



DOMESTIC VIOLENCE AND CHILD MALTREATMENT DURING COVID-19

Executive summary

- Indicators point to a marked increase in the national trends in domestic violence and child maltreatment related to COVID-19.
- Published studies show the large lifetime cost of domestic violence and child maltreatment.
- There is an urgent need to improve [health surveillance](#) – the systematic collection, analysis and interpretation of health data. In the context of violence in the home, this means measuring the trends of domestic violence and child maltreatment across different sectors of the population in a systematic way using data that is routinely collected.
- Health surveillance needs to form part of a comprehensive public health approach to reducing family crimes through effective monitoring that supports victims.

Background

Although no published studies to date have tracked the national trends in domestic violence related to COVID-19, several indicators point to a marked increase in domestic violence during this period. These include reports from charities and some police forces as well as data on numbers of related deaths.

The UK's largest domestic violence charity, Refuge, has reported a 700% increase in calls to its helpline in a single day, while a separate helpline for perpetrators seeking help to change their behaviour, received 25% more calls after the start of the Covid-19 lockdown.

14 women were killed by men [between 23 March and 12 April 2020 in the UK](#) which is nearly three times the historical average of five in other years in the same period. [Initial reports](#) suggest a 30% increase in domestic abuse - roughly in line with the analysis of

the National Police Chiefs Council (NPCC) with [similar evidence coming from a variety of organisations](#). The victims' commissioner warned there was a danger of an "epidemic" of the crime.

There is also emerging evidence from services such as Childline and Barnardo's that child abuse has risen since lockdown, evidenced through the increase in online contacts through live chat channels and websites and telephone calls and texts.

Why does this matter?

The costs of such violence are considerable. Our research shows that victims of domestic violence are nearly three times more likely to suffer from [mental ill health](#) during their lifetime, and have above-average rates of [diabetes, heart disease and death](#). Victims are also twice as likely to [develop chronic conditions](#), including fatigue. Similarly, victims of child maltreatment have a more than [twofold risk of mental ill health](#) in later life, compared to those who have not been maltreated as a child.

The findings suggest that these hidden crimes put a large burden on the public health system - and there are signs that the lockdown imposed in most parts of the world may be exacerbating them, with [potentially devastating consequences](#). Thus, there is a need to adopt a public health approach based on the World Health Organization (WHO) [approach](#) which can be [adapted to the conditions created by the pandemic](#).

Policy recommendations

There is an urgent need to improve [health surveillance](#) – the systematic collection, analysis and interpretation of health data. In the context of violence in the home, this means measuring the trends of domestic violence and child maltreatment across

different sectors of the population in a systematic way using data that is routinely collected. This [might include](#):

- **Routine enquiry of domestic violence or child maltreatment exposure**, making every contact count. This could, for example, be integrated into remote GP consultations by asking a series of structured questions about factors such as stress and anxiety. Such consultations would help GPs to assess the risk of domestic violence or child maltreatment, and whether more questions are needed. This approach is already taken by GPs who are part of the [IRIS programme](#) identifying patients affected by domestic violence.
- **Active surveillance methods could be repurposed.** Existing [NHS tools for monitoring COVID-19](#), such as scheduled emails and text messages for health surveys, could be adapted to include questions to see if people at risk of domestic violence or child maltreatment are being victimised.
- **Linking data between police, health and social care** to identify and effectively monitor and support individuals at risk.
- Given the constraints in victims being able to report domestic violence or child maltreatment during the pandemic, **insights such as Twitter feeds combined with [tools for analysing human language](#) may provide new understanding of the scale of the problem.** Tweets may indicate anxieties during the pandemic that might alert police to the scale and nature of abuse that is occurring.
- **Provide secure access to anonymised hospital and police datasets** which have been found to be an [effective tool](#) in violence reduction without compromising individual privacy.

These recommendations complement the active steps by national charities such as (but not limited to) Women's Aid, Safelives and the NSPCC, who have all produced guidance for how survivors can both report domestic violence and [keep themselves safe](#). Charities also help people to report crimes to the police and to access support through hidden mobile apps and telephone lines.

Through implementing these recommendations, policy makers can ensure that the indirect costs of the pandemic in increasing crimes within the family are

proactively monitored, providing appropriate support to victims.

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