

5.5 IMPACT OF COVID-19 ON ACCESSING SUPPORT

“I’m currently 26 weeks pregnant, stuck in a bedsit with my ex-partner. I have no money, or nowhere to go. I cannot call a helpline for support as my partner will be able to hear me, plus I have telephone anxiety.” (Source, [43])

“Hard to get any privacy or time to make calls to anyone who can help. Can’t physically leave the house ... he doesn’t have any routine.” (Source, [13])

The theme of isolation comes out strongly in the literature. Lockdown measures have forced victims to stay at home and restrictions have prevented access to support networks including family, friends, and frontline services [21]. For example, due to a reduction in face-to-face contact there was a reduction in third party disclosures to General Practitioners (GPs) for Black and minoritised women [50]. A study from WBG (2020) found that over half (51%) of Black and racially minoritised women were not sure where to turn for help compared with 19% of white women [51]. In addition, a third of disabled women said they did not know where to turn for help as a result of the pandemic [38]. Evidence also suggests that during lockdowns and especially for those shielding, survivors living with perpetrators are under constant surveillance. This made reaching out for support, being reached by support services, or accessing telephone and virtual support, such as counselling, particularly difficult [10].

With regard to experiences of LGBT+ survivors, the LGBT Foundation’s report published in May 2020 found 34% of all LGBT+ respondents had a medical appointment cancelled. Within this, cancellation rates were higher for subgroups of respondents – 39% of Black and minoritised LGBT+ people, 42% of disabled LGBT+ people, 38% of trans people, 37% of non-binary people, and 42% of LGBT+ people aged 50+. Furthermore, 23% of all LGBT+ respondents were unable to access medication or were worried that they might not be able to access medication. Within this, rates were again higher for subgroups – 37% of Black and minoritised LGBT+ people, 36% of disabled LGBT+ people, 45% of trans people, 21% of non-binary people, and 21% of LGBT+ people aged 50+ [36].

Survivors that were able to access support, used a range of methods to do so. SEA reported that financial services were experiencing an increase in disclosures within customer vulnerability teams [24]. Similarly SafeLives found that survivors were using a variety of methods to reach services, including online functions [43]. Whilst most survivors spoke to the police or a family member/s during lockdown, many looked online for information about staying safe. Half of respondents used twitter or online therapy sessions, as well as Independent Domestic Violence Advocate (IDVA) services. A third had e-mailed their local domestic abuse service. This indicates the value of a range of options to access services, including digital options.

“Some of our video group work has worked well for clients that would have found it difficult to attend a group for various reasons and I want to continue this as well as the valuable face-to-face work that benefits others.” (Source, [13])

Women’s Aid’s reported that their Live Chat service, which was launched prior to the pandemic, experienced particularly heightened demand during lockdown, with a 41% increase in users visiting