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An Intersectional Analysis of Domestic Abuse Perpetrator Service Adaptation during COVID-19: Findings from the UK, Cyprus, Greece, Italy, Romania
--Manuscript Draft--

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Question	Response
Key Messages Please enter 2-3 single sentence bullet points describing the key messages of the paper.	The COVID-19 pandemic has resulted in changes to remote support delivery in perpetrator services. This has resulted in some benefits in relationship building with service users, though there are risks that remote delivery can reduce efficacy of coordinated response. Increased funding is required to compensate for increased demand during the pandemic
Conflicts of Interest Please declare any possible conflicts of interest, or state 'The Author(s) declare(s) that there is no conflict of interest' if there are none. Further information about conflicts of interest can be found in our Ethical Guidelines.	The second author is on the editorial board of the Journal but was not involved in the review or decision on this manuscript. The remaining authors declare that there is no conflict of interest.

| Word Count

Academic articles should be between 5000 and 7000 words in length.

Policy and Practice articles should be between 2000 and 4000 words in length.

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Title: An Intersectional Analysis of Domestic Abuse Perpetrator Service Adaptation during COVID-19: Findings from the UK, Cyprus, Greece, Italy, Romania

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Key messages (if applicable):
(Summarising the main messages from the paper in up to four bullet points)

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3. Increased funding is required to compensate for increased demand during the pandemic.

Key words/short phrases:

Covid-19, gender-based violence, domestic violence and abuse, perpetrators, domestic violence perpetrator prevention programmes

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Introduction

This paper analyses data gathered as part of an ongoing research collaboration between domestic violence and abuse (DVA) agencies and universities in the UK, Italy, Romania, Greece and Cyprus exploring provisions for male domestic violence perpetrators. The 'Other Side of the Story: Perpetrators in Change' (OSSPC) project is a European Commission funded collaborative study which has research, training, and policy components, which all aim to understand and improve professional

capacity in dealing with male domestic abuse perpetrators and female victims. Although the partnership acknowledges that DVA also presents in forms other than male perpetration/female victimhood, the OSSPC project has specifically focused on this as the predominant form of DVA. Each of the project partners report increasing level of gender-based violence in their countries as a consequence of 'lockdowns', home quarantines and restrictions of movement on their populations. Victim-survivor services and perpetrator intervention and prevention programmes had to adapt to online or alternative methods of service provision during national and local restrictions. The conclusion considers the implications of these findings for DVPPs and their service users.

Much existing literature on domestic violence has highlighted the prevalence of predominantly male perpetrators and female victims-survivors, associating men's use of domestic violence with traditional constructions of masculinity, such that men are perceived as providers, protectors and authority figures, framing it within wider structures of gender inequality (Downes et al, 2019). Also referred to as Batterer Intervention Programmes or Men's Behaviour Change Programmes, DVPPs were conceived as a tool for addressing men's behaviour and to support and protect victim-survivors. Traditionally, the focus of domestic violence interventions has predominantly been on supporting victim-survivors. Proactively addressing the root cause through DVPPs have received comparatively limited attention however DVPPs remain a crucial part of victim safety and coordinated community response to DVA despite receiving less financial support and less attention by authorities than other areas. There are contrasting findings as to the effectiveness of DVPPs in ending men's violence, although studies are limited in both numbers of participants and programmes evaluated (Fox, 1999; Schrock and Padavic 2007; Akoensi et al, 2013). Our study contributes to the gap in literature in this field. Additionally, the most popular route for addressing DVA has been through the often lengthy and punitive criminal justice system, whereas this study focussed on non-criminal justice interventions.

Domestic Abuse in current or former relationships is not a new social problem, yet its impact has been at a critical juncture during the COVID-19 pandemic. By considering and comparing five European country's experiences and responses to the pandemic, we demonstrate a widespread increase of DVA during the COVID-19 pandemic and associated lockdowns. Much crime is about opportunity; routine activity theory proposes that interpersonal crime requires a victim, with a lack of a capable guardian, and a motivated offender, to come together in time and space (Cohen & Felson, 1979). As such, successive lockdowns produced enhanced circumstances for the participation of such crimes to occur. For some perpetrators an increase in opportunity led to an increase in DVA offending at this time. However, more encouragingly, for others the move to on-line service

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provision may have reduced pre-existing barriers to engagement and therefore enhanced their likelihood to engage (or re-engage).

Methodology

The research was collected as part of a large European study conducted across five partner agencies in the UK, Italy, Romania, Greece and Cyprus. The aims of the project are to prevent DVA, address violent behavioural patterns, and increase capacity of frontline workers engaging with perpetrators. One of the project goals was to investigate and comparatively analyse non-criminal justice interventions with perpetrators in partner countries. This was done through focus groups with professionals, an online survey with victims, and interviews with perpetrators themselves. Ethical approval was gained at Bournemouth University and included participant information sheets, consent/agreement forms and using standardised data collection templates for each of the data collection methods, shared across all partners. Fieldwork was delivered in each of the partner countries by local partners. For the purposes of this paper only the findings of the focus groups are presented.

Twenty focus groups were conducted during 2020, the majority of which were online due to pandemic-related restrictions (Table 1). The advantages of professional focus groups was that it enables us to gather consensus and identify tensions within the professional cultures and attitudes in each region (Denscombe, 2017). Participants included professionals from the fields of social work, police, local authority, midwifery, psychology, statutory, law and voluntary agencies. A total of 173 participants took part in the focus groups, all of whom had experience in supporting either victim-survivors or perpetrators of DVA. The target for each country was 30 participants, however as Cyprus has a proportionately much smaller population, particularly of those who work in the DVA field, theirs were smaller. The focus groups ranged between 50 and 60 minutes in length and were semi-structured in design, including the use of three case study vignettes for discussion, followed by questions on best practice in DVPPs and gaps in service provision. Vignettes were selected as an approach in order to offer a common focus for the group session as well as enable a more in-depth and rich account more rapidly (Sampson & Johannessen, 2020). The vignettes described hypothetical scenarios which were designed to solicit the professional's views and opinions and to encourage discussion and debate. Each partner organisation had the opportunity to adapt the vignettes to align with cultural and social norms in their country, however none took this up.

INSERT TABLE

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Focus groups were recorded and transcribed, and English translations were produced by the four partners outside of the UK. Data was thematically analysed (Braun & Clarke, 2006) using inductive coding schemes (Saldana, 2016). The coding process was enabled by the use of computer assisted software, namely CATMA data analysis software (managed by the University of Hamburg). The data is presented in this paper organised by partner country and then in the discussion the dominant themes are considered through the lens of Intersectionality theory (Crenshaw, 1991). Utilising intersectionality, which puts into view the interlocking oppressions individuals face regarding their own identities, enables us to examine the benefits and drawbacks of support service adaptation related to COVID-19.

Findings

The United Kingdom

The Office for National Statistics in the UK have reported that at the outset of the COVID-19 pandemic there was a 12% increase in DVA cases referred to victim support, as well as 65% increase to calls to the national domestic abuse helpline (UK Parliament, 2021). Many front-line services reported unprecedented demands for support (Speed et al, 2020). Several providers were able to deliver support during this period, though many encountered challenges in retaining staff and volunteers because of the pandemic. Kelly and Morgan (2020) reported that calls to DVA helplines increased by 25% during the pandemic, with significant increases in calls to the police related to DVA at the same time (ONS, 2020). Notably, calls to the London Metropolitan Police Service increased in the first lockdown, however were mainly from third party bystanders rather than victims themselves, suggesting greater awareness of abuse by neighbours (UK Parliament, 2021).

There was also an increase in DVA femicide during UK lockdowns, with rates during the first lockdown in March - June 2020 at the highest level in 11 years, double the expected average (Ingala Smith, cited in Home Affairs Committee, 2020). Respect (2021) also reported an increase in support seeking from both victims and perpetrators of DVA, with their perpetrator advice helpline seeing a 97% increase in calls compared to the year before. Several participants in the focus groups noted that the increase in reported DVA was due to people already in abusive relationships spending more time together during national lockdowns:

> "Why is domestic abuse happening more? because they're spending more time together. That is the whole, that is the reason that it increased during lockdown" (UKFG2a)

However, in addition to this material shift in living arrangements, concerns were also raised that the external enforcement of lockdowns by national government created a feeling of lack of control among some perpetrators.

Adaptation of Service Delivery

In response to the COVID-19 pandemic services had to adapt their service delivery and work remotely. This was a common discussion in the UK focus groups as participants discussed the range of benefits and limitations of phone and online working. Participants acknowledged the difficulty with service provision during and following the COVID-19 lockdowns in the UK, though recognised it offered alternatives for provision they may not have considered before. They moved quickly to provide services online or over the phone which the participants noted brought a range of positive and negative impacts on service delivery. One benefit of the increased time spent on phone contact was the increased amount of contact with perpetrators on the waiting list for core group programmes:

> "Even [those] on the waiting list to go on to our program we've continued to make phone calls to them every week … looking at skills that they could use and maintaining contact and trying to sort of suss out you know if there's an increase in risk" (UKFG4)

As can be seen in this passage though there was an acknowledgement among professionals that risk may be increasing during the lockdowns and so there was an increase in pressure to try and offer risk assessment and management with service users only over the phone. One professional noted that phone support was actually resulting in the development of closer personal relationships between support worker and service user in comparison to the pre-pandemic mode of group delivery. Interestingly the increase in 1-1 contact, despite being remote, was supporting engagement:

> "We've seen a really good level of engagement. And I think that's a lot to do with the discussions that we've been having … it's quite different talking to somebody on the phone

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than it is in a group room so building up those personal relationships … has really helped their engagement side of things" (UKFG4)

"I literally felt like their counsellor, like their support worker, like everything" (UKFG3)

A further benefit of 1-1 support as opposed to group delivery was the ability to be flexible around individual access requirements. One police officer participant noted that they had previously had limited funding available to offer full programmes in different languages, or more accessible formats outside of the group environment, however with the shift to 1-1 were able to be more agile in what they could offer to enhance accessibility.

"In terms of doing sort of group interventions … there are certain … language barriers, we're not able to send non English-speaking people [to the group programme] … in [region] we don't have enough of a community for one particular language to run different courses in different languages, so that's a barrier and also if people have quite severe mental health problems or learning difficulties they wouldn't be suitable to go sit in a classroom. So interestingly what COVID has bought about in terms of providing telephone support instead of face-to-face courses … or E-learning … That's actually kind of opened us up to some alternatives which going forward" (UKFG5)

Future research should consider evaluations of these different service adaptations in the post-pandemic period.

Limitations to remote delivery

There were certainly some limitations with remote delivery of perpetrator work. This mostly focused on the risk assessment stage. One professional shared their experience of managing emergency calls during lockdowns:

"These guys … phone at almost at point of crisis. And say, I'm about to lose my, you know, *beep beep beep*, I'm gonna, I don't know what to do. I'm gonna *duh-duh-duh*, and you can say right, okay let's slow this down a little bit. And I've had like over Covid a few … calls

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where I've had that, where I've been able to say right let's just look at this and help them to de-escalate the situation. And I think … we don't have a magic wand, but they, they need some level of support" (UKFG3)

This type of crisis call requires skilled work and has the potential to be distressing to support staff who were also working from home with reduced support. A further example that was raised in the focus groups was the difficulty of communicating the nuance of the labels and stigma around domestic abuse without the face-to-face contact. One professional discussed the way in which they had motivating a service user to start engaging with perpetrator support, however when they had seen the support 'contract' they had withdrawn as they felt put off by the negative labels:

"I think again they [potential service users] see the word violence, you know, and they may they may well never have laid a finger on their partner. So there are not a *wife batterer*, and if you think about the criminal charge is battery, you know, often when it's when, it's 'I've never touched her, I haven't battered her'. And again, it is ,it is it is that whole minimization. An example today. I've been working obviously on the phone trying to assess somebody from during the lockdown… And I've been working with this guy for a long long time on the phone trying to get him to the point of finishing his assessment, and I've just come back from leave to an email saying, 'Na, it's not for, me it's not relevant to me.' Because I'd sent him the contract to read and the contract's been amended because of the covid rules, etc. 'That's not relevant to me at all, not at all' and probably you know, weeks with him, working with him and trying to get him alongside and 'na, it's not relevant'" (UKFG3)

These examples demonstrate the increased pressure that support workers felt trying to support service users remotely. As many services were not accessible during the COVID-19 lockdowns those which were open took on an additional support load, with increased demand impacting on professionals who already felt overstretched, particularly when working from home (see also Gunby, Isham, Damery, & Taylor, 2020). One participant who was a domestic abuse specialist Social Worker in the Children's Advice and Duty team noted that there had been a reduction in formal clinical supervision, but an increase in short catch-up calls throughout the working day to share issues of concern:

> "I have regular-ish supervision [but] … haven't been as regular recently and I suppose lockdowns been difficult … At the moment we're also having to two meetings a day, very brief, just to catch up on any things that are of concern and just to kind of check in on workflow, which has been really helpful" (UKFG1)

This example demonstrates the importance of ongoing managerial supervisory support working within the remote work environment to reduce isolation and maintain a team focus. The potential limitations for remote support work have been widely documented. One of the immediate issues was the short notice pivot to online/remote support provision. The EIGE have noted that front-line support workers "often felt inexperienced to provide remote support" (EIGE, 2021a).

Italy

The Italian National Institute of Statistics (ISTAT) estimate two million women, equivalent to 13% of the population, experience physical or sexual violence from partners or former partners in their lifetime, including 855,000 women currently experiencing violence from a partner (Donato, 2020). During the first Italian lockdown (March to April 2020) ISTAT reported that calls to helpline numbers for DVA increased by 73% compared to the same period in 2019. Critical clinical work with DVA perpetrators was interrupted by lockdowns and agencies worked hard to switch to safe and supportive treatment services.

Contact with perpetrators was switched to phone or virtual calls, including scheduling regular checks at home, as well as establishing online group provision. In some cases, a direct phone number was offered to perpetrators, for those who were already enrolled on a programme, to ensure swift response. Greater attention was given to individual online support for perpetrators deemed at risk of reoffending and training sessions were provided online, including relaxation practice and other activities to keep them "busy". In some cases, providers were unable to engage with perpetrators; they reported challenges in particular around engaging those who had not yet identified their own behaviour as abusive.

> Having more tools on how to talk about violence, social taboo and it is difficult to use the right words without minimizing, but to keep what happened as an important thing without diminishing. Subtle balance between taking responsibility and understanding the experience. Even culturally, we struggle to understand it. (ITFG2)

In order for the effective motivational interviewing work to be done to support perpetrators to recognise their behaviour as abusive the lack of a group programme option during the national lockdowns was a barrier, particularly for younger perpetrators:

> "We are faced with young people who deny, so work must be done to support reflection for the recognition of one's own responsibility. At this point there is the acceptance of frailties and fears … Precisely due to the age of the [young people], the possibility for change for the future is conceivable … Going to recover the feelings and motivations that led to the crime at the time is complex … Group work is important with young people." (ITFG2)

Numbers of perpetrators engaged in the programmes were small. For example, the service provided by 'CAM' received six calls in March 2020. This increased to 14 calls in May and 30 calls between June and July, a 400% increase on the previous year. Notably, as services became available outside of the Italian lockdown periods, demand increased, suggesting perpetrators were willing to engage in support to address their behaviour. Likewise, some perpetrators who had completed a DVPP previously also returned for further support, citing stress during lockdowns as a motivating factor. Our participants reported that the overall resumption of their programmes was positive.

The online provision of services did present challenges, as some perpetrators experienced difficulties with the use of online platforms and a lack of good internet connection. Others reported a loss in motivation and inadequate space in their homes to engage meaningfully in their programme. There were additional logistical difficulties for service providers, who were concerned about the inability to share information "in the same way", though they reported no significant difference when comparing in-person to online one-to-one sessions.

Romania

Our Romanian partners described how in recent years the country has undertaken an ambitious and comprehensive reform of legislation on DVA and has adapted existing measures to ensure they were prepared to implement the Istanbul Convention, which came into force in 2016. New regulations emphasised a victim-centred approach with a goal to develop measures to prevent DVA, as well as provide emergency intervention where necessary. However, there are limited services for both victim-survivors and perpetrators of DVA in the country. For example, Cluj county has one shelter

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that serves a large metropolitan area and no provision for perpetrators. Some DVPP provision is offered via the Courts or voluntarily, with some rehabilitation programmes working within the Probation Services, but there is limited provision beyond the criminal justice system, and there is no legal mandate for perpetrators to undergo a DVPP. There are only five centres working with perpetrators across all of Romania, each of which was represented in the data collection. Participants emphasised the need for additional DVPPs and further educational provision on DVA. This included a recommendation for support services in each city, a new organisational structure to ensure provision is inclusive, training and support for new staff working with perpetrators and the development of procedures and policies to work in this field, within multi-disciplinary teams (as with other partners, a lack of inter-agency collaboration was acknowledged). Provision of an individually tailored model of DVPP was encouraged.

During the pandemic, partners report how increasing unemployment and isolation, and reduced contact had increased DVA and reduced victim-survivor opportunities to seek help. As such, DVPP provision was restructured to include alternative methods of service delivery, via online and telephone methods. The National Agency for Equal Opportunities between Women and Men (ANES, 2020) provided a free-phone helpline for victim-survivors and reported a surge in demand during the first few months of the pandemic. Calls rose from 237 during March 2020 to 552 in August of the same year, an increase of 133% over five months. The Centre for Preventing and Combating Violence in Families (DASM), a provider of DVPPs, introduced regular support during the pandemic, but excluded face-to-face meetings or visits to homes during the lockdowns. Social, legal and psychological counselling services and support were delivered via online platforms and video-calls, or by telephone calls in emergency situations. Victim-survivors were also supported by the introduction of a mobile phone app available to download, with over 1000 active users since its launch in May 2020, but a similar provision was not available to perpetrators.

Our partners reported that cases of DVA were up more than four times their average figures during the pandemic with increased reports of depression, anxiety and escalation of pre-existing mental illness. The continued isolation, stress and income reduction is thought to have contributed to increased aggression and violence, as reported by other partners. ANES used this period to make DVA a more visible issue, engaging high profile figures, NGOs and agencies working in this field to promote awareness of DVA. In November 2020, in partnership with IKEA Romania, they launched a national information and awareness campaign to eliminate violence against women and girls, with public events and slogans. Another campaign, established by Necuvinte Association, specifically addressed male aggressive behaviour, to encourage men to talk about the abusive behaviour of some men and acknowledge their own roles in combatting gender-based violence.

Focus group participants reported 'significant' and 'incredible' regional differences in the distribution and availability of resources for victim-survivors and perpetrators of DVA. They highlighted, for example, how in one region there was just a single social worker who had to make referrals and identify funding for support. Of particular concern were rural areas where participants acknowledged that victim-survivors were likely to encounter greater difficulty in leaving relationships as not only are they leaving their partner or spouse they were likely to have to leave their own town or village to do so, therefore removing themselves from the additional emotional support they had in their own communities. Additionally, they report that victim-survivors are less likely to report their experiences and are at greater risk because of their isolated environment. This can be compounded by limited access to local support services in more rural locations because of lack of regional funding.

> "In certain Roma communities the issues of minor girls who are involved in relationships from an
> early age, the common aspects of these relationships between partners; they do not legalize
> their relationships through marriage, they are involved in cohabitation relationships, have
> relationships with several people, are tolerant of the phenomenon of DVA, which they consider
> normality because of their family patterns and lifestyles, are an issue. This group often refuses
> the intervention of state institutions" (ROFG1)

> "In the rural environment a greater tolerance towards the DVA phenomenon has been
> highlighted … access to information and specialized services in this field is much more reduced
> than in urban areas" (ROFG1)

Victim-survivors in rural locations are therefore experiencing a compounded disadvantage when compared to more urban areas. Aligned to their increased risk are issues of poverty, education and austerity which are affecting many locations in the region. Participants in Romania felt there were both individual and structural barriers to perpetrator engagement in DVPPs; individually, in terms of motivation, early life history, minimalizing their actions, refusal to accept responsibility, and structurally via a general social tolerance of DVA, a lack of specialist services and the inability to mandate perpetrators to engage in DVPPs.

Greece

During the first few months of the COVID-19 pandemic, Greece saw a significant increase in the number of DVA reports, particularly during lockdown or quarantine periods. In the first lockdown, calls to a domestic violence hotline rose from 325 calls in March to 1,769 in April (Spiliopoulou & Anagnostopoulou, 2021), an increase of 137%. The GSFPGE (2020) acknowledged that restrictions of movement, whilst minimising the spread of the virus, resulted in increasing reports of DVA, including more severe cases, and involving many women and children trapped in their homes with violent partners or husbands. Between March and April 2020, the number of female victim-survivors receiving specialist support from the Counselling Centres in Greece rose from 246 to 302 cases (up 23.2%). The GSFPGE reported significant increases in calls to the DVA hotline: from 166 in March to 648 in April 2020 (up 290%). Nine out of ten callers were reportedly phoning for the first time.

The focus group discussions around barriers for accessing support were related to whether the legislation itself was adequate, or whether ultimately it supported 'family reunification' rather than offer an effective solution for victims.

> "The law does not support the victim to the extent we would like" (GRFG1)

> "The question is: is the legislation sufficient? And mainly I am talking about 3500/2006 in order to empower, as you say, either the victim or the perpetrator, because it also concerns him, in terms of her protection and security? Because for me this is what is required. What does experience show us? That 3500/2006 is not a law for dealing with violence against women; it is more a law for family" (GRFG1)

Participants reported that a major problem with perpetrator services is the coordination between providers. The importance of the first engagement with perpetrators was emphasised in terms of having the training and skill to assess and evaluate each case correctly, to be able to refer them on to the right services.

Cyprus

Our partner organisation in Cyprus noted that during 2020 the National Helpline received 2,147 cases of DVA, of which 1,260 were new cases. Of those, fewer than half were reported to the police, and 41% of callers stated they had experienced an increase of violence during the pandemic. Police reports suggests a significant increase in DVA cases also; for the year to November 2020, police responded to 1,400 cases of DVA, up 21% on the same period in the previous year. The current DVPP

programme in Cyprus is titled "PROTEAS" and includes individual and group-based sessions for perpetrators over the age of 18, facilitated by psychologists and social workers. This programme has been in operation since July 2020, following a review of previous services, and handled only 11 requests by perpetrators to join the programme since its inception (to November 2020). Where coordination and cooperation are highlighted as a success in many cases, it's failure can lead to unsuccessful outcomes for victims and their families:

> "It is key that the different organizations act in a coordinated and cohesive manner" (CYPFG1)

> "I should also say about the synchronization (of the different organizations) which is extremely important because if we take into account the exclusion order where the law gives you 8 days (in this amount of time) you have to really chase everyone after, the psychologists etc. because if this deadline passes and you do not succeed and it is a real case then everyone is exposed" (CYPFG1)

In many cases organisations respond and investigate and then signpost referrals to SPAVO who, as well as supporting victims and family members, offers the only perpetrator prevention programme currently in operation in Cyprus.

Participants are keen to point out that SPAVO is a new programme and therefore there is no available data yet in terms of its success. Once SPAVO are engaged they are ideally able to refer victims through different pathways of support and to ensure that victims are aware of their choices. These can include shelter accommodation, exclusion orders and counselling via psychologist or psychiatrist referrals. In this way SPAVO offer services to both victims and perpetrators through different programmes.

A significant barrier for access therefore, as mentioned above, is that many perpetrators with a history or alcohol or drug abuse must complete a detox programme first, if required. Furthermore, the SPAVO programme for perpetrators remains relatively new and therefore not all organisations are aware of what it has to offer. Additionally, perpetrators are not required by law to complete a perpetrator programme, rather they are encouraged to do so. This means that for those perpetrators who deny responsibility of the violence or abuse, there is no means of mandating their attendance.

> "Unless someone is forcing him from the outside, say a court, it is very difficult for an individual to be so motivated and requires a great deal of mobilization to attend several

programmes and services, so a programme that contains all of the services in one place would be more ideal" (CYPFG1)

As such another significant barrier is perpetrators not accepting or acknowledging their actions.

"it is an important part of the law that has not been applied until now, that a perpetrator can be referred to a "perpetrator program" was not being applied through law … So I believe that this is a gap in the perpetrator program" (CYPFG2)

In addition, as discussed elsewhere, there were concerns that the STAVO programme was still relatively new and it was therefore difficult to predict whether issues will be identified from its delivery, though they may not be insurmountable. Practitioners noted that they would be able to assess effectiveness in a years' time, but at present it was difficult to assess.

"Often in order to mobilise the perpetrators to recognize their behaviour as abusive, pressure from the penal system is also needed. Counselling alone is not enough, because there is often, as in this scenario, a complete denial that 'I' engage in abusive behaviour" (CYPFG1)

The service has continued its awareness-raising and campaigning work during the COVID-19 pandemic, by moving a lot of its provision online. The APHVF reported an increase in demand for shelters during the pandemic, as a result of increasing DVA rates recorded. They resorted to identifying and operating supplementary safe housing for victim-survivors when existing shelters were at capacity but faced operational obstacles of delivery, accessibility, communication and coordinated response between collaborating agencies. APHVF developed new internal protocols for handling the pandemic, including updating all its manuals and introducing new services, including the introduction of a text messaging service, a live chat online, teleconferencing or telephone counselling and online training and briefings. During March to May 2020, 745 incidents of DVA were reported to the National Helpline, the SMS service and the live chat, of which 420 were reported in May alone. The Association estimate they saw increases of up to 50% in reports of DVA during the pandemic (of 2020) which, although alarming, were not unexpected. Research participants conceded however that the newly introduced DVPP was too early in its inception to be able to gather

meaningful data on its success, but reiterated, as did other partners, that inter-agency collaboration was key to successful engagement.

Discussion and Conclusion: An Intersectional View on Adaptations to Perpetrator Support in the Pandemic

During the pandemic concerns were raised about the shift to online support delivery and the issues this provokes for service user confidentiality, safety, and risk identification (Szilassy et al., 2021, p. 2). Much of these have focused on the experience of victims of DVA who have faced increased isolation and violent victimisation (Mazza et al., 2020). What has been considered less is that the shift to virtual and remote support options may have offered advantages for perpetrators of DVA, who have benefitted from increased accessibility, less stigma in help-seeking in person, and possibly more flexibility to access support whilst working from home. In order to examine this we have used the lens of intersectionality (Crenshaw, 1991) to examine the equality issues that underpin the service delivery changes that were identified in the focus groups.

Increase in Help-Seeking Across all Partner Agencies

All of the countries that participated in the study noted an increase in self-referrals from victims and perpetrators during the COVID-19 pandemic, with the UK also noting an increase in bystander/neighbours calling the police. This points to a more generalised increase in population awareness about the prevalence of domestic abuse during the pandemic. In Italy, as mentioned above, some professionals noted that they had received self-referrals of perpetrators who had previously completed the full perpetrator programme. What was also noted that none of the service providers that participated in the study discussed an increase in funding to assist with this increase in demand. As seen across the EU, this resulted in additional pressure on already under-resourced services (Work With Perpetrators EU, 2020, p. 3). This extra pressure on services is likely to have had knock on implications to service outreach provision, as increasing waiting lists result in increased demand on service providers, reducing their capacity to promote their services to marginalised communities.

The Weakening of the Coordinated Community Response in Remote Conditions

A core distinction between the different partner countries activities during the pandemic was the disparity between voluntary services and those linked to formal criminal justice processes. In the UK where the support that was discussed was voluntary there was more flexibility in types of intervention offered. However, in countries where there is less available voluntary support,

restrictive legal procedures (e.g. 8 days to take action in Greece and Cyprus) means that the lockdowns impeded the effectiveness of the coordinated community response that need to react quickly for an effective result. There were other discussions around the inability of multi-agency working in particular in dual-diagnosis cases, where perpetrators also had ongoing substance misuse and/or addiction issues (discussed in Cyprus focus groups) and co-existing mental health needs (in Italy focus groups). The individualised remote support work impeded already difficult co-working processes. This meant that service users with more diverse needs, including complex co-existing health issues, received a less coordinated service as the overall remote service delivery became more attuned to the needs of straight-forward cases which required less multi-agency coordination.

The Digital Divide: Challenges of digital technology and access

The rapid switch to remote support facilities created benefits for many service users, who were able to access more 1-1 support than previously (UK focus group). As noted in the individual country profiles above there has been an increase in innovation, including the introduction of a mobile phone app in Romania. In Cyprus services have used an SMS text messaging service, a live chat online, teleconferencing or telephone counselling and online training. Italy was the only partner to use virtual methods to provide group programmes. In the UK, the group work that would have usually been carried out was instead switched to individual support, which was noted as having benefits for non-English language speakers as well as those who have conditions which do not suit a group classroom environment. Thus, in many circumstances digital support increase accessibility and enabled a more personal tailored service. However, the necessity to have technology to support this provided a digital divide. In the Italy focus group they discussed how some perpetrators experienced difficulties with the use of online platforms and a lack of good internet connection. Others reported a loss in motivation and inadequate space in their homes to engage meaningfully in their programme. There were additional logistical difficulties for service providers, who were concerned about the inability to share information "in the same way". In Romania, there was already a recognised challenge to reach rural and segregated communities and the switch to digital working enhanced these gaps. All of these alternative online options require certain consumer technologies which can be costly, including the use of a phone and/or computer, as well as the provision of an internet connection. In addition, accessing support services remotely puts the onus on the service user to find a private, confidential, and comfortable space in which to disclose. Although for many people these elements have been taken for granted in a work-from-home life, many people do not have the luxury of these facilities.

Difficulty in Remote Engagement

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The focus groups in both the UK and Italy raised the issue that it is difficult to engage with first time service users remotely in a way that avoids the stigma and labelling of 'perpetrator' which can be a barrier to initial engagement with the support service. A UK example of initial positive engagement followed by increasing disengagement when faced with increased support paperwork demonstrates that the invisible support and motivation that the support workers usually carry out is invaluable in communicating the value of perpetrator services. Without this discrete work, as seen also in Italy, perceptions of stigma can deter perpetrators from further engagement. However, the resounding message from the focus groups across the partners was that when service users are already engaged and have a positive relationship with the support worker(s) then remote support offers greater flexibility, including the use of translation, e-learning, text message or online support, and the ability to work away from a group environment offers increased accessibility for some perpetrators.

Final Remark: Funding

The issue of funding cut across all of the focus groups that participated in the study. Although an increase in referrals to perpetrator support services is a positive step to greater engagement, this has not been followed by an increase in funding. The impact of this will be a perfect storm whereby the most able and accessible service users are reached, with a greater crevice between those who are on the margins of society, for reasons such as encountering language barriers, rurality, socio-economic disadvantage, and dual-diagnosis of substance misuse and/or mental health issues. There is a risk that, although services meet their funding requirement in terms of service delivery, those who are multiply disadvantaged face increased marginalisation and a lack of local service provision. Across all of the countries, 'new' funding is required; that which does not impact or dimmish the also stretched victim support, but that acknowledges that this increase in demand requires an increase in investment. This is not a new call, as it has been highlighted in the Istanbul Convention (Council of Europe, 2020), however the COVID-19 pandemic has shone a light on the vast need for adequate resourcing of perpetrator work.

Conflict of Interest:

The second author is on the editorial board of the Journal but was not involved in the review or decision on this manuscript. The remaining authors declare that there is no conflict of interest.

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Table 1

Table 1 Focus Groups and participants in partner countries

Country	Number of Focus groups	Number of Focus group participants
Cyprus	2	10
Greece	3	49
Italy	5	45
Romania	3	33
UK	7	36
Totals	*20*	*173*