond differently was acknowledged and within a
485 review of policing during the pandemic it is reported that police forces recognised that they
486 needed to work innovatively and had to 'reach in' to survivors rather than waiting for them to
487 'reach out' (52). Furthermore, it has been reported that during the pandemic many police forces
488 increased their use of Domestic Violence Protection Orders which can prevent the perpetrator
489 from returning to a residence and from having contact with the survivors for up to 28 days (52).
490 These increasingly pro-active methods of service provision will be beneficial as one
491 mechanism to contribute to the prevention of violence, abuse and intimidation that
492 disproportionately affects women and girls.
493
494 Participants explained that some services responded in an innovative and flexible way to
495 continue to meet the identified needs of survivors and their families. For some participants
496 there were clear benefits of support being remote, such as the obvious reduction in travel time
497 and associated expense to attend appointments, this was in keeping with available literature
498 (49) and was of particular importance to individuals with childcare responsibilities. An
499 additional key driver of perceived success of online working was a good connection in terms

500 of internet provider and also a good connection in personal relationship with a kind, supportive,
501 friendly professional to help individuals navigate the complex systems of support.
502
503 However, this paper highlights that the move to online and/or remote methods of engagement
504 came at a cost to some survivors who felt a loss of positive interaction with peers or
505 practitioners. This was a view shared by frontline workers who identified it was difficult to
506 build relationships and trust virtually (50, 53). On-line platforms could hamper the ability for
507 professionals to pick up on body language and could result in overlooking emotional distress.
508 A number of important factors influenced the effectiveness of online/remote provision
509 inclusive of access to a safe and confidential space to engage with support (48, 54), challenges
510 establishing a therapeutic relationship and difficulties communicating emotions and empathy
511 (55). When referring to online support, terms such as being 'a box on a screen' and 'logging
512 off' at the end of the session were used, implying more dehumanised methods of engagement.
513 Additionally, online platforms reduced the opportunity to engage in genuine peer to peer
514 interaction and support, that may have been available if services had taken place face to face.
515 This felt like a missed opportunity for some individuals who wished to develop a support
516 network with other survivors and engage on a more therapeutic level with peers with lived
517 experience (56). Despite these concerns, a number of studies have reported that a therapeutic
518 alliance can be established online (57, 58) and that patients can experience online support
519 positively when delivered well (59).
520
521 There was also a practical issue of accessibility due to available Wi-Fi networks, when these
522 facilities did not work as hoped it led to frustration and disruption, especially in form of therapy
523 such as EMDR which as a form of psychotherapy relies on the therapist being able to clearly
524 observe an individual's eye movement. The potential for individuals (professionals and service

525 users) to experience technical difficulties accessing support and/or interruptions to internet
526 connect within sessions need to be taken into consideration when delivering interventions and
527 support (54). In addition, the issue of digital poverty and digital inequalities has the potential
528 to widen health inequalities and alienate those who cannot access services in this way (60).
529 Service providers overlooked the intersection of gender and class, amplifying harms for women
530 who were also in poverty and those experiencing digital poverty became further marginalised
531 due to transitioning services online which certain parents could not easily access (53, 60).
532 Services not only need to be mindful of privacy concerns when attempting to engage remotely
533 with survivors but also how online services can exacerbate harms experienced at the
534 intersection of class and gender as individuals become even further removed from accessing
535 support (61).
536
537 Minoritised survivors experienced additional complexities. The unstable immigration status
538 and the threat of deportation alongside the intensified levels of coercion and control
539 experienced within the extended family network during Covid-19 exacerbated already difficult
540 circumstances (62). Whilst these issues were present prior to the pandemic, Covid- 19 has
541 potentially exacerbated the 'justice gap' as it was recognised that refuge bed space for black
542 and minoritised women was limited during the pandemic (63).
543
544 Survivors residing in women's refuges also reported varying experiences, ranging from
545 positive experiences within which women felt their holistic needs were being met, through to
546 increasingly negative experiences due to relationship dynamics within the refuge environment
547 (64). This divergent set of encounters highlights that services may benefit from adopting an
548 intersectional approach to service provision to meet the needs of their service users. The
549 additional pressure of refuge services having to be restructured to adhere to social distancing

550 restrictions will undoubtedly have exacerbated an already stressful environment (65) for
551 survivors residing there with children and having limited capacity to utilise shared facilities.
552
553 Whilst experience of support during Covid-19 varied, what was constant was the presence of
554 structural, systemic, and complex barriers to accessing support which need to be negotiated.
555 This navigation of support requires persistence and determination, a situation which was often
556 exacerbated due to the fact that most of those needing help may have low self-confidence and
557 low self-esteem due to experience of coercive control and perpetrator imposed isolation (66).
558 Mental health needs around anxiety, depression and post-traumatic stress disorder should be
559 considered for survivors of IPVA (67, 68). The Covid-19 pandemic has seen a huge rise in the
560 prevalence of mental health challenges as survivors have been forced to spend increased
561 amounts of time with their abuser (16). A high proportion of individuals experiencing IPVA
562 report multiple abusive relationships including witnessing and being a survivor of abuse during
563 childhood. In many cases, survivors explained that due to sharing parental responsibility,
564 ending the relationship did not automatically result in abuse ceasing. Instead, perpetrators were
565 described as relentlessly reminding and retraumatizing the victim repeatedly through shared
566 parenting. This cyclical and ongoing nature of abuse requires services to take a trauma
567 informed approach to survivors (69). Much work needs to take place post pandemic to start
568 addressing the mental health needs of survivors that remained unmet during Covid-19.
569

570 **Strengths and Limitations**

571 The strengths of the study are that findings are current and salient as we emerge from the Covid-
572 19 pandemic. The qualitative interviews provide rich accounts of parents affected by IPVA
573 who experienced service provision during the pandemic and highlight areas of consideration
574 for service providers as hybrid working structures are introduced.

575

576 The limitations are that the study was set in the North East of England and issues may not be
577 the same as other areas in England. In addition, gatekeepers were used, which could potentially
578 have introduced a bias to the participants recruited. However, participants reported varied
579 experiences of service provision which was reassuring.

580

581 Whilst the small, varied sample size is within usual range for in-depth qualitative studies and
582 was sufficient to examine the main analytic themes of the impact of lockdowns, the impact on
583 children, access to IPVA support and women's refuges; the sample did not allow data
584 saturation among subgroups such as immigrant v non-immigrant participants.

585

586 **Implications for policy and practice**

587 Several implications for policy and practice have been identified. The move to remote support
588 has highlighted both negative (restricted ability to engage openly due to children/perpetrator
589 being present, safety risks) and positive consequences (flexibility, less travel, more
590 economical). Organisations providing specialist support (e.g., children's services, voluntary
591 and third sector, local authorities) should consider the feasibility of delivering intersectionally
592 designed support and interventions using a mixture of face-to-face appointments to build
593 rapport and remote measures (online video platforms, telephone calls) once a relationship has
594 been established to provide flexibility.

595 Participants within this project identified challenges of accessing online groupwork courses.
596 Therefore, we propose that groupwork delivered to both survivors and perpetrators should be
597 delivered face to face wherever possible to optimise the impact of the content being delivered
598 and facilitate an environment where peer support can be utilised.

599 A further implication highlighted within this project relates to amplified harm at the
600 intersections of race, gender, class and immigration status, particularly exemplified in the
601 experiences of minoritised women with indefinite leave to remain/no recourse to public funds
602 It would be beneficial to take an intersectional lens and consider how a survivors' identity as a
603 non-English speaking, immigrant could lead to a continuation of oppressive experiences when
604 attempting to access support for IPVA. We suggest that further awareness regarding the
605 Destitution Domestic Violence concession is needed amongst service providers and the police;
606 specialist culturally sensitive support needs to be more easily accessible and designed with
607 intersections of power and oppression in mind; and accessing independent translators rather
608 than family members are required to maximise the potential for marginalised survivors to
609 receive the necessary support.

610

611 **Conclusion**

612 This study has provided valuable insights into the experiences of participants accessing support
613 during Covid-19. Support services for parents experiencing IPVA need to be innovative,
614 flexible, and adaptable and 'reach out' to survivors rather than waiting for survivors to 'reach
615 in' and ask for support. In depth consideration needs to be given to the design, delivery and
616 evaluation of online interventions and provision of support to improve access and acceptability
617 of services, maximise their effectiveness, reduce harm, and to support the safety of survivors.
618 Findings show that the digital space highlights 'missed opportunities' for engagement with
619 both professionals and peers and the potential for digital poverty is a key implication, which
620 also risks entrenching existing inequalities that are amplified by intersections of race, class and
621 gender. Further work to establish who is 'invisible' to services because they do not have access
622 to a phone or to data is necessary.

623

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627
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