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From Unnoticed to Invisible: The Impact of COVID-19 on Children and Young People Experiencing Domestic Violence and Abuse

Reflective Practice

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Introduction

This continuing professional development paper provides an overview of the impact that COVID-19 has had on specialist services delivering support to children and young people experiencing domestic violence and abuse (DVA). It draws upon the experiences of being the operational manager of two specialist children's services. The target audience includes professionals working with young people in a range of settings including schools, youth clubs and statutory services. This understanding also contributes valuable insight for those with a strategic or commissioning responsibility to provide support services for children and young people.

Context Setting

The COVID-19 pandemic has proven to be very unsettling for children, young people and their families. Academics have begun to document the impact that this virus, and the restrictions imposed by lockdown, are having on those experiencing DVA. Guidance to 'stay at home' and the notion of 'social distancing' did not instil a sense of safety and reassurance for all. These restrictions have resulted in major concerns around the increased risk of harm for those living in abusive households globally (Bradbury-Jones and Isham, 2020; Campbell, 2020; Usher *et al*., 2020). These measures saw a 25 per cent increase in calls to the National Domestic Abuse Helpline (Kelly and Morgan, 2020) and escalations in abuse resulting in increased demand on DVA services (Grierson, 2020; Women's Aid, 2020). Although an increase in referrals to local specialist DVA services had been expected, this has not

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been happening for children and young people. These services have seen significant decreases in the number of referrals during lockdown.

Identification of Children and Young People

Children and young people continue to tell practitioners that school is often one of the only safe places they have, so when schools began to close this caused great concern. Not only were young people losing an escape from abuse at home, they were also losing opportunities to disclose what was happening. The closure of youth clubs and sports clubs further reduced opportunities for children and young people to ask for help. For DVA services, schools are one of the main referral sources. Children and young people are often overlooked, with the focus being on the parent/carer who is seen as the primary victim. A lack of victim status awarded to young people experiencing DVA in the home means that they are hidden from support services; identification was already an issue before the pandemic. The impact of COVID-19 has meant children and young people experiencing abuse have gone from being unnoticed to invisible.

Adapting the Service Model

There is a national shortfall in services for children and young people experiencing DVA (Humphreys and Mullender, 2015; Radford *et al*., 2011; Stanley, 2011). Despite reductions in referrals, services have continued to have significantly high numbers of young people awaiting support to help them cope and recover from the harm caused. School closures have affected the support that specialist services have been able to provide. Before the pandemic, support was most commonly delivered in a school environment; this safe and controlled space enabled practitioners to engage with young people who may have unsafe, chaotic or neglectful homes.

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Organisations who would ordinarily deliver support in-person to children and young people have had to adapt their service model to meet Government guidelines. One-to-one support sessions and the delivery of group work programmes have not been allowed to continue in person. While the need for this suspension is undeniable, the support needs of children and young people experiencing DVA have not disappeared. Adaptations used by specialist services include telephone support, video conferencing and indirect support through safe parent/carers. These have been delivered depending on the age, risk and current circumstances of children and young people.

Telephone Support

For some, support has been delivered directly to the young person by specialist practitioners over the phone. As they would have done in person, practitioners have made scheduled calls on a weekly basis allowing children and young people to talk through their experiences and complete interventions including safety planning, confidence and self-esteem building, and developing coping strategies. This has been delivered to children as young as eight, however, such interventions have proven most successful for young people over the age of 14.

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This has also been favourable to young people struggling with social skills such as eye contact. Practitioners have needed to remain vigilant while making these calls, ensuring that young people have an appropriate environment to talk, without concerns around the perpetrator being present, which could increase the risk of further harm.

Video Conferencing

Thorough risk assessments have enabled young people who prefer to see the person supporting them continue engaging with support. Platforms such as Skype have been used, particularly with younger children, to help build trusting relationships with practitioners while receiving support. Although this method has had very little uptake, it has been offered where appropriate. While a lifeline for some, this has not been the most accessible form of support, requiring families to have access to technology and internet connections.

Indirect Support

When services have been in contact with families where the safe and non-abusive parent/carer has been in a position to complete interventions with their children, practitioners have provided step-by-step instructions and over-the-phone support, guiding parents to support their children. This has most commonly been utilised by families with children who may be too young to engage in telephone support. Careful consideration has been required with this method; parent/carers who have experienced abuse themselves may not have processed their own experiences or still live with the abuse and, therefore, may not be in a position to support their children with interventions. Nonetheless, families who have been able to do this report improvements not only in their child's wellbeing, but also in parent–child relationships.

Significant Concerns

Some parent/carers have informed services that they want to wait for in-person support to resume and not utilise any remote support. These families have received weekly calls from practitioners throughout lockdown to monitor changes in circumstances and escalations of abuse or risk. This has been met with resistance from some who have declined or not answered calls, causing significant concern to practitioners who are now unaware of what may be happening. Practitioners have also become particularly alarmed for young people who continue to live with abuse. Before the pandemic, these young people accessed support without the knowledge of their parent/carer; however, at present they cannot engage with services due to being in lockdown with the abuser. While these concerns have been raised with statutory agencies, practitioners feel guilty that they would usually be able to do more.

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Impact of Remote Working on Practitioners

It is important not to overlook the impact of this pandemic on practitioners who have continued to work and provide remote support to children and young

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people experiencing DVA. Services have delivered support throughout lockdown, ensuring young people have ongoing access to a support network. However, the support networks of practitioners have significantly decreased with offices closing and practitioners working from home. Iliffe and Steed (2000) highlighted peer support as instrumental in managing levels of secondary trauma experienced by practitioners. Current circumstances have meant that practitioners do not have the opportunity to offload with colleagues while in the office and support each other after very demanding and emotional sessions. Effective support and supervision from management is also considered one of the most important factors contributing to practitioner wellbeing (NSPCC, 2013; Slattery and Goodman, 2009). While this is still being provided, it is done so over the phone or through video conferencing. This does not compare to being present with a colleague in a supportive environment. Ultimately, the potential for secondary trauma and practitioner burnout is increased.

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Additional Funding

Increased demand on DVA services during the pandemic have been recognised by the UK Government resulting in the Ministry of Justice securing £25 million for charities supporting vulnerable people, including victims of DVA (GOV.UK, 2020). This has enabled specialist services to employ extra staff to meet increasing demand. While this addition has been beneficial to children and young people experiencing DVA, it is somewhat premature. With services for young people not seeing the same increase in demand as portrayed in the media, this funding may be utilised more effectively once the country is out of lockdown. Given the significant decrease in referrals from schools, youth clubs and sports clubs, it is expected that services will experience instrumental increases in referrals once young people are back with the adults they trust and given the opportunity to make disclosures around what they have experienced. While it is positive that children and young are able to make disclosures and access suport, services need to be supported by those in power in order to meet demand.

Light at the End of the Tunnel?

As Government restrictions begin to be relaxed and schools allow practitioners access again, services have started to re-introduce in-person support. Rigorous risk assessments enable this when there are significant concerns about a young person and remote support is no longer possible. Practitioners report a sense of relief despite delivering this to very small numbers. While there is still a substantial way to go, this marks the first steps towards 'normality.'

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