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Social Workers Response to Domestic Violence and Abuse during the COVID-19 Pandemic

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Abstract

The rapid global spread of COVID-19 has put increased pressure on health and social service providers, including social workers who continued front line practice throughout the pandemic, engaging with some of the most vulnerable in society often experiencing multiple adversities alongside domestic violence and abuse (DVA). Movement restrictions and stay-at-home orders introduced to slow the spread of the virus, paradoxically leave these families at even greater risk from those within the home. Utilising a survey methodology combining both open- and closed-ended questions, this study captured a picture of social work practice in Ireland with families experiencing DVA during the early waves of the COVID-19 pandemic. Findings highlight both the changes and challenges in work practices and procedures that limit social work assessment and quality contact with families, changes to the help-seeking behaviours from victims/survivors, as well as emerging innovative practice responses with enhanced use of technology. Implications for practice include an increased awareness of the risk and prevalence of DVA accelerated by the pandemic. Conclusions assert that social work assessment and intervention with families experiencing DVA must remain adaptive to the changing COVID-19 context and continue to develop innovative practice approaches.

Keywords: COVID-19, domestic violence and abuse, Ireland, social work

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Introduction

Ireland's public health response to COVID-19 from the onset of the pandemic in February 2020, reflected strict regimes of lockdown for longer periods than seen elsewhere in Europe. Three lockdown periods over an eighteen-month time span (first wave: February–June 2020; second wave: September–December 2020 and third wave: January–July 2021) imposed restrictive measures including no visitors to households, no sporting events, only essential retail allowed to open, closure of hospitality and schools and stay-at-home orders within two kilometres and five kilometres limits. Whilst stay-at-home orders, working from home and school closures have been linked with increased risk for child abuse (Self-Brown *et al.*, 2022). Wood *et al.* (2020) highlight increases in both the severity and rate of domestic abuse and sexual assault following such measures related to COVID-19. James-Hanman's (2018) insights on how domestic violence and abuse (DVA) and coercive control can make the victim's world smaller and restrict their space for action (Kelly, 2003), takes on a particular resonance in the COVID-19 context, where public health measures have paradoxically contributed to increases in the frequency and severity of DVA. With home confinement providing DVA perpetrators with increased opportunities for surveillance, stalking and coercive control (Bracewell *et al.*, 2020), the stay-at-home messaging, reduced professional and service availability and the complexity of help seeking and the leaving process may render victims unnoticed and trapped at a time of increased risk and reduced options (Goodman and Epstein, 2020).

Emerging research in Ireland (Holt *et al*, 2021) and internationally (McKibbin *et al*, 2021; Stanley *et al.*, 2021) highlights interesting developments in DVA practice and policy during COVID-19 of relevance to this article on social work practice. Powerful awareness raising campaigns have both enhanced public understanding of this issue whilst also sending a clear message to victims that help was at hand (Holt *et al.*, 2021), contributing no doubt to escalating reported rates of DVA globally (Bradbury-Jones and Isham, 2020). Simultaneous innovations in technologically mediated service delivery and communication technologies have opened up creative opportunities for emergency adaptive changes to social work practice, with debates and concerns about technologically driven service delivery remaining unresolved (Chen *et al.*, 2020). Indeed, whilst the International Federation of Social Workers reported on innovative social work practice responses to increased DVA victimisation (Truell, 2020), concurrent ethical challenges for practice have also emerged (Banks *et al.*, 2020), including reduced service capacity and increased remote working (Cortis *et al.*, 2021).

Whilst research relevant to DVA, COVID-19 and social work practice was conducted in other jurisdictions early in the pandemic (Overlien, 2020;

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Posick *et al.*, 2020), less available is empirical data pertaining to how social work practice in Ireland has been impacted by and responded to the issue of DVA on caseloads during this time. This present study seeks to address this knowledge gap in an Irish social work context. The COVID-19 lockdown period in Ireland refers to the period commencing 27 March 2020 (First wave) continuing through to November 2020 (second wave). Ireland like elsewhere during these initial periods of tight restrictions, witnessed a surge in demand for DVA support services. During the first lockdown period, Safe Ireland (2020) reported 1,351 unmet requests for refuge accommodation and a noticeable increase in first time contacts to specialist DVA services. Similarly, An Garda Síochána, the Irish police force, reported a 16 per cent increase in calls to respond to DVA in 2020 compared to the previous year (An Garda Síochána, 2020).

Indeed, reflecting a general rise and heightened awareness for those living with DVA during this period, the Irish courts service remained open; however, restrictions were reported to make attending court difficult for victims and created undue stress in situations of court mandated access between abusers and children (Women's Aid, 2020). Whilst the international literature utilises a broad range of terminology depending on the country where the research was conducted, this article uses the term DVA to refer to patterns of abusive and controlling behaviour that include but also extend beyond physical force, beyond the home and beyond the cessation of the intimate relationship.

Literature review

This brief overview of the literature will firstly identify how the pandemic provided a particularly perfect context where DVA acted 'like an opportunistic infection, flourishing in the conditions created by the pandemic' (Sharma and Bikash Borah, 2022, p. 2). Escalating risk of abuse for both women and children will be explored before the review unpacks the challenges and opportunities for social work practice during COVID-19.

The pandemic as an incubator for DVA

Two systematic reviews published in 2021 provide interesting insights and analysis on the prevalence and nature of DVA during the COVID-19 pandemic (Kourti *et al.*, 2021; Piquero *et al.*, 2021). Both papers report an increase in domestic violence globally, with Kourti *et al.* (2021) asserting these increases were found across both stronger and more compromised economic states. Drilling down into these increased prevalence rates, Piquero *et al.* (2021) surmise that increased reporting may result

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from first an increased number of victims seeking formal support and protection, secondly the emergence of a new cohort of victims whose experiences of DVA are largely related to pandemic-related stresses including stay-at-home orders and economic constraints, and thirdly, those existing victims for whom the pandemic has served as a catalyst to report victimisation, perhaps due to increases in incidence and severity of abuse. The gendered and intersectional nature of DVA was also discussed in both papers, with Kourti *et al.* (2021) highlighting how women primarily shouldered the burden of domestic and caring responsibilities and Piquero *et al.* (2021) noting that typically marginalised groups were likely to be disproportionately isolated and at risk of DVA during the pandemic. These marginalised groups were asserted to include older adults, women, children, immigrants, refugees and those for whom English was not their first language.

Stark's (2013, p.18) much quoted definition of coercive control as 'a strategic course of oppressive conduct that is typically characterized by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims', aptly describes the pandemic as a further tool for perpetrators to exercise their power (Lyons and Brewer, 2021). It also aligns with Bergman *et al.*'s (2021) observation that anything, including a pandemic, can be employed resourcefully by the abuser to control. Reporting on a survey of Domestic and Family Violence workers in Australia, Carrington *et al.* (2020) concluded that DVA perpetrators were 'weaponising' COVID-19 conditions to maximise opportunities for coercive and controlling behaviours.

Reflecting on the established role of isolation as a primary tactic used by perpetrators of DVA, Sharma and Bikash Borah (2022) usefully identify the correlation between physical isolation as a government-sanctioned approach to COVID-19-related safety measures and increases in DVA perpetration and negative impacts for victims and children. Specifically, the social support normally available to people in times of crisis, were no longer readily available during the pandemic, with lockdown effectively padlocking victims into intensifying and escalating abusive home environments. Compounding this, Lyons and Brewer (2021) assert that compliance with quarantine rules meant increased time at home enhanced opportunities for surveillance, reinforcing accepted tactics associated with DVA. Goodman and Epstein (2020, p. 2) conclude that such tactics are 'near-perfect parallels of pandemic safety measures; restricting visitors and deliveries, preventing survivors from caring for family (and vice versa), cancelling appointments and prohibiting errands, monitoring activity, and refusing to allow survivors to work outside the home'. Perpetrator enforced isolation may, to the untrained eye, appear reasonable and compliant with public safety narratives. The toxic combination of quarantine, lockdown, restricted social/family support and

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remote working which occur in the context of DVA, Goodman and Epstein (2020) caution, may result in a less visible pandemic-related harm; extreme loneliness. Participants in their study talked about being 'unseen', where their partner has cut her off from all contacts and activities that give her a sense of grounding and subjective awareness. Similarly, both Kourti *et al.* (2021) and Piquero *et al.* (2021) draw on previous health crises or natural disasters, highlighting the correlation between the consequences of these disasters (including isolation and DVA) and the impact on women's physical and mental health.

Focusing on children, Sharma and Bikash Borah (2022) highlight school closures and the absence of childcare options increasing stress for parents and potentially exposing children more intensively to violence and abuse without the sanctuary of school and other leisure activities. Jacob (2020) further cautions that school closures have removed the protective role of teachers as important 'eyes and ears' for abuse identification. Similarly, Griffith (2020) suggests that lockdown, reduced social support and remote working may be considered risk factors associated with parental burnout, cautioning that parents who experience burnout are more likely to abuse their children. Staying with the issue of parental abuse and neglect of children, Jacob's (2020) paper accurately captures the concerns of practitioners working in child health settings. Amongst these concerns were delayed presentations of children to these settings resulting in more serious illness, reduced consultant and home visiting time for new-borns and their parents, perinatal mental health issues and very young children presenting to hospital with injuries typical of abuse.

Donagh (2020, p. 387) concludes that the impact of the pandemic has meant that children and young people living with DVA have gone from 'being unnoticed to invisible'. Whilst there are opportunities for many health and social care professionals to intervene in the lives of perpetrators, victims and their children who live with DVA, the implications for social work practice responses during the pandemic, is the focus of the next section.

Social work practice in COVID-19: Challenges and opportunities

The COVID-19 pandemic and ensuing lockdown radically changed the way social workers and a range of other health and social care practitioners across all settings and across the globe, engaged with their clients—individuals, children and families (Cook and Zschomler, 2020). All but the most urgent home visits or office appointments moved into a range of virtual spaces, with the now popular term 'pivot to online' described by Mishna *et al.* (2022, p.17) as a radical 'paradigm shift in ICT use' with the absence of face-to-face practice, rapidly replaced with the adoption of new ICT practices, such as FaceTime, WhatsApp, Skype, Google Hangouts, Microsoft Teams and Zoom (Cook and Zschomler, 2020).

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Pre-pandemic research and commentary had already signposted the impact of 'electronic communication technologies' on relationship-based practice for social workers (Byrne and Kirwan, 2019, p. 218). Drawing on the findings of their research with newly qualified social workers and with seemingly incredible foresight, Byrne and Kirwan (2019) caution that the relational foundation of social work practice is 'not immune or dislocated from the explosion of social media and electronic communication', which had been galvanising energy well before 'COVID-19' was in our everyday vocabulary. Indeed whilst telephone helplines have a long history in providing support and counselling (Bayles, 2012; Reeves, 2015) there nonetheless exists a tension in the literature and perhaps in practice between the importance or 'deeply embodied' practice of home visiting for social work practice (Ferguson, 2018, p. 65) and the use of remote technology enhanced practice as amplified since the start of COVID-19. Arguing that the home 'constitutes a sphere of practice in its own right', Ferguson (2018, p. 67) is interested in how social workers 'work' the house, a question that Roberts (2020) later reflects on in the context of social workers conducting home visits in full personal protective equipment where parents or children cannot see their face. Ferguson's (2018) assertion of the home visit as a context where all the senses come into play, chimes with Ruch *et al.*'s (2010, p. 16) much earlier argument for the need for social workers to attend to the 'social contexts in which people's difficulties are located'. The challenge of 'working the home' as Ferguson articulated, using all of your senses and engaging with 'context', takes on a particular significance when we consider the centrality of risk assessment and safety planning in social work practice with families experiencing DVA.

Since the emergence of the pandemic there has been a growing body of empirical research on social work practice during COVID-19, and on the specific nature of professional practice with families experiencing DVA (Banks *et al.*, 2020; Cheung, 2021). The challenges of social work practice in the pivot to online have been clearly articulated, as have the benefits of virtual contact as a preferred form of contact, especially for young people (Cook and Zschomler, 2020). Whilst the existing literature highlights the need for research with children and families on their experience of the pivot to online, it also stresses the importance of adequate training and supervision of professionals in this predominantly online space. Harrikari *et al.*'s (2021, p. 1660) research on social work practice in Finland, concluded that social work was 'completely unprepared' for the working conditions provoked by the pandemic but nonetheless adapted and responded very quickly. In agreement, Cook and Zschomler (2020) assert that the pivot to online presented a real challenge to the core principles and values of social work practice, the possibilities that virtual practice opened up were also applauded. Pfitzner *et al.* (2022) survey research with practitioners supporting women

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experiencing DVA during the pandemic in Australia, provides evidence of how increased prevalence rates and help-seeking, pushed practitioner capacity to its limits, with resulting concerns for practitioner mental health and well-being. Specifically, the authors call for regular supervision and balanced workloads in addition to increased evidence of what best practice in this space should reflect. Returning to Byrne and Kirwan's (2019) assertion that modalities of electronic communication should not be understood as an add-on to practice rather as an integral part of it going forward, this brief literature review concludes by concurring with Cheung's (2021) call for the professional to reposition itself in the reflective process of considering how social work ethics and values and be maintained in this new space. The research we are reporting on in this article is a first step in understanding how social work practitioners experienced working with DVA in that new space during the earliest period of COVID-19 lockdown in Ireland.

Methods

Similar to Cortis *et al.* (2021) who surveyed domestic violence practitioners, this study gathered both quantitative and qualitative data via a national survey of social workers to establish the extent and nature of DVA in social work practice during the initial period of COVID-19 'lockdown' restrictions. The Irish Association of Social Workers (IASW) distributed an email about the survey to their membership of over 1,300 social workers. This email contained a link to a questionnaire hosted by Survey Monkey. Data was collected between the 1 September 2020 and 12 November 2020. The IASW sent prompt emails to their membership on the 10 and 22 September 2020.

Survey instrument

The survey instrument was designed using emerging evidence from research conducted on DVA and social work practice at the beginning of the pandemic, as well as research evidence on DVA and COVID-19 from that time. The survey instrument contained twenty-two items, which comprised of both open and closed questions (see Supplementary Data for full survey questions and responses).

Data analysis

The quantitative data from the survey questionnaires was analysed using IBM SPSS Statistics Version 25. Key findings were identified and

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provided by way of mainly descriptive statistics in the context of the overall research questions (Creswell and Plano Clark, 2007). Owing to a low response rate, which is discussed later, the use of inferential statistics was not appropriate. With regard to the qualitative data collected through open-ended questions and free-text boxes throughout the survey, a thematic analysis was used to analyse this data (Braun and Clarke, 2006). Braun and Clarke's (2006) six phases for conducting a thematic analysis were observed. Initially the data were assessed and broad themes were identified. Further to this and in combination with the research aims, a data coding system was developed. The data were entered into the coding framework using QDA Miner Lite software and was systematically reviewed, compared and sorted into broad thematic areas as they emerged. By the end of the process of analysis, three main themes were identified; the nature of DVA during COVID-19; barriers to support during COVID-19 and facilitating engagement during COVID-19. In collecting and analysing the quantitative and qualitative survey data together in this manner complementarity was achieved and the findings have been enriched by the use of this method (Teddlie and Tashakkori, 2009).

Sampling, access and ethical issues

Research participants were sampled from the population of social workers currently working in Ireland. In order to access this sample, the IASW agreed to distribute the questionnaire to its members. Whilst it is acknowledged that the membership of the IASW does not include all social workers in Ireland, it nonetheless represents high numbers of social workers and provided a means of inviting participation from social workers throughout the jurisdiction.

Respondents to the questionnaire were not required to provide their name or the name of their agency. Rather, information relating to the county or region where their agency of employment is located was gathered. No identifying data were requested or if provided inadvertently in respondents' answers, this was not coded or referred to in the research findings. Of the 120 social work respondents, 105 identified as female and 14 as male ($n = 1$ missing) and ranged in age from twenty to sixty plus years. Respondents were largely highly experienced with 60.2 per cent having ten or more years working in professional practice, 22.0 per cent reported five to ten years in practice and a relatively smaller number 5.9 per cent reported three to four years practice experience.

Ethical approval to conduct the research was provided by the Research Ethics Committee within the School of Social Work and Social Policy, Trinity College Dublin.

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Research aims and objectives

This article draws on the survey data to address the following research questions:

1. What was the nature and extent of DVA in families on social work caseloads during COVID-19 lockdown when compared to caseloads pre-COVID-19?
2. What, if any, were the main challenges experienced by social work practitioners working with families experiencing DVA during COVID-19 lockdown?
3. What, if any, new or innovative social work practices did practitioners engage in with families experiencing DVA during COVID-19 lockdown?

Findings

Nature of DVA during COVID-19

Survey responses attest to an overall perceived increase in the level of DVA present in social work caseloads during the initial phases of lockdown. Comparing before and during the first phases of COVID-19 restrictions, practitioners were asked to estimate the rate of DVA in caseloads with figures, reporting an overall average increase from 24.7 per cent pre-COVID-19 to 31.3 per cent during COVID-19.

Qualitative data drawn from open-ended questions revealed some instances of male to male, child to parent and adult-child to parent DVA. However, the vast majority of DVA described by the social workers was male to female intimate partner or ex-partner abuse.

When asked to compare which forms of DVA had increased, stayed the same or decreased since the pandemic, the most notable perceived increases were in coercive control and emotional abuse which were reported to have increased by 76.4 per cent and 82.8 per cent, respectively, pointing to changes in the nature of DVA during this period. Table 1 sets out practitioners' responses to this question.

Responses to open survey questions illuminates further changes in the nature of DVA which were unique to the pandemic. Practitioners commented on the ways perpetrators had opportunistically exploited stay-at-home orders to intensify levels of surveillance and control, and to limit or avoid contact with other households and professionals, thereby remaining largely unseen by those outside the home:

> Significant increase in perpetrators not allowing SWs into home to see partners or children. Reason generally being COVID-19, they won't allow anyone in. (SW1078—Child Protection and Welfare)

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Table 1 Q3 Estimated changes in forms of DVA during COVID-19.

Forms of DVA	Increased (%)	*N*	Stayed the same (%)	*N*	Decreased (%)	*N*
Physical violence	60.7	68	37.5	42	1.8	2
Sexual violence	24.2	23	72.6	69	3.2	3
Verbal abuse	78.3	90	20.0	23	1.7	2
Financial abuse	58.8	60	38.2	39	2.9	3
Emotional abuse	82.8	96	16.4	19	0.9	1
Coercive control	76.4	84	21.8	24	1.8	2

For many respondents, lockdown measures contributed to increased levels of risk to victims, safety plans being impacted either due to perceived restrictions on routes to safety; or isolation from family, as the following quote illustrates:

> Have been more vigilant with assessing risk as heightened violence and abuse levels can go unnoticed more when people aren't mixing with friends or family. (SW1101—Mental Health)

In Q7, respondents were asked to estimate and compare other issues victims of DVA experienced before and during the COVID-19 lockdown and the rate which these had increased, decreased or stayed the same.

Table 2 captures a sense of the complex needs of those experiencing DVA in the early phases of lockdown and is consistent with findings from open survey questions; respondents expressed concern that these stress factors associated with DVA (Table 2) were exacerbated by the ongoing COVID-19 restrictions.

When asked to estimate changes in the intensity of DVA compared to before restrictions, 60.7 per cent ($n = 68$) reported that they perceived increased levels of physical violence; 78.3 per cent ($n = 90$) reported verbal abuse had increased and 82.8 per cent ($n = 96$) reported increased emotional abuse in caseloads. The severity and intensity of DVA was described by many to have increased in families where DVA was already present, as the next quote illustrates:

> In my experience DV is not occurring in more households but it got worse in the ones where it is already happening as people are on top of each other all the time and there is no break from it. (SW1095—Child Protection and Welfare)

The risk to children living with DVA during lockdown was further captured by the responses to closed survey items. Table 2 illustrates 54.2 per cent ($n = 52$) of participating social workers reported 'increased' child abuse or neglect compared to pre-pandemic, with a further 7.3 per cent ($n = 7$) reporting that issues 'increased significantly'. In Q6 referrals around concerns for children in DVA homes were reported to have increased by over half of the social workers surveyed; 36.6 per cent ($n = 41$) reported 'some increase' and 16.1 per cent ($n = 18$) reported a

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Table 2 Q7 Estimated additional issues associated with DVA during COVID-19.

Other issues	Increased significantly (%)	*N*	Increased (%)	*N*	Stayed the same (%)	*N*
Mental health	36.0	41	55.3	63	7.0	8
Addiction	26.0	27	58.7	61	13.5	14
Disability (parents)	8.4	8	14.7	14	76.8	73
Disability (children)	8.6	8	17.2	16	74.2	69
Homelessness	14.7	15	32.4	33	49.0	50
Unemployment	26.5	27	46.1	47	26.5	27
Adverse childhood experience (parents)	15.3	15	34.7	34	50.0	49
Child abuse/neglect (children)	7.3	7	54.2	52	38.5	37

'large increase'. Indeed, respondents commented that children's access to safe adults and safe spaces outside the home, such as schools or after-school clubs, had been severely impacted, leaving children living with DVA particularly vulnerable:

> COVID has at best complicated and at worst meant that more children are at risk of harm from domestic violence with only emergency services responding and seeing children. (SW1079—Child Protection and Welfare)

Barriers to support arising from COVID-19

Respondents described a number of barriers to social work practice and engagement during the COVID-19 restrictions. 66.7 per cent of respondents reported a decrease in face-to-face visits with clients ($n = 72$), namely the challenge of not being able to carry out home visits, and subsequently:

> Not getting the full picture of what is happening or observing the home environment. (SW1112—Disability)

Respondents described being challenged to adapt these more intimate and in-depth meetings in the home to alternative spaces in line with public health guidelines. This was partly due to safe work practices and procedures during the pandemic, as well as fears surrounding catching the virus.

Whilst practitioners continued to meet clients in-person where possible, albeit in a different format or at reduced frequency, many described difficulties building or maintaining relationships with clients. Although telephone contact had been widely used to bridge communication gaps, much was reported to be lost, compared with standard face-to-face meetings, as this next participant explains:

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> The restricted ability to be as responsive as possible, read body language and question, assess the situation effectively, assess safety when engaging in difficult conversations, offer supports and demonstrate empathy, develop a relationship and extend responsive support - has all been impacted by the inability to conduct face-to-face meetings. (SW1063—Mental Health)

When questioned on help-seeking barriers for victims during lockdown, a lack of privacy was cited by 26.7 per cent ($n = 32$) of respondents. Less opportunities for victims to leave the home, such as school runs, appointments or activities, compounded this loss of 'safe spaces' as this respondent explained:

> Not knowing if women are fully safe to have conversations over the phone - of course one asks if this time is suitable but unclear if someone else is in the room, listening in on conversation. Fear that this will place woman at further risk. Leads to great difficulty in assessing if children are safe. (SW1015—Medical)

Whilst many respondents stated that they had embraced the use of alternative methods of communication, some cautioned that not all clients were capable of using, or have access to, technology or social media. There was a degree of concern, as expressed below, around whether they had done enough to keep some families safe when working remotely:

> Would have benefited from guidelines/training on how to change practice to best support women in this situation when working remotely, as have lost so many opportunities to support better, to observe, to make a richer and more meaningful assessments. (SW1009—'Other')

Increased demand for services (e.g. mental health supports, GPs and Public Health Nurses) combined with reduced capacity as a result of COVID-19, created longer referral times and increased waiting lists. One respondent described services being diminished 'to the point of near non-existence' (SW1050—Child Protection and Welfare). Around 56.7 per cent of respondents ($n = 68$) reported the closure of GP surgeries and resource centres as a barrier to help-seeking during lockdown, often describing how they stepped in to fill the gap left by these services in the absence of an alternative solution.

There was consensus that contacts to DVA-specific services including helplines and emergency accommodation had increased. Several respondents explained their perception that specialist DVA services did not have enough support worker hours to meet demand, placing added pressure on social work, as one respondent explained:

> DV has been seen as an issue during COVID but instead of services increasing they have decreased. Meeting with families who are experiencing DV is not an option but a must as it could save lives. In the early stages of COVID lockdown, SW were the only people getting

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> in to see children and families and without the support of services such as Women's Aid we are on our own trying to support these families. (SW1050—Child Protection and Welfare)

Many respondents considered school closures as 'eradicating' children's support structures, leaving children and young people living with DVA isolated from supports and other protective factors. Practitioners explained that for children who were not known to be at risk, opportunities to disclose or confide in a safe person were severely reduced by the restrictions.

Facilitating engagement during COVID-19

Changes to risk assessment for families experiencing DVA during the early lockdown period was reported by over half of respondents to the survey (51.3 per cent, $n = 60$). Emerging risks associated with the pandemic complicated existing factors as the following practitioner describes:

> Additional isolation and risk noted depending on the history factors such as alcohol use, no transport, no family support etc. All of these contributing factors increase risk for both adults and children. (SW1112—Disability)

Overall, the survey responses reflected an increased sensitivity by practitioners concerning how DVA may present itself under COVID-19 restrictions, particularly around safety planning issues and the potential for increased surveillance and monitoring of engagements by abusers as the following quote illustrates:

> COVID has made me re-evaluate what abuse is and how it manifests in homes. It can masquerade as assistance. (SW1083—Mental Health)

The challenges faced by respondents highlighted a recognition that technology may not always be a safe medium to engage with victims of DVA. One respondent described observing 'tone and flow of speech' combined with staying alert for subtle cues or changes from one interaction to the next to capture any nuances. Around 90.5 per cent ($n = 105$) of respondents reported increased use of the telephone for engagement compared to pre-COVID-19 which for some helped to compensate for changes to conventional patterns of engagement. This contact included both social workers making contact more often and making themselves more accessible by providing mobile contact details or using messaging services such as WhatsApp or text.

Open survey responses provided examples of how service delivery was adapted during lockdown. Practitioners described linking-in with clients in imaginative ways which allowed for safe face-to-face meetings to take place, including meeting at the supermarket, in doorways, parks or

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private gardens. This flexibility and creativity in accommodating clients communicated an understanding of the difficulties that restrictions and changed family dynamics placed on victims' access to safe spaces. In certain practice settings, COVID-19 restrictions were capitalised on when 'no visitors rule' in hospitals allowed medical and maternity social work to have more open and candid discussions with patients around safety and risk. In Q9 respondents indicated their increased use of alternative communication mediums for engagement, such as WhatsApp, Zoom or Microsoft Teams (see Supplementary Data for full data). This would suggest that workers and services stepped up to provide options to facilitate continuity of contact.

Captured in open survey responses were examples of inter-agency working between police and social work. Police (An Garda Siochana) were mentioned as being central to both changes to practice and to new approaches. Respondents explained that their clients had been informed to contact the police if they required assistance to flee an unsafe situation or needed refuge, with officers seen to be available to carry out welfare and home-checks on vulnerable people. Help-seeking behaviour by victims of DVA, which involved police were reported by 61.5 per cent of practitioners surveyed ($n = 64$) to have 'increased'. This finding was mirrored in the qualitative responses where it was conveyed by some respondents that there was a general sense of enhanced police presence during this time. It was conveyed in the data that police officers stepped in to bridge the gaps in accessing routes to safety created by the restrictions.

External initiatives which were not under the remit of social workers such as, community organisations who delivered food or support packages to people, became an additional resource to practice by providing welfare checks and support when social workers could not. Finally, whilst many respondents described changes to their practice during lockdown, several social workers highlighted in their free-text comments that they felt they had not used any innovative or new ways of working during this period.

Discussion

Echoing the international literature regarding increased prevalence rates of DVA during the COVID-19 pandemic (Kourti *et al.*, 2021; Piquero *et al.*, 2021), this study of social work practice in Ireland also highlighted perceived increased rates of DVA on caseloads, with particular concerns for coercive control and emotional abuse, James-Hanman's (2018) assertion that abusive and coercively controlling men essentially make their partners and children's worlds smaller, was also born out in this present study, with perpetrator actions limiting and controlling victim

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interactions, relationships, thoughts and liberties. Compounding this and as an unintended consequence, the findings further echo both Bergman *et al.*'s (2021) observation that COVID-19 restrictions have been employed usefully by abusers, and Carrington *et al.*'s (2020) concern that perpetrators were 'weaponising' restrictions to maximise opportunities for control providing an incubator-type context for coercive control to thrive. Across practice settings social workers observed the intensified nature and extent of DVA on caseloads leaving some families in a more vulnerable position when DVA intersected with other issues including mental health and disability.

Evident across the findings, however, was an acute and increased awareness and sensitivity towards DVA and coercive control as result of the COVID-19 restrictions. Perhaps influenced by powerful awareness raising campaigns sending a clear message to victims that help was at hand (Holt *et al.*, 2021), participants reflected on social work practice during COVID-19 resulting in deeper and more nuanced and empathetic understandings of DVA. Related to these new understandings, the findings highlight radical changes to traditional modalities of practice and engagement with families, involving innovative and creative interventions. Remote working and the pivot to online were reported to present significant challenges to practitioners who could not 'work' the house (Ferguson, 2018) or safely conduct risk assessments. Achieving a therapeutic alliance with families through the well-worn methodology of relationship-based practice was reported as challenging to achieve in the absence of that deeply embodied practice of home-visiting (Ferguson, 2018). Echoing Harrikari *et al.*'s (2021, p. 1660) conclusion that social work practice in Finland, was 'completely unprepared' for the working conditions provoked by the pandemic, the findings of this study also concur with those of Cortis *et al.*,(2021) where practitioners reported making the pivot to online out of necessity, not choice, with limited training or expert support and with significant concerns about safe practice. Radical and complex changes in work practice combined with decreased availability of allied services and increased visibility of DVA on social work caseloads, left practitioners in this study feeling like they were on their own trying to support vulnerable families. This further chimes with Pfitzner *et al.*'s (2022) assertion for urgent attention to practitioner well-being under siege from increased complexity and demand.

Notwithstanding these very real challenges, COVID-19 restrictions also clearly created opportunities for changes to service provision across a whole range of health and social care professionals. Whilst not specifically focused on social work practice, Holt *et al.*'s (2021) review of policy and practice responses to DVA during COVID-19 highlighted a number of initiatives assessed as 'promising' for future crises that could be integrated as part of improvements to service delivery going forward. This is important to acknowledge particularly given the evidenced correlation

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between health crises or natural disasters, and the consequences of these disasters, including DVA (Kourti *et al.*, 2021; Piquero *et al.*, 2021).

Conclusion

Reporting on a unique yet challenging period in Irish social work practice, this article captures both the complex and distinct features of practice which was adapting, evolving and responding in the context of both uncertainty and risk and enhanced understanding. Highlighting both the changes and challenges in work practices that limit social work assessment and quality contact with families, as well as emerging innovative practice responses with enhanced use of technology, the implications for practice include an increased awareness of the risk and prevalence of DVA as accelerated by the pandemic. A clear message emerging from this study is the critical need for social work assessment and intervention with families experiencing DVA to remain adaptive to the ever-changing COVID-19 context and continue to develop innovative practice approaches that aim to meet the needs of those most at risk. Whilst services and practitioners responded to the need to incorporate technology much more robustly into their daily practice, it is as yet unknown how sustainable these changes are in the absence of training, evaluation and support.

Closing comment

A limitation of this study is the relatively low response rate of 9.2 per cent ($n = 120$) of the total membership of the IASW ($n = 1{,}300$); survey fatigue, which was reported elsewhere (Stanley *et al.*, 2021), may have contributed to the low response rate, in addition to the increased stress that front line workers were experiencing at work during this time. It is also imperative to highlight that the statistics presented in this study are measurements of practitioners' perceptions, or estimates, of DVA and related issues on their caseloads. Lastly, it is important to emphasise that this study does not claim to provide generalisable data. Rather, this study presents the views of the practitioners who responded to the questionnaire. Nevertheless, as this is an under-studied population who were responding to DVA on the front line during the pandemic, their perceptions and experiences are crucial to understanding social work practice with families experiencing DVA in during the first waves of COVID-19 in Ireland.

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Supplementary material

Supplementary material is available at *British Journal of Social Work Journal* online.

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