



Domestic abuse among adults in England during and after COVID-19, government interventions and service improvements

by

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Declaration

I, Tunde Bodi declare that this dissertation has been composed by myself, that the work contained herein is entirely my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or qualification, in whole or in part, except as specified.

Signed:.....Tunde Bodi.....

Date:.....29.09.2025.....

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Abstract

The research aimed to determine the prevalence of domestic abuse violence among adults in the United Kingdom during and after the COVID-19 pandemic, and to gain a better understanding of the available social and public health care services, policies related to it, how they have changed since the pandemic, and what kinds of interventions have been implemented by them and the UK Government.

To analyse the data, a systematic literature review and thematic analysis were conducted on twelve peer-reviewed journal articles based on primary research carried out in the United Kingdom from 2022 to 2024. The data were primarily collected from the UWTSD library and the healthcare-related database ProQuest, with additional information also obtained through Google Scholar.

The search focused on adults over 18 years old living in the United Kingdom who have experienced domestic abuse during the COVID-19 pandemic and afterwards up to the present.

The first theme revealed the connection between the rising number of domestic abuse cases and the period during COVID-19. The second theme offered a clearer understanding of people's awareness of domestic abuse violence. The third theme demonstrated the capacity of employers to support victims of domestic abuse, and finally, the fourth theme provided insights into why, despite the ongoing increase in domestic abuse cases, referral numbers remain low.

This research highlights the importance of conducting further studies to observe how the number of cases changes over time and to encourage policymakers and health and social care sectors to implement more effective interventions. These efforts aim to reduce the number of victims and create a safer country for everyone living in the United Kingdom.

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List of abbreviations

A&E	Accident & Emergency
CASP	The Critical Appraisal Skills Programme
CSEW	Crime Survey for England and Wales
DASH	Domestic abuse, Stalking, and Honour-Based Violence risk tool
DVA	Domestic violence abuse
EGM	Evidence and Gap Map
GP	General Practice
IDVA	Domestic Violence Advisor
IRIS	Referral to Improve Safety of woman affected by domestic violence abuse
NHS	National Health Service
ONS	Office for National Statistics
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
TCSEW	Telephone-operated Crime Survey for England and Wales
UK	United Kingdom
WHO	The World Health Organisation

Chapter 1: Introduction

Domestic violence in England is a significant public health issue, and to prevent further increases in cases, public health and all healthcare settings must prioritise its prevention in the country (Bellis et. al, 2012). According to Gupta (2023), domestic abuse, also known as domestic violence or family abuse, is a type of behaviour used to harm physically and emotionally any member living closely together, such as family members, intimate partners, children, or staff members. It points out that anyone can be a victim of abuse regardless of the different factors, including age, gender, sexual orientation or race (Gupta, 2023). Furthermore, the UK Government has broadened the definition of domestic abuse to include young people aged 16-17 who act unlawfully and cause physical or mental harm to others, including honour-based violence. Domestic abuse has a wide definition, covering many incidents of varying severity (Guy et al., 2014).

The root of the issue may be that many people in the country are experiencing poor well-being, having disabilities, and facing limited access to healthcare services. It is very important that not only the healthcare sector but also the UK government takes steps to improve the current situation (Bellis et al., 2012). This problem further escalated during the COVID-19 pandemic because it increased the risk factors of more people becoming victims of domestic violence due to the policies connected to the restrictions given by the government for slowing down the spread of the virus at this time in 2020 (Savage-Borne and Maitra, 2021).

This research aims to explore the occurrence of domestic abuse among adults aged 18 and above in England during the COVID-19 pandemic, how the situation has changed since then, and what interventions have been implemented by the United Kingdom (UK) government and social care services to address the issue.

Background

Domestic violence abuse is a very complex issue, having a major impact on people and heavily affecting humans because it is a criminal offence. It puts a lot of pressure on public health, with increasing numbers related to various illnesses and inequalities. It influences more than just individuals; it also affects their families too (Walker et. al, 2021). Data shows that victims are often women and girls who are attacked by men, but everyone can become a victim of domestic abuse regardless of various factors in their lives. People who are continuously suffering from their abusers may sustain injuries that can be life-threatening or even lead to death (Walker et. al, 2021).

Due to the COVID-19 pandemic, the incidences of domestic abuse increased because of social distancing measures. Additionally, people could not go outside or reach out for help, as restrictions limited their access to support services. These factors further heightened anxiety levels, worsening mental health, which then led to violent behaviour. This was a main contributing factor to the continued rise in the already high numbers related to domestic abuse (Szilassy et al., 2021). This research aimed to highlight the connections between domestic abuse and social distancing measures, the interventions implemented by the UK government, and how health and social care services have been improved and adapted to reduce domestic abuse and provide quick and effective help and support for victims (Szilassy et al, 2021). According to Davidge (2022), victims often do not report their abusers out of fear. Additionally, people who know someone in such situations also refrain from reporting because they do not want to get involved, which can lead to worsening physical and mental health issues, and even death. Furthermore, statistical data is also unreliable, which is why the figures did not show a significant difference in domestic abuse before and during the pandemic (Davidge, 2022).

Rationale

Police recordings in the UK show that about 20% of cases each year involve domestic abuse targeted at women and girls. This statistically means one in twelve cases annually, highlighting issues related to the government's response, which is not effective. Additionally, the Home Office has limited understanding of how to provide effective interventions, and the numbers remain significantly high each year (Davies, 2025). The research aims to understand the interventions the UK government implemented during and after COVID-19, how they responded to the worsening situation, and what kinds of changes or new policies they introduced related to domestic abuse. The Home Office invested 4 million pounds in researching workable methods to reduce the number of cases. The UK government has also set a target to cut the current figures by half. To achieve this, they are continually exploring a new system that allows offenders to be monitored consistently. This makes it easier for police forces to identify individuals who are at risk or already victims, enabling them to provide help quickly and effectively (Bristol Women's Voice, 2024). By examining current data, the research aims to make recommendations for further service improvements and encourage future researchers to conduct additional investigations in the field of domestic abuse in the United Kingdom.

Aim of the study

This research could positively impact the development of effective prevention strategies for the rising number of domestic abuse cases in the UK, while also addressing gaps in the healthcare system and government policies (Hassan, 2024). It can influence policymakers,

encourage the country's healthcare system to improve for more effective prevention in the future, and advise future researchers on the need for further investigation to understand how the numbers are changing and what interventions have been implemented or adapted to successfully reduce the cases in the UK (Smith, 2025). Lastly, this research concentrates on relevant policies concerning domestic abuse within the context of safeguarding, evaluates their impacts, and, with this information, aims to motivate the UK government to develop a swift and innovative response to the ongoing rise in domestic abuse cases.

Research Question

What were the causes of domestic abuse among adults 18 years and above in the United Kingdom during COVID-19, and what interventions were implemented by the UK government and social services to decrease the number of cases?

Objectives

- Discuss the context of domestic abuse, adults, public health, social care, and mental health services in the United Kingdom.
- Analyse government interventions, legislation, and policy changes related to the main issue, focusing on this research.

Examine published articles related to domestic violence abuse in the United Kingdom during COVID-19, and also assess how it has changed since the pandemic until now.

Making a comparison of how domestic abuse rates have changed during and after the COVID-19 pandemic, focusing on service improvements and the steps the UK government has taken to reduce the number of cases in the country.

Make recommendations for future research in this field to deepen understanding of its development over time and to provide guidance and additional suggestions for the UK government and the NHS on further measures needed to reduce the incidence of domestic abuse.

Chapter 2: Literature review

Existing literature

According to the UK Parliament website, about half a million people become victims of domestic abuse each year in the United Kingdom, and because of its high prevalence, it places significant pressure on the country's health care services and the government (Macdonald, 2021). Researchers discovered that 30% of domestic abuse cases start during pregnancy, which highlights the lack of mental health support in recognising the signs of domestic abuse and referring victims to appropriate specialised support teams (Macdonald, 2021). Research by Hildersley et al. (2022) has examined the impact of the COVID-19 lockdown during and after this period, using a regression discontinuity approach within a quasi-experimental study design to analyse approximately 26,000 pregnancies between October 2018 and August 2020. The data show that within secondary mental health services, the rates of domestic violence abuse decreased during lockdown and remained low afterwards. Still, the rate of women with depression increased by 40%, indicating that secondary mental health care services were reduced during and after the pandemic. Additionally, maternity services failed to recognise the signs of domestic violence, which explains the low reported rates. It underscores the need for further research into the long-term effects on women's mental health, especially considering the rising levels of depression during lockdown. (Hildersley et. al, 2022).

Research from Gray and Hansen (2024) used data from the Metropolitan Police in the England system and analysed reported cases related to domestic abuse; however, it only focused on 32 boroughs in the London metropolitan area. The research compared figures related to domestic abuse before and after COVID-19, and it clearly shows that the numbers increased during lockdown due to restrictions imposed by the UK government. A similar magnitude was only observed during the Christmas period in the country. Furthermore, the research also showed that in the number of cases, inequalities occur across different groups, including women, younger and older people, and individuals with Arab, Asian, and Middle Eastern ethnicity. These groups exhibited the highest rates of domestic abuse, which increased further during lockdown. The numbers slightly decreased three months after restrictions were lifted, but the figures remained very high (Gray and Hansen, 2024).

Research from Magil (2022) indicates that an increased number of women from various ethnic backgrounds experienced domestic abuse during the COVID-19 pandemic and faced numerous barriers when seeking support due to lockdowns restrictions. the research, which was based on in-depth semi-structured interviews, involved migrant and racially minoritised

women from a prominent women's organisation. It asked questions across four themes: domestic abuse during and before the pandemic, reporting abuse, accessible support, available resources, and post-pandemic challenges. The results indicated that migrant and racially minoritised women face more challenges when seeking help, such as racism, language barriers, and political opposition to protecting their rights (Magill, 2022).

There are numerous research studies and reports conducted each year on domestic abuse in the United Kingdom because it is one of the major public health issues that the government and healthcare services need to address. All the studies, such as the Women's Aid yearly report, can provide assistance and guidance for better understanding the gaps in services and the system that needs improvement (Women's Aid, 2025). Women's Aid is a national charity in England dedicated to ending domestic abuse against women and children. Their work is essential in the country because their ongoing research and support projects have played a crucial role in shaping and coordinating responses to domestic abuse cases through practice for nearly 50 years (Women's Aid, 2025). Women's Aid domestic abuse report from 2019 showed that the number of counselling services decreased compared to previous years, and in 2020, the demand for current domestic abuse services increased because victims were turned away from refugee services due to long waiting times. The current staff could not cope with the increasing number of people waiting for assistance. Unfortunately, the figures remained high after COVID-19 due to the rising number of immigrants in the country, the lack of health services, and fewer hospital beds, which resulted in longer waiting times. Additionally, in the year 2025, approximately 60% of referrals were rejected from services due to ongoing staff shortages and limited service availability (Women's Aid, 2025).

The statistical data shows that during COVID-19, the number of callers to the helpline increased by 65%, and the reason is that the restrictions related to the pandemic also kept victims in abusive relationships (UKRI, 2022). There were likely more victims during this period, but due to restrictions, it was difficult to contact the helpline and other healthcare services for assistance, which further increased the risk of their physical and mental health conditions worsening (UKRI, 2022).

A study by McPhee et al. (2021), based on 400 reported domestic violence incidents from the criminal justice system recorded before the COVID-19 pandemic involving intimate partners, examined the police recordings and explored concerns about why these cases increased over time using a quantitative approach method. Data shown in this research indicate that responding to domestic abuse challenges the UK's criminal justice system and reveals the failings of police responses in these cases. Police need to undertake more interventions, including adopting more sympathetic approaches towards victims to encourage greater

cooperation. They should also act without delay. Furthermore, police need to improve their approach to domestic violence, treating these offences like other violent crimes without special expectations.

According to Elkin (2022), the figures from the Office for National Statistics (ONS) show that by the end of March 2022, around 5.7% of adults experienced domestic abuse in the UK, which was not a significant change compared to 2020, when the numbers were around 6.1%. However, the number may not be completely accurate during the COVID-19 pandemic because, in March 2020, the Crime Survey for England and Wales (CSEW) suspended face-to-face interviews due to restrictions. It was replaced by the Telephone-operated Crime Survey for England and Wales (TCSEW), which excluded questions on domestic abuse and sexual assault due to concerns over confidentiality and safeguarding. As a result, many statistics and research conducted during this period might show inaccurate figures, as the actual number of cases could be much higher (Elkin, 2022).

There has been a lack of research on preventative programmes, such as early education initiatives in schools about relationships, sexual health, and family, as well as mental health care interventions like early detection of individuals who might become perpetrators or victims. However, evidence suggests that improvements in early intervention and prevention of domestic abuse could positively impact by reducing the number of cases and lessening long-term consequences. Taking action before issues arise or providing immediate support can prevent situations from worsening and reduce the risk of long-term effects, such as physical or mental health disabilities (Guy, Feinstein and Griffiths, 2014).

According to Lazz (2024), the most effective way to lower the number of domestic abuse cases is raising awareness about the signs, impacts, and existence of it. Teaching children at a notably young age how to recognise it helps, and furthermore, public education campaigns are vital for the whole population because they provide everyone with knowledge on how to seek help. Already, many prevention programmes are underway in the country, especially in schools, focusing on the key aspects of healthy relationships. Because if people understand what constitutes trust, respect, and equality in relationships, they will be less likely to become perpetrators and will also be better able to identify and take action if they see someone become a victim (Lazz, 2024).

In the research from Macdonald (2021), data has been collected from domestic abuse charities, ONS data between March 2019 and March 2020, and directly from the NHS database. These data highlight the issue in the UK's mental health care services too: domestic abuse cannot be effectively addressed because victims are more likely to contact healthcare first rather than the police. They are not receiving effective support because healthcare cannot

manage these cases. It emphasises the importance of providing mental health services, but there is a lack of information about the steps they need to take and how to implement them (Macdonald, 2021).

Furthermore, in the research from Johnson and Hohl (2023), writing about the UK police response to domestic abuse during the pandemic has been one of the key policy concerns. Already at the beginning of lockdown, numerous helplines experienced a rise in the number of calls, and while police organisations' task is to respond quickly to emergencies, the police had no evidence of effective adaptation in safeguarding, social order maintenance, and law enforcement. This means that the police response to the increased number of domestic abuse cases was not effective and actually contributed to further rises in numbers. The data for the research has been collected using a mixed-methods study examining police response to the impacts of COVID-19 and combined with 73 semi-structured interviews conducted between June 2020 to June 2021 (Johnson and Hohl, 2023).

However, according to ONS (2024), they started a testing programme from April 2025 which aims to ensure that statistical data will be more accurate, helping to provide the most precise information and meet users' needs by adding a new set of questions for the Crime Survey for England and Wales (ONS, 2024).

Policies and legislations regarding domestic abuse

The World Health Organisation (WHO) declared the COVID-19 pandemic on 11 March 2020. By 13 March, Europe had become the epicentre, and the following week, it recommended restricting non-essential travel. The first UK lockdown started on 23 March 2020, with the initial regulation requiring people to stay at home except for essential shopping or work, and to avoid mixing with households outside. These regulations have been amended over time, and on 1 June 2020, the UK Government introduced the 'rule of six', which eased the strict restrictions during summer until the second lockdown, which then increased pressure on people and contributed to a rise in domestic violence abuses (Hodgkinson et. al, 2023).

The Coronavirus Act 2020 was the government's initial response to the coronavirus outbreak, according to Pugh (2020). This act outlined various provisions for the UK with the goal of an effective response to the situation, and it also included changes in healthcare related to emergency registrations of healthcare professionals and the schedules associated with the use of links in criminal proceedings. The Coronavirus Act 2020 was initially prepared for only two years; however, the UK Government planned to extend, in 2021, the section related to public health associations to ensure ongoing control of infectious diseases within the specific context of the coronavirus (Pugh, 2020).

The Government has realised that too many people's lives have been destroyed by becoming victims of domestic abuse, and to stop the rising number of cases and address the issue, which puts high pressure not only on individuals but also on healthcare services, the UK government introduced the Domestic Abuse Act 2021 in April 2021 (GOV.UK, 2023). This Act aims to support people who have become victims or are at high risk of becoming victims and to focus on strengthening the responses of all services, including the police force, the courts, local authorities, and agencies, to domestic abuse prevention. It also provides further protections for people experiencing domestic abuse and makes the system more effective in bringing perpetrators to justice (GOV.UK, 2023).

The ONS's new survey includes additional questions to improve measurements and provide more accurate information for users. The questions are based on the Domestic Abuse Act 2021, where the questionnaire aims to assess evaluation criteria. However, these measures cannot fully account for the impact of abuse. Still, providing more accurate information could help gain a better understanding of the nature of ongoing domestic abuse cases. With this understanding, the government can take further steps to effectively reduce its prevalence (ONS, 2024). It is important to note that the UK Government introduced the Serious Crime Act in 2015, which aimed to regulate a range of serious behaviours that extend well beyond physical abuse. Additionally, the Family Court reformed and amended the Children Act 1989, granting victims automatic eligibility for support and special measures, including access to barring orders to help make their environment safer in the future (GOV.UK, 2022).

According to Office for National Statistics (ONS) data, by March 2024, it is estimated that 2.3 million people became victims of domestic abuse, of whom 4.8% were adults. From these figures, unfortunately, death rates are also closely linked to these criminal acts. The review of deaths related to domestic abuse, connected to the Domestic Violence, Crime and Victims Act 2004, aims to identify systemic failings and improve responses to prevent future deaths resulting from domestic abuse (NHS, 2025).

Another Act introduced to promote a safe environment and protect those at risk of or experiencing domestic abuse is the Care Act 2014. It focuses on safeguarding adults who endure or have endured abuse and neglect and require support and care because they cannot protect themselves (Scie.org.uk, 2025). Good safeguarding practice begins with building a relationship between practitioners and individuals; however, it can be challenging to access the person to speak openly, especially if they live with the abuser. Moreover, some adults may face difficulties or lack the capacity to make their own decisions, and in such cases, someone must act in their best interest, which involves the Mental Capacity Act 2005 (Scie.org.uk, 2025).

Current services and services available during COVID-19 in the UK

Improving health care response to domestic abuse and violence cases has always been a global health concern, especially in 2020 when the COVID-19 pandemic increased the numbers and prompted the government to take action. This involved not only enhancing policies and legislation but also improving health care services to reduce the case numbers by providing effective and timely help and support to those in need (Sohal et al., 2020). According to Sohal et al. (2020), unfortunately, in many healthcare settings, including high-income countries, they do not respond adequately to domestic abuse and violence against women. The importance of contributing to the delivery of better healthcare services for victims has not been recognised. However, in the United Kingdom, a trial called Identification and Referral to Improve Safety of Women Affected by Domestic Violence and Abuse (IRIS) has been demonstrated. This complex system provides healthcare workers with training, support, and referral programmes designed to improve primary healthcare responses to cases between 2012 and 2017. However, the numbers still remain high, and further developments are needed in the country for better prevention and response.

The factors responsible for the rise in domestic abuse cases during COVID-19 arose from the consequences of restrictions at the time, including isolation, loss of income, and heightened mental health issues such as anxiety and stress. These factors heightened the vulnerability of individuals at risk of harm, especially women and children (Chandan et al., 2020). The data show that domestic abuse, especially gender-based violence, was highly prevalent even before the pandemics. The UK government adopted an approach in larger cities that improved the management of physical violence; however, principles should also be implemented by public health services across the country to support victims. It is recommended to follow the World Health Organization (WHO) public health approach, which consists of four steps (Chandan et al., 2020).

According to WHO (2022), their four-step approach is based on scientific evidence. They stated that all violent behaviour and its consequences are preventable, and the four steps

provide a framework for prevention at all levels, from local communities to the global stage. These steps involve first identifying the risks and causes, second recognising the problem that underpins violence, third developing effective plans and interventions, and finally designing and implementing these interventions to assess their effectiveness (Appendix 1). Since 2009, almost all UK police forces have been using the Domestic Abuse, Stalking, and Honour-Based Violence risk tool (DASH), which was developed in 2008 by the Association of Chief Police Officers labour government. With the help of this tool, police forces have gained a better understanding of the best approaches to determine if risk factors are present, allowing them to handle most cases more efficiently and prevent situations from worsening (Melendez-Torres et. al, 2024).

However, in the research by Walklate, Godfrey, and Richardson (2021), it is noted that many reports mentioned how support services in the UK increased significantly due to the higher number of people seeking help at this time. However, the rates of reporting changes in police data did not change significantly, and monthly data reveal little or no changes at all, which could question the accuracy of the data collected regarding domestic abuse cases. The UK Government announced a 76 million pound package for all domestic abuse charities in the UK on 2nd May 2020. In recognition of their hard work under pressure caused by the increased number of cases, they improved services by making them more available everywhere, at any time, for people at risk of harm (Walklate, Godfrey and Richardson, 2021).

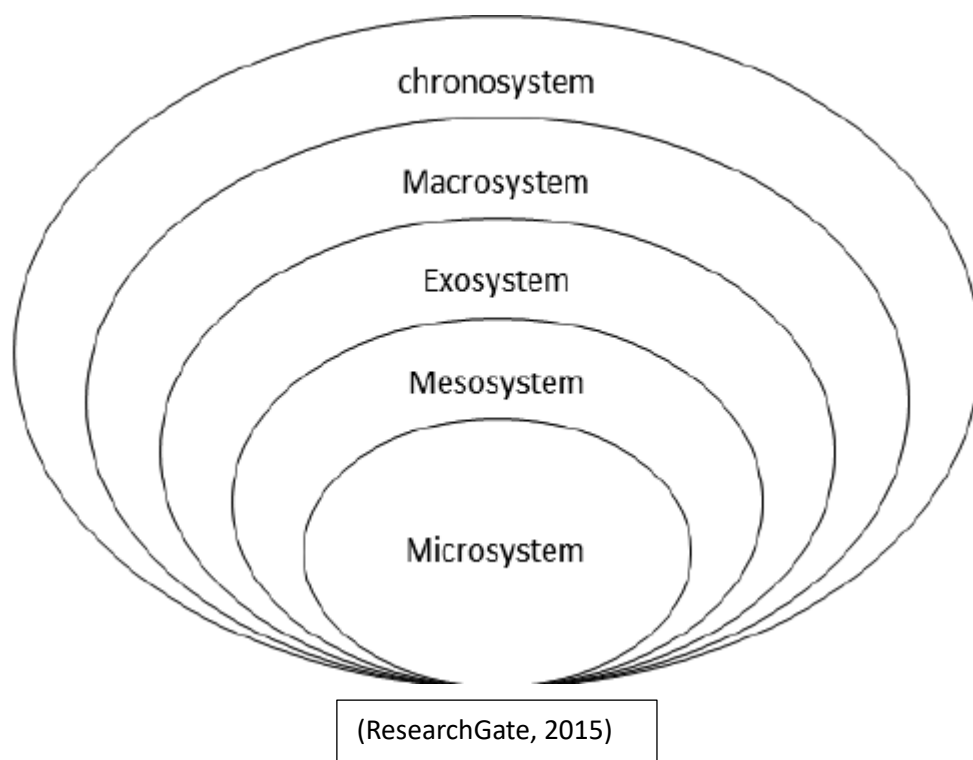
The Office for National Statistics reports concluded that it was not possible to determine the impacts of domestic abuse from police-crime records because, due to the pandemic's restrictions, face-to-face interviews were suspended between March 2020 and October 2021. During this period, people could only contact help lines, but many victims were unable to do so because the isolation restrictions prevented them from contacting anyone for help (Hodgkinson et. al, 2023).

Although there are various services beyond helplines in the UK for people experiencing domestic abuse, including refugee support, referrals, outreach, and advocacy such as Independent Domestic Violence Advisers, all of which can benefit individuals seeking support by improving their mental health (Carlisle et. al, 2025). These services are often provided by the Voluntary and Community Sector, which operates across both the private and public sectors. Their primary aim is to deliver positive interventions in people's lives through support such as housing, financial aid, psychological assistance, and information about additional options for next steps. This can also empower those at risk or who have experienced domestic violence. (Carlisle et. al, 2025). Furthermore, more charities are aiming to speak out against domestic abuse, and they are running various campaigns across the country to emphasise

the importance of raising awareness about this issue, especially concerning women, and to encourage people to report anonymously if they have any concerns in their environment (Kirwan, 2025). There are also many Independent Domestic Violence Advisers (IDVAs) who provide consultations, information, and early advice to police officers and victims, along with further referrals and broader opportunities for safety, welfare, and social safety options. Data shown that IDVAs supported around 306 victims over a 3-month period and provided about 331 consultations on safety planning with police colleagues. This assistance helps police forces perform more effective work against domestic abuse by equipping officers with the right skills to build knowledge and confidence in handling domestic abuse cases. Additionally, victims are more likely to cooperate if they feel understood and supported in their situations (Domestic Abuse Commissioner, 2025).

Theoretical frameworks

Bronfenbrenner's ecological theory



To deepen the understanding of domestic abuse violence, Bronfenbrenner's theory can be used to examine how the environment influences human behaviour and to consider perspectives from service providers. It is an ecological system theory that describes how the environmental system shapes an individual's development, including surroundings like family or close communities (Guy-Evans, 2025). His approach was groundbreaking and marked a significant step in healthcare because the theory did not merely apply cause-and-effect reasoning but also adopted a holistic approach. This means it examined how people's behaviours change over time, not just due to their immediate environment but also by looking beyond it (Merrit, 2025). Bronfenbrenner's model has reshaped the thinking of practitioners and researchers about human development by highlighting the various layers in the environment that influence people's growth and behaviour changes. Applying the theory to domestic abuse can help gain understanding by focusing on the chronosystem layer, which includes the period of COVID-19 characterised by lockdown restrictions, significantly impacting people and being a major contributing factor to the rise in domestic abuse cases. (Merrit, 2025). Bronfenbrenner's ecological system comprises five environmental levels: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, illustrating how each level influences behaviour and growth (Guy-Evans, 2025). Urie Bronfenbrenner was an American psychologist specialising in developmental psychology. He initially devised his ecological system theory, comprising four concentric systems, which was later expanded to include a fifth system, the chronosystem, and renamed as the bioecological system theory (Harkonen, 2007).

Each level in the theory describes the connections and effects between individuals and their environment, and how these connections influence a person's development over time. This understanding can facilitate a better grasp of the nature of domestic abuse among adults within their environments, identify contributing factors, and enable services such as mental health care and police forces to take steps for timely identification of cases and successful interventions (Cherry, 2023). The microsystem is the first level, comprising the individual's immediate connection to their environment; the second layer is the mesosystem, which involves all relationships, including interactions between the microsystem, such as the workplace. The Exosystem refers to the environment that does not have an immediate connection to the individual but still impacts their life, such as government policies, mass media, and various social services. The fourth layer is the Macrosystem, which describes all broader societies influencing the individual's daily life, and it includes factors such as their religion, tradition, and ideology. The fifth and final layer is the Chronosystem, which explains how time influences the individual, such as how experiences, historical events, and various challenges in life shape the person (Cherry, 2023). Using Bronfenbrenner's theory can help

develop a socio-ecological understanding of how individuals, especially children, are influenced over time by their experiences of homicide and suicide in their close environment, and how these experiences impact their mental health development. This could act as an indicator of relatedness to becoming a perpetrator or if there are any assumptions about biological relatedness (Kurdi et. al, 2024).

Furthermore, intimate partner violence is a learnt abusive and aggressive behaviour that results from observations, engagement, and interactions within the social environment. When an individual acquires this behaviour, it can lead them to become perpetrators. Therefore, it is crucial to examine the triggers and factors that contribute to this behaviour. This research focuses on these elements to better understand why domestic abuse rates were high during the COVID-19 pandemic in the UK and why they remain elevated today (Sheng, 2020).

Freud's psychodynamic theory

Furthermore, Sigmund Freud's psychodynamic approach can be used to understand how domestic violence impacts lives by offering insights into how people unconsciously process unresolved past conflicts and how they explore desires, defence mechanisms, and the interplay of drives in human behaviour (McLeod, 2025).

Sigmund Freud was an Austrian neurologist who also founded psychoanalysis. He believed that human behaviour is influenced by the unconscious mind, needs, thoughts, and urges. Additionally, he suggested that the psyche comprises three different parts: the id, which is entirely unconscious; the ego, which operates the conscious mind; and the superego, which functions in both the unconscious and conscious mind (Cherry, 2024). His theory can be applied to explain violent behaviour by making a connection between negative health impacts and violence, because people who commit crimes are at higher risk of developing mental health issues such as antisocial personality disorders or other psychiatric illnesses, as well as physical health conditions caused by substance misuse. Conversely, according to Freud, negative experiences, such as being victims of domestic abuse, have a long-lasting impact. This highlights the importance of expanding public health services in the UK by supporting those at higher risk. Additionally, violent behaviour can lead victims to develop post-traumatic stress disorder, which may indicate that these individuals, due to their traumatic experiences, face an increased risk of becoming perpetrators later (Yakeley, 2018).

Chapter 3: Research Methodology

This research used a secondary methodology, meaning no participants were involved in collecting the data, and no new data were created as the information was obtained from existing research databases. Therefore, this type of research is also known as desk research (Nicolas, 2024). Furthermore, secondary research offers a better way to assess the effectiveness of healthcare and government interventions during COVID-19, providing more comprehensive information, including post-pandemic data. This is crucial for identifying areas needing further improvement and can motivate future researchers to undertake additional investigations in this area (Nicolas, 2024).

Furthermore, a systematic literature review has been conducted to build a structured understanding of the findings from the research paper. This approach helps to better identify the gaps in healthcare services provided to adults suffering from or at risk of domestic abuse (Carrera-Rivera et. al, 2022). Through this systematic review, the research question can be addressed, focusing on the entire study, which aims to uncover the causes of domestic abuse cases during and after the COVID-19 pandemic, as well as to understand the different interventions implemented by the UK Government and healthcare services (Siddaway et. al, 2019).

Twelve peer-reviewed journal articles formed the basis of the research, with data derived from published studies based on primary research articles. They include both qualitative and quantitative data to gain a better understanding and improve the accuracy of answers to the research question. Analysing the literature, which involves both numerical and non-numerical data, is crucial (McLeod, 2024). Quantitative data was used to gain further insights into how the number of domestic abuse cases changed during the pandemic and how it has evolved since then. These data were sourced from the Office for National Statistics (ONS) and the UK Police Force websites (Stevens, 2023).

Qualitative data examines the interventions, healthcare services, and actions taken by the government in the country, assessing their impact on people. This data is essential for identifying gaps and issues, which are crucial for making recommendations at the conclusion of the research (Stevens, 2023). It can be seen that using both qualitative and quantitative data for the research is very important because they together provide a more comprehensive understanding of the issue and offer more details than relying on a single approach. Also, while thematic analysis mainly uses qualitative data, numerical data can be crucial in uncovering key findings to answer important questions about how the number of cases has

changed over time and why, even after the pandemic, the numbers remain high (McLeod, 2024).

Searching strategy

Keywords

The following keywords have been used to identify relevant articles on domestic abuse among adults in the UK during and after COVID-19, government interventions, and service enhancements: *(domestic abuse England COVID-19) (adult domestic violence interventions UK) (impact of COVID-19 on domestic abuse services) (government response domestic violence England) (service improvements domestic abuse post-pandemic) (domestic violence trends in England during COVID-19) (impact of COVID-19 on adult abuse cases in England) (government responses to domestic abuse in England post-COVID) (service enhancements for domestic violence victims in England after COVID-19) (adult domestic abuse statistics and interventions in England during and after the pandemic) (domestic abuse among adults in England during and after COVID-19, government interventions and service improvements)*

Databases used for the research

For data collection, the following sources were utilised: the UWTSD library, health and social care-related databases such as PubMed, ProQuest, Sage, and additional information and articles searched on the Google Scholar website.

Inclusion Criteria

- Studies using only primary methodologies published in peer-reviewed journals.
- Studies focus solely on adults over the age of 18. Studies have been written between 2020 and 2025
- Studies focus only on the UK adult population.
- Studies on UK health and social care interventions and improvements related to domestic abuse during and after COVID-19, from 2020 to 2025.
- Studies on UK Government interventions have been conducted regarding domestic abuse from 2020 to 2025.
- Studies focusing on domestic abuse violence

Exclusion Criteria

- Studies based on secondary methodologies
- Studies based on children under the age of 18
- Studies related to other countries and not on the UK
- Studies have been written before 2020 and before COVID-19.
- Studies focus on other countries' governments and Health and Social Care improvements and interventions related to domestic abuse
- Studies do not focus on domestic abuse violence

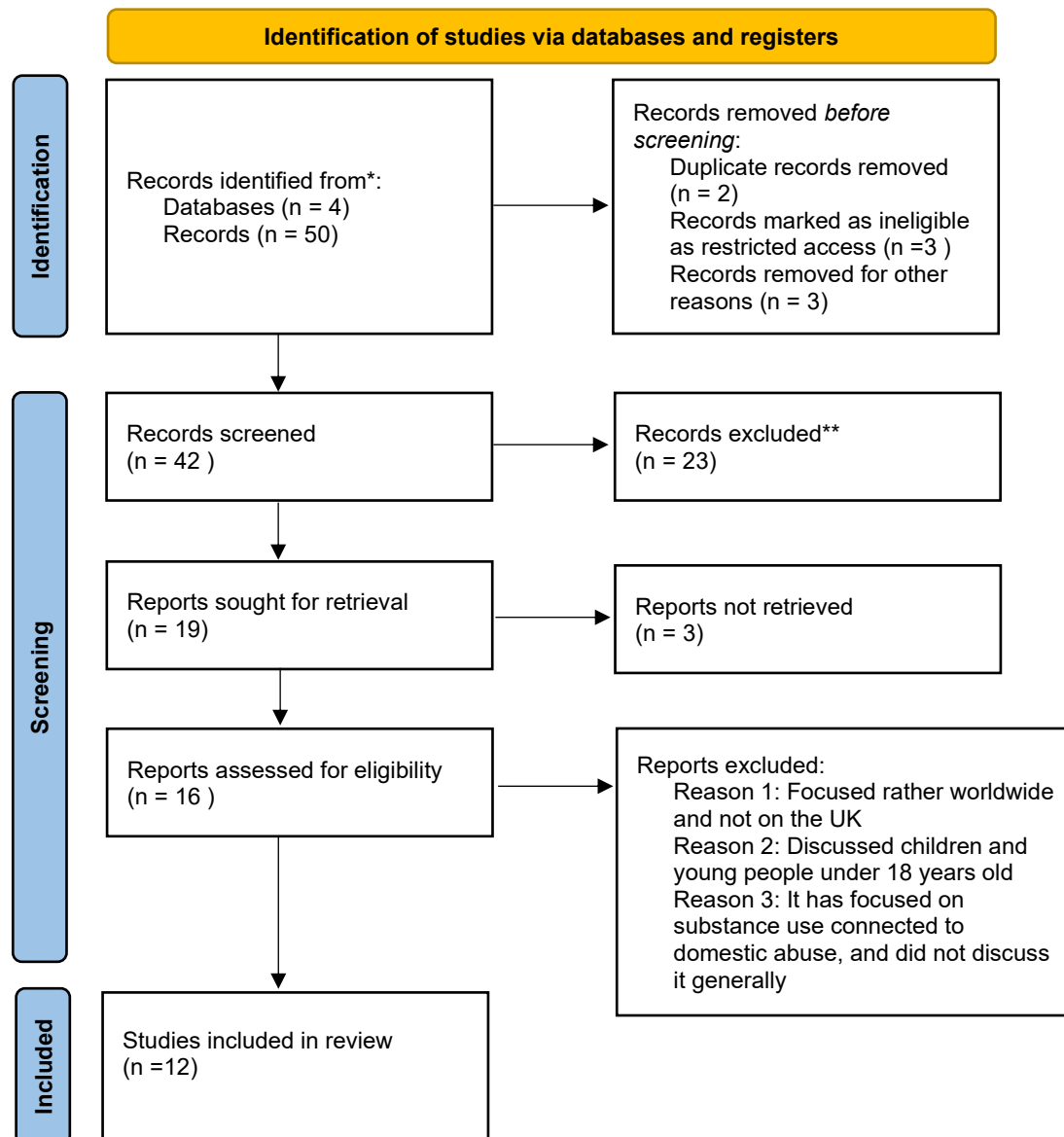
Data extraction

Part of the systematic review involves extracting all results before synthesising the data, and all extracted data must be relevant and contribute to the review of the research question (Munn, Tufanaru, and Aromataris, 2014). Research in health and social care, involving qualitative studies, requires synthesising the data. The Critical Appraisal Skills Programme (CASP) is the most commonly used tool for obtaining relevant information from the evidence, as well as for encouraging and supporting qualitative research to enhance future evaluations framed by this tool (Long et. al, 2020).

Furthermore, the CASP tool not only helps evaluate and analyse the quality of studies but also considers the trustworthiness of various research studies using a structured checklist designed to guide users through the appraisal process. It covers many research methods beyond qualitative studies and systematic reviews, such as cohort studies and case-control studies (Razi, 2023). The purpose of using the CASP tool in this research is to identify limitations in the studies, make recommendations for future researchers, search for evidence related to the occurrence of domestic abuse in the UK during and after COVID-19, and assess the reliability and quality of the studies, including government interventions and healthcare service improvements (Razi, 2023).

PRISMA

The twelve academic journal articles were selected for this research using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA), which was first published in 2009. This framework is designed to systematically search literature and academic articles for review purposes (Page et. al, 2021). It is based on inclusion and exclusion criteria formed around the research document's title, helping to answer the research question more accurately. Additionally, it facilitates the creation of a transparent report for systematic reviewers (Majumder, 2019).



Data analysis

This research utilised qualitative data, and the primary method for analysing the data was thematic analysis because it provides a structured and flexible approach. This method also aids in identifying and analysing the chosen themes within the data (Stevens, 2025). In 2006, Virginia Braun and Victoria Clarke outlined six key points for effectively conducting thematic analysis, which were applied when selecting the journal articles based on primary research related to the themes (Stevens, 2025).

According to Caulfield (2019), this research follows Braun and Clarke's (2021) six-step analysis for the data analysis.

- Familiarised with the collected data by reviewing all information in detail
- Coded in another world highlighted all information by shortening its contents on labels.
- From the codes, I identified the patterns and developed the themes. Three themes have been used in this research.
- At the fourth step, the themes have been reviewed and compared to the data that has been collected and evaluated if it is accurate.
- From the list of themes defined and chosen, the three main themes are helping to give a better understanding of the data to the reader.
- In the sixth last step wrote down the analysed data, which involved the introduction and establishing the research question, approach and the aims (Caulfield, 2019).

Ethics

Ethical approval was secured from the University of Wales Trinity Saint David prior to commencing the research. Ethical guidelines for conducting secondary research were adhered to accordingly. The data are stored exclusively on a personal computer and the university's server and have not been shared with anyone nor kept as a copy on a pen drive, which could be easily lost. Furthermore, it has been confirmed that the data analysis was appropriate, and all data used were approved by the ethics review committee (Prasad, 2013). The stored data have been retained only for the necessary period for analysis after removal, with references maintained to ensure their validity for the reader (Prasad, 2013).

Only research studies with anonymised data were utilised. All sources possessed an 'open data licence'. Precise data reporting was maintained without personal interpretation. All sources were fully acknowledged using Harvard references (BHBIA, 2020).

Data had been stored on a database also used by websites protected under UK Copyright and Database Regulations. The data used in the research accurately reflect the findings in each source used (BHBIA, 2020).

Chapter 4: Results

Table 1: Overview of the reviewed peer-reviewed journals

Author/s Year of Publication	Purpose/Aim	Methodology and methods/sample	Summary Points, Findings
1 McKinlay et. al, 2023	To explore how the pandemic's restrictions affected women's lives in the UK and experienced domestic abuse violence	An online qualitative interview study was conducted using reflexive thematic analysis, and was conducted between April 2021 and March 2022 Sample size: 18 women in the UK with past experiences of domestic abuse violence	The study explored the views of women living in the UK who experienced domestic abuse during COVID-19 and highlighted the importance of raising more public awareness in campaigns and making more interventions for more effective prevention and to lower the high number of cases that occurred during the COVID-19 pandemic, because women were overrepresented in the reported cases related to domestic abuse.
2 Sivarajasingam et. al, 2022	The study wanted to give a better understanding of the general public's view about domestic violence abuse, and with it help encourage the UK Government and public health services to develop targeted interventions in society.	Personal interviews were conducted with adults who were invited through a social media advertisement and guided by a topic guide to ensure consistency in the interviews. Sample size: personal interviews with 29 community-dwelling adults	Everybody attended on the interview were aware of the concept of domestic abuse and over 30% from the attendees has experienced already domestic abuse however more than half of the people attended on the interview were not aware of the existing services in the country and many people are facing barriers and challenges because they are not getting the information that would be vital and helpful for them.
3 Spence et. al, 2022	The study aims to discover the impacts of the COVID-19 pandemic on reporting to the UK police forces	Data has been collected from the force's crime reporting system between 2018 to 2021, including 10,000 rapes and	The rates of the serious sexual offences connected to domestic abuse have increased during the COVID-19 and many of the victims experienced prolonged delays getting

	serious sexual offences and rapes, and how these crimes are connected to the pandemic restrictions in the UK.	<p>sexual offences, and 5000 reports connected to domestic abuse.</p> <p>Interrupted time series analysis was used to evaluate reported rates and the impact of the pandemic's lockdown and segmented regression was used to measure the changes before and after the time of the COVID-19 pandemic.</p> <p>Sample size: data has been collected from police data in Bristol, Somerset and South Gloucestershire and identified 50,906 domestic abuse incidents during 2020</p>	criminal justice. In many cases there were no further actions were taken.
4 Brodie et. al,2022	To discover the COVID-19 impact on people who suffer from domestic abuse from the perspective of the domestic abuse helpline workers	<p>Used semi-structured interviews to collect the data</p> <p>Sample size: 11 domestic helpline workers across the UK services from a diverse range of populations</p>	Domestic abuse victims are more likely to seek help, but due to the COVID-19 restrictions had fewer opportunities to contact services, and many cases were not detected, and in an increase number of suicides and domestic abuse rates.
5 Emsley et. al,2023	To get a better understanding of the role of the general practice services (GPs) related to domestic abuse violence, and to get an understanding from the view of the patients about seeking and receiving help from their GPs.	<p>A qualitative interview study has been conducted for the data collection in 7 urban general practices in the UK</p> <p>Sample size: semi-structured interviews have been conducted with 21 patients who have experienced domestic violence abuse.</p>	Patients had positive experiences while they were seeking help for domestic violence abuse cases their GP services, however they also mentioned that they faced an issue many time regarding to service availability and had concerns that children affected by domestic abuse stayed invisible, which highlighting the importance that healthcare professional system needs to make urgent improvement related to their domestic abuse services.

6 Heron et. al,2023	Discovering the barriers and facilitators of disclosures faced by healthcare facilities in the UK and exploring the experiences and perceptions of victims from different ethnic backgrounds.	An ethnically diverse UK sample was used, and semi-structured interviews were conducted for data collection. Sample size: 29 British female victim includes 8 ethnic minority	Data show that women experienced domestic abuse more frequently have been visiting health care services because the victims suffer long-term physical and mental health problems; however, many times doctors and nurses miss the signs and do not detect domestic abuse in time because they are rarely asked about intimate partner violence.
7 Hopkins,2023	Examining the reasons and giving an understanding of why victims of domestic violence abuse withdraw from the Criminal Justice System, and also examining their motivations why they were withdrawing in other cases, the phenomenon of retraction.	The study used thematic analysis to analyse police retraction statements collected by police officers in Northwest England. Sample size: 60 police retractions statements have been analysed.	The study highlighted 3 main points that motivated female victims they retract their statements and stay in active relationships with their abuser. More than 50% of the domestic abuse-related cases were discontinued during 40 years due to the victim withdrawing support, and it made the situation worse by continuously increasing rates of physical and mental health issues, as well as suicide related to domestic abuse violence.
8 Zafar,2022	The study evaluated the long-term health issues related to domestic abuse also evaluated the interventions that have been made by the UK healthcare services.	A convergent, parallel, mixed methods UK study used 294 patients' health records who had been referred to domestic abuse violence support services. Use semi-structured telephone interviews. Sample size: 21 women who were referred to the Identification and Referral to Improve Safety (IRIS)	IRIS had positive impacts on victims' lives. It gave a better understanding of what kind of long-term health conditions victims are living with due to their past experiences related to DVA and highlighted the issue of the lack of service currently available for the victims and what IRIS are doing for improvements of the situation.
9 Panovska-Griffiths et. al,2022	The study focused on the impact of the first COVID-19	Interrupted-time series and non-linear regression were used to compare the	The number shown that the number of referrals to DVA services were lower during the first national lockdown

	lockdown on women who experienced domestic violence abuse in the UK	<p>impact of the first lockdown between March and June 2020.</p> <p>Sample size: Used anonymised data from daily referrals received by the IRIS DVA services in 33 areas from general practices between 2017 and 2020.</p>	<p>than before and after, and it is suggested that the reason could be the closures and school holidays, which made more difficult for people to contact DVA services and it is also the improvements and 24 hour availability of DVA services across the country.</p>
10 Elvey et. al,2022	The study discovered the available domestic abuse violence advisor services and their responses during the COVID-19 pandemic. Give an understanding of their work and how they support victims related to DVA.	<p>Mixed-methods study was conducted and examine the collected quantitative data from hospital referrals using simple descriptive statistics compared to other DVA-related services. For qualitative data collection, semi-structured phone interviews have been conducted, and it has been undertaken with Hospital staff and a domestic violence advisor in the UK.</p> <p>Sample size: 11 interviews were conducted with hospital-based DVA advisors and with other healthcare staff.</p>	<p>The data show in the study that the number of referrals related to DVA has dropped at the beginning of the pandemic; however, after continuously increased with a higher number of males and people 40 years and above.</p> <p>It examines the responses of the hospital and analyses how health and social workers provided services regarding DVA.</p>
11 Sivarajasingam et. al,2024	This study aims to explore patients' awareness related to DVA signs and attitudes with the use of the Women Abuse Screening Tool (WAST) and give an understanding of how public awareness has changed since	<p>29-item anonymous e-surveys have been spread across DVA support services among adults over 18 years old between the time of March to October 2022.</p> <p>Sample size: Data were collected from 6967 NHS patients.</p>	<p>Many people in the UK of the signs of domestic abuse; however, many of them feel stigmatised and avoid talking about it, which significantly influences the still growing numbers due to not being reported. The majority of DVA cases. The study indicates the improvements of public education related to DVA.</p>

	the COVID-19 pandemic outbreak.		
12 Downes and Barbosa,2024	The study explains what kind of improvements and interventions were made by the Identification and Referral to Improve Safety (IRIS) program in primary health care settings and how it has improved the response of health care to domestic abuse.	The study is based on mixed methods rapid research, and data has been collected from quantitative IRIS referral data from four surveys and 15 interviews. Sample size: 15 individuals	The study found that the training provided by IRIS, which focused on adapting online training, was desirable to clinicians, and they felt more confident providing help through phone and online to people affected by domestic abuse. Furthermore, with the use of technology, health care could provide more effective and time-saving help to DVA victims.

Themes

Four themes have been identified for the research, and through thematic analysis, a better understanding has been gained of why domestic abuse cases increased during COVID-19, why it remains one of the highest priorities on the UK Government's agenda, and how health and social care services have responded and continue to improve their support.

Table 2: Themes identified

Theme 1	The connection between the COVID-19 pandemic and the increased number of domestic abuse violence
Theme 2	Lack of population awareness of domestic abuse signs and services
Theme 3	Employers' preparedness to work with victims of domestic abuse violence
Theme 4	Low number of domestic abuse violence referrals

Theme 1: The connection between the COVID-19 pandemic and the increased number of cases of domestic abuse violence

According to McKinlay et al (2023), the number of reported domestic abuse cases increased at the start of the COVID-19 pandemic, and the primary issue could be linked to the restrictions implemented by the UK government. Furthermore, people experiencing abuse at home also faced many barriers due to the closures of support services, and with fewer opportunities for help, individuals felt more isolated. Their feelings of fear were heightened, and they lost control over their emotions. All of these factors contributed to abusive behaviour in many people.

However, Panovska-Griffiths et al (2022) study shown that during the first lockdown in 2020 the domestic abuse violence referrals number has been lower compared to the before and after periods and the reason could be that it has been started during the school holidays which is indicated the problem that people especially women has more difficult to reach out for DVA services during these periods and highlight the importance of provide more adequate access and support to people who are in need during the school holidays too. Furthermore many people faced with difficulties to contact primary health care services not just because the service closure mentioned in McKinley et al (2022) study but because to avoid healthcare settings the face-to-face appointments, they moved their services online and it made people harder and more complex to report their issues especially related domestic abuse violence because most of the times the victims lived together with the perpetrator and they did not have a chance to talk and report their concerns related DVA (Panovska-Griffiths et. al, 2022).

According to Spence et al.'s (2022) study, there were significant delays in the UK criminal justice system because victims had fewer opportunities to report their issues in person. Additionally, the number of reported cases decreased due to these long delays, which prevented victims from receiving timely and appropriate help. It suggested that while the number of reported DVA cases was low during the COVID-19 pandemic, the real numbers were high, but most of the time remained unreported or were discontinued the cases due to the long waiting time. Spence et. al (2022) also highlighted another case study in Rochdale, where during the three months covered by the stay-at-home order, the number of calls related to DVA has increased from 14 per cent to 20 per cent, but the police dealt lower number of cases, as the number shown 70 cases, down from 82 during this time.

It is important to mention that research suggested women in the UK experience inequalities, which is why they are more likely to become victims of reports related to physical abuse, including sexual offences. During the first week of lockdown, visits to domestic abuse-related websites increased by 150%, and calls to hotlines also rose by 25%, indicating elevated tensions at homes. This placed additional pressure on services, further contributing to the continuous rise in domestic abuse cases in the country (McKinlay et. al, 2022).

Theme 2: Lack of population awareness of domestic abuse signs and services

A study by Sivarajasingam et al (2024) highlighted that, among the population, victims of abuse lack awareness of the signs of domestic abuse and available services and that healthcare services have not adequately addressed this issue. To date, domestic abuse violence remains insufficiently tackled. To identify the causes and gain a better understanding of where improvements are needed, healthcare services, particularly primary care, must develop a deeper understanding of patients' perspectives within the country. Data has been

collected from around 7000 NHS patients, and 22% of the participants were unsure about the signs of DVA, and 85% complained that not enough awareness has been raised among people, so it needs to be improved (Sivarajasingam et. al, 2024).

The study by Brodie et al. (2022) was conducted with helpline staff supporting victims of domestic abuse during COVID-19. They highlighted the issue that during the pandemic, many services that provided continuous support for people, including mental health and other community-based services, simply stopped operating. As a result, many individuals did not receive information on how to access support because healthcare services did not prioritise raising awareness across the country about the services available online and via phone.

According to Sivarajasingam et al (2024), research shows that behaviours connected to domestic abuse are transmitted and learned over generations. People affected by this, due to fear and stigma, often only seek GP services after years, which increases pressure on the NHS. Therefore, it suggests improving public education related to DVA so people can become more aware and comfortable taking steps if they are experiencing domestic abuse in their family or environment.

Another concern mentioned in Downes and Barbosa (2024) study was the barrier caused by COVID-19 restrictions, which impacted the DVA services where people used to be referred for face-to-face appointments before the lockdown. Afterwards, people only had online appointments, which caused difficulties as many were not aware of how to use online services. Additionally, they did not feel confident talking freely or feeling safe as they did when they met the service provider in person.

Another issue with remote services is that victims did not know how to access services online or seek support because the perpetrator usually lives with them, and the severe physical distancing measures limited people's ability to obtain more information about the available services or how to access them (Panovska-Griffiths et. al, 2022). Furthermore, the study by Hopkins (2023) emphasises another issue: victims often withdraw from police justice, which also frustrates officers. They dedicate significant effort to open cases and aim to better understand victims' awareness of their experiences of domestic abuse. Providing victims with accurate information might encourage and persuade them not to withdraw, thus enabling a more effective reduction in DVA cases in the future.

Theme 3: Employers' preparedness to work with victims of domestic abuse violence

The study by Heron et al. (2021) revealed that 45% of victims killed by their partners had visited hospital two years prior to their death. It also showed that women who become victims of domestic violence are more common than those who are not abused, leading healthcare professionals in the UK to implement routine screening for domestic violence. However, despite the guidelines, healthcare workers infrequently ask patients about intimate partner violence and often miss signs of DVA.

The perceptions of participants in the surveys collected by Sivarajasingam et al. (2024) indicated that, although they are aware of the signs of DVA, there is an overall lack of awareness. There are current shortages in health and social services, and participants believe that the situation would improve significantly if healthcare workers received appropriate training related to DVA to identify and better support victims. However, the main issue remains that people prefer to seek support from police, friends, family, and helpline services, and only 38% of participants would turn to general practitioners for help.

A study from Elvey et al. (2022) examined referrals to DVA services and conducted interviews with staff involved in these services. The results showed that most referrals came from the Accident and Emergency (A&E) services, and the response of hospital-based services to domestic violence and abuse cases was flexible during the COVID-19 pandemic. However, victims at high risk of DVA were not identified in time or at all in community-based settings.

Due to the continuously rising numbers, the UK Government has taken steps to change policies focused on addressing the issue by improving methods for a better response to domestic abuse. Furthermore, the UK Government has established a new role called Independent Domestic Violence Advisor (IDVA), who works closely with victims of domestic abuse, and specialist support services have been set up across the country. However, in healthcare settings, these services have not been sufficiently developed. This causes further problems because victims often feel embarrassed or ashamed. Healthcare providers cannot offer a safe space without proper training where victims can feel comfortable, especially since the perpetrator might be nearby. As a result, victims often do not feel able to discuss their problems openly or receive the support and help they need (Elvey et. al, 2022).

Another issue with online services is that clinicians cannot observe patients' body language, making it more difficult for them to identify the signs accurately. There has been a recognised need to provide new guidance and training for clinicians on how to safely address domestic abuse in remote settings (Downes and Barbosa, 2024). According to Zafar et al. (2022), primary care services (GP practices) play an important role in recognising cases of domestic

abuse and violence. However, data reveal that the recorded prevalence of DVA in GP practice systems is very low, indicating that victims often have fears and face barriers when reporting their concerns about their experiences of domestic abuse and violence.

Therefore, the UK Government introduced a domestic violence training programme in primary care settings, called Identification and Referral to Improve Safety (IRIS). According to data from participants in Zafar et al. (2022), this programme had a positive impact on victims. The IRIS training is essential for recognising abuse and providing the appropriate help for victims and survivors. GP practices can identify the signs early and refer patients to the correct IRIS and domestic abuse services, ensuring they receive support and assistance. This process can also enable police forces to take action against criminal activities.

Downes and Barbosa (2024) study highlights the positive impacts of the IRIS training provided to healthcare workers in primary care services. It was not only effective during COVID-19 but also cost-effective because the trainings were delivered online, including remote support, which increased clinicians' confidence in addressing domestic abuse via phone and internet. However, patients who received face-to-face support before the COVID-19 restrictions still preferred in-person consultations, viewing online appointments as a barrier to their access (Downes and Barbosa, 2024).

Theme 4: Low number of domestic abuse violence referrals

The studies revealed the inaccuracy of the actual figures for domestic abuse referrals, indicating a discrepancy between the reported referrals and actual cases. For instance, a study from Hopkins (2023) examined why victims revisit their reports to criminal justice, what motivates them, and why it remains a deeply concerning issue in the country, which results in many deaths and unresolved criminal cases linked to domestic abuse violence. The data collected from 60 police retraction statements show that females often accept their relationships because of the influence of their children or because they recognise the importance of their role within the family. Furthermore, they tend not to actively participate in the prosecution process out of fear and shame; therefore, they are not simply retracting their reports to the criminal justice system. Still, most of the time, they do not attend to report, even at healthcare services (Hopkins, 2023).

Furthermore, Emsley et. al (2023) point out the concern that although the number of people who had experienced domestic abuse violence during the COVID-19 pandemic has increased, there was a reduction in the identification of these cases and in the number of referrals to support services and general practices in the UK. Twenty-one patients participated in the interview conducted for Emsley et al. (2023) study, and they stated that although they had a

positive experience with the services provided to support them during the pandemic, there was a major issue with the availability of these services. Additionally, many people faced difficulties in using remote services due to a lack of knowledge about online platforms. The limited interaction did not make the conversations sufficiently confidential, as many victims lived with their perpetrators and did not feel safe. Consequently, they lacked the confidence to talk openly because of the absence of a safe environment and the missing face-to-face contact with the support provider (Emsley et. al, 2023). According to Sivarajasingma et al. (2022), many people were unaware of the existing services that support individuals who have experienced domestic violence, and many others do not recognise the signs of DVA in their daily lives. This indicates a lack of awareness among the population and also results in fewer referrals to support services and general practices.

Additionally, the same research from Sivarajasingam et al. (2022) highlighted that victims are at various stages of readiness to report their domestic abuse and violence-related experiences. They face barriers such as fear of being stigmatised, feelings of shame, or potential financial repercussions, which could lead to further issues. During the pandemic, general practices and support services shifted to remote operations to prevent the spread of coronavirus through face-to-face appointments. However, this change resulted in increased demand on these services, and patients encountered difficulties accessing timely primary care. Furthermore, victims reached out to support and primary care services but often faced long delays in securing appointments, which caused many to avoid contacting healthcare services altogether and instead seek referrals (Emsley et. al, 2023).

Chapter 5: Discussion

The research aimed to explore the causes of domestic abuse among adults aged 18 and above in the United Kingdom during COVID-19, as well as the interventions carried out by the UK government and social services to reduce the number of cases. Various factors contributed to domestic violence, especially during COVID-19 due to global restrictions, and the figures remained high even afterwards. Therefore, reducing these numbers is a top priority for the UK government, which is working collaboratively with criminal justice, policymakers, and health and social care services (Sohal et. al, 2020).

The first theme highlighted the link between COVID-19 and the increase in domestic abuse cases. According to McKinlay et al. (2023), one of the main reasons could be connected to the restrictions imposed by the UK Government to prevent the spread of the virus. Additionally,

many individuals faced closures of support services, which restricted their access to helplines and other forms of assistance. This reduction in support may have caused abusive behaviour in some individuals, while others became victims due to the increased stress from service closures. These findings align with broader literature, such as in the discussion paper by Ivandic et al. (2020), which examined the extent of reported cases related to domestic abuse in Greater London. Their findings showed that the proportion of abuse by partners or family members increased during the lockdown, rising from 8,1% to 17,1%. Moreover, callers to helpline services were usually third-party individuals, and it was noted that due to the lockdown, victims generally did not have the opportunity to contact help themselves because they lived with their abusers (Ivandic et. al, 2020).

In another study by Panovska-Griffiths et al. (2022), it was discussed that although domestic abuse cases increased during the first lockdown, the number of referrals was lower compared to the periods before and after COVID-19. Similarly, Moore et al. (2021) examined around two thousand police referrals related to domestic abuse, and the figures rose further. However, there was only a slight increase in the volume of police referrals during this period, with more reports made by third parties concerning child abuse. The study by Moore et al. (2021) indicated that the reason for the low number of referrals was that victims are less likely to report and seek help related to domestic abuse, except in serious cases, which is why many cases remained undiscovered. The report by Rengasamy et al. (2022) suggested that many cases of domestic abuse were missed because access to various public services was limited during the COVID-19 lockdown. Furthermore, interactions with public sector organisations, including schools and emergency services, declined. There may also have been discrepancies in the number of reported incidents across helplines, police forces, and other public services, which could have contributed to the low figures seen during this period. The second theme concentrated on population awareness in the UK, exploring public perceptions of existing services and possible enhancements to boost awareness of various ways to contact support and report domestic abuse or violence. The study by Sivarajasingam et al. (2024) noted that victims of domestic abuse often lacked awareness of available services during the COVID-19 pandemic, and regrettably, the number of people in the UK unaware of these services remains high.

The Domestic Abuse Report 2024 by Women's Aid (2024) is an annual publication that reviews the state of domestic abuse services in the country each year. It emphasises ongoing problems where services consistently face difficulties due to inadequate funding, which still fails to provide sufficient essential support for survivors. Over 70% of survivors lack enough funds to meet their basic expenses; as a result, about 60% remain with their perpetrators.

Furthermore, the increasing workload greatly affects the services, as they are losing staff because of low wages and the rising cost-of-living crisis (Women's Aid, 2024).

In another study from Carlisle et al. (2025), figures indicate that in the UK, over 10 million people aged 16 and above have experienced domestic abuse. The police in England receive approximately 100 calls per hour related to DVA cases, costing around 999 million pounds for police services. Additionally, the expenses for healthcare, the economy, government, and charity organisations exceed 60 billion pounds, underscoring the need for an effective response due to the substantial costs for the country. The UK is tackling this ongoing issue by providing a range of support services and increasing the number of Domestic Violence Advisers, helplines, and referral services, ensuring they are accessible to everyone affected by domestic abuse, including refugees (Carlisle et. al, 2025).

Furthermore, the UK Government introduced measures to prevent DVA against women, such as through the "Tackling Violence Against Women and Girls Strategy," but research shows that these programmes are not sufficiently effective, and several issues still remain within the UK policy system regarding domestic violence against women. This includes the fact that women from ethnic minority groups receive less attention, making it essential to expand existing policies to include these groups, as they play a vital role in the UK's social and economic fabric (Sultana et. al, 2024).

The third theme aimed to improve understanding of how well different services are prepared to support those experiencing domestic abuse during COVID-19 and what enhancements they have implemented since then. According to Sivarajasingam et al. (2024), one of the main issues in healthcare is the shortage of staff, which consistently impacts not only the workload of healthcare workers but also service users, who face longer waiting times for referrals that can take months. Additionally, healthcare professionals conducting routine screening for domestic abuse seldom ask patients about intimate partner violence, often failing to detect signs of domestic abuse in a timely manner.

The study by Dixon et al. (2022) highlighted additional issues arising from the shift from face-to-face appointments to remote consultations. Before the COVID-19 pandemic, healthcare services had begun preparing for a potential lockdown by trialling the use of video consultation services. However, the evaluation of this approach was not entirely positive, as online consultations were shorter than face-to-face meetings and lacked the same depth of information. Nonetheless, there were advantages, such as easier arrangements for follow-up appointments regarding long-term conditions, but a major challenge was the difficulty of building trust and rapport during remote interactions (Dixon et. al, 2022).

These findings align with the study by Downes and Barbosa (2024), which highlighted that during the COVID-19 pandemic, a new programme called Identification and Referral to Improve Safety (IRIS), continuously evolving to better support victims of domestic abuse remotely, also enhances the response of general practices by providing domestic abuse-related training to their staff. Similarly, Rogers and Ali (2024) examined how IRIS interventions impacted GP practices and patients, and data collected from GP practices in two UK cities indicated that it increased the identification of DVA and the number of related referrals. Moreover, IRIS is a partnership between charitable organisations and healthcare systems supporting individuals experiencing DVA. The training also extends to administrative teams, teaching them how to use the computer software, which includes recordings about DVA cases and access to specialist support services. Since the start of the IRIS programme, approximately 850 GPs have been trained, and over 14,000 patients have been referred (Rogers and Ali, 2024). The final theme addresses the reasons for the gap between the actual number of victims of domestic violence and the number of referrals to authorities. In this context, the study by Hopkins (2023) revealed that many individuals who report to the criminal justice system later retract their reports. Furthermore, the study by Emsley et al. (2023) noted that, although the number of people experiencing domestic abuse during COVID-19 has risen, referrals remained low. Additionally, there was a lack of sufficient support during this time, and policies related to the lockdown created further difficulties for many in shifting from face-to-face meetings to remote appointments. Instead, many go unattended or are not contacted by healthcare services, leading to numerous hidden cases and unresolved domestic abuse-related criminal behaviours.

Similarly, the number of criminal cases related to domestic abuse reached one million a year after the pandemic began, causing significant delays in the criminal justice system. Although the UK Government launched a project called “The Shadow Pandemic” to reduce the backlog of delayed cases, the focus was diminished due to the health emergency that arose in the country between 2020 and 2021, leading to further backlogs (Godfrey et. al, 2022).

In another study by McPhee et al. (2021), it was observed that around 1.9 million adults face domestic abuse incidents each year, prompting the UK Government to introduce the Domestic Abuse Act (2021), aimed at enhancing enforcement of civil orders. Additionally, victims experiencing DVA received increased attention through special measures in court settings. Evidence indicated that lockdowns led to an increase in referrals related to DVA because remote appointments allowed people in rural areas to attend online, while others had fewer opportunities to report their concerns due to poor internet connections or less familiarity with online services (Riddell and Haighton, 2022). Furthermore, the same study by Riddell and Haighton (2022) noted that many national charities and domestic abuse specialist services

developed a range of guidance tools on how to support and keep victims safe, as well as on the options for reporting DVA cases, which had a positive impact.

To improve health and social care workers' awareness, more personalised programmes should be organised, focusing on single-factor initiatives such as providing training for screening DVA. Additionally, increasing the resources available for a more effective response, including hiring more staff in health and social care settings, can be beneficial (Pell et. al, 2024). Furthermore, it is vital to provide more informal coaching and co-location for DVA services, where victims can feel safe. This could also encourage them to seek help, effectively increasing the number of referrals (Hegarty et. al, 2020). Furthermore, besides co-location at health and social care settings, the number of Domestic Violence Advisors (IDVA) should be increased, as this could help identify hidden victims who require more specialised support due to complex issues (Halliwell et. al, 2019).

Implications for health and social care

These findings have implications for health and social care. Relating to theme one, the rise in domestic violence cases due to COVID-19 restrictions, especially lockdowns, emphasises the urgent need to develop better intervention strategies to prepare for similar future events. For example, as noted by Panovska-Griffiths et al (2022), during the pandemic, fewer domestic violence referrals were reported because of difficulties in accessing domestic violence services or having face-to-face contact, leaving many women suffering and unable to leave their homes. Among intervention strategies, it may include establishing a contact point accessible to victims of domestic violence in each local area, such as pharmacies or banks, ensuring that staff receive appropriate training to become the first support contact for these victims (Stanley et. al, 2022). Improvements also need to be made in bystander interventions, where social and healthcare services across the country provide appropriate training based on guiding people through different stages to encourage them to move from inaction to action. This could empower individuals to intervene safely in situations related to domestic abuse and violence, and with the skills gained, they would be able to challenge harmful language, behaviour, and attitudes that support DVA-related behaviours (GOV.UK, 2020).

It would also be important to develop community-based initiatives by adopting a more asset-based approach to enhance security and health within the community. This includes implementing a more stepwise prevention programme (Fph.org, 2016). Primary prevention plays a key role in preventing DVA within the community, while secondary prevention is crucial in areas where it is not possible to prevent DVA but where interventions can effectively prevent further escalation (Fph.org, 2016).

Theme two revealed a lack of awareness of the signs of domestic abuse and the services that support victims. This highlights the importance of creating more campaigns, such as the ‘#ReachIn campaign’ launched in April 2020, to encourage people to start conversations and reach out for help if they are concerned that someone in their close environment has experienced domestic abuse (Safe Lives, 2025). Other ways to raise awareness about the importance of DVA could include promoting it across a broader range of platforms, such as TV, Facebook, and leaflets in local areas. For example, the application from the Domestic Abuse Alliance, provided to police and support services, called ‘Weprotect’, helped more than 50,000 victims and survivors by offering a quick and safe referral system for intervention and early legal assistance (Domestic Abuse, 2025). However, while this can be beneficial for some, it excludes all women without internet access due to controlling behaviour by the abusive partner (McKinley et. al, 2023).

Theme three highlighted the issue that health and social care workers connected to DVA services are not sufficiently prepared to recognise the signs of domestic abuse effectively and successfully. Furthermore, additional problems arise from staff shortages, which make it even more challenging to handle the rising number of DVA cases in the UK (Sivarajasingam, 2024). Although cases related to DVA are increasing, primary care services report few referrals, indicating that victims encounter numerous barriers when trying to access their GP services. This is also due to victims' fears and the perception that health and social care environments are unsafe, which may be linked to the current lack of training for health and social workers on DVA (Zafar et. al, 2022).

Theme four examines the reasons why the number of cases related to DVA showed low referral figures in the health and social care register system, and why victims sought help from criminal justice, where their reports were later retracted (Hopkins,2023). Also, the participants in the study from Emsley et al (2023) stated that, although they usually have positive experiences with domestic abuse-related services, there is a lack of available services currently in the UK. Research from Huntley et al. (2020) shows that the number of adult male victims in DVA is rising. It is important to create informed policies and practice recommendations based on their first contact with services. This allows them to access ongoing care and referrals from relevant services without fear of losing important things like children or money. Such support could help victims report incidents to criminal justice authorities without retracting their statements or seek referrals for healthcare services.

The low number of referrals also stems from the limited number of domestic abuse screenings, which is caused by barriers faced by health and social care providers. These barriers include a lack of understanding of domestic abuse and the absence of validated screening tools

currently in use, emphasising the need for review and improvements (Arkins et al., 2016). Due to a lack of knowledge about health and social care services related to DVA, they are unable to identify domestic abuse victims in clinical settings because victims do not address their issues, allowing the abuse to remain hidden. Therefore, providing training for employers connected to DVA services is crucial because it could encourage victims to discuss their experiences, enabling them to be referred and supported without delays (Gomez-Fernandez et. al, 2019).

Furthermore, more Evidence and Gap Map (EGM) should be gathered to enhance interventions and support for victims, enabling them to seek help and report their abusers (Bird et. al, 2025). EGM identifies and compiles all evidence regarding interventions aimed at improving informal support for DVA victims by reviewing related research and evaluating their effectiveness. However, EGM has only been published between October 2022 and July 2023, yet domestic abuse remains an ongoing issue with cases continually rising each year (Bird et. al, 2025). Empowering and encouraging individuals is also crucial for improving safety in domestic abuse interventions. Police need to produce more comprehensive and detailed reports to deliver the best possible interventions and support for DVA victims (Hadijmatheou, 2022).

Research Limitations

This study has some limitations, such as reliance on secondary research, since using existing data can limit the researcher's direct engagement with the topic under investigation. Secondary sources can present challenges in achieving research aims and objectives. Additionally, the articles included in the systematic review highlight issues with discrepancies in domestic violence referral figures, which restrict understanding of the true scope of the problem (Kumara, 2022). A limited number of articles can also restrict the generalisability of the data. Another limitation, stemming from the shortcomings of the collected data and the limited number of participants in the studies, is the potential for missing data or measurement errors (Theofanidis and Fountouki, 2018). Since secondary research involves reusing data collected from other studies, it is confined to the available studies and does not produce new information; instead, it raises further questions within the topic (Wickham, 2019).

Furthermore, existing data can be either private or public, and the limitations arise from the fact that private datasets are not always accessible. Additionally, health-related databases often publish statistical data at the national level but do not provide more detailed regional

information, which would be essential for a better understanding of the topic (Cheng and Phillips, 2014). Moreover, beyond the challenges of collecting demographic data, interpreting the collected data can also be difficult because it is sometimes complex and can cause confusion when gathering relevant information for research (Felischer and Khalil, 2023). In the UK, primary healthcare services have many data restrictions, so although they offer numerous data sources, many remain limited due to government-imposed restrictions. This means that much data has not been studied because it cannot be accessed. It reduces the sources available for research (Strongman et. al, 2019).

Furthermore, much available data cannot be utilised because it lacks informed consent for free use or due to data security reasons; it can only be read (Razi, 2023). Finally, limitations in secondary research involve reflected biases in official statistics. The author exerted control over how the statistical data is gathered and how measurements change over time, including crime statistics, because their definitions and policies keep evolving (Thompson, 2017).

Chapter 6: Conclusion

The result clearly demonstrates that domestic abuse has long been a priority issue in the United Kingdom, and COVID-19 pandemic restrictions further worsened the situation. There have been notable improvements in public and social care services related to domestic abuse support, and training has been provided for healthcare workers to enhance their approach and understanding of the problem, which often remains hidden due to victims' fear of stigmatisation or not receiving proper help. The UK Government has also taken steps by strengthening existing policies and introducing new ones to protect those affected by domestic violence, but more efforts are needed to effectively reduce the number of cases. The research emphasises the importance of continuously reviewing current policies on domestic abuse and suggests creating additional legislation and policies to effectively lower the incidence in the future.

Victims continue to face many obstacles when seeking help, and most often, third parties step in because victims live with their abuser and lack the opportunity or awareness of available options. Another issue is that, due to the rising number of domestic abuse cases, the criminal justice system is experiencing a backlog, causing long delays in processing cases (Sivarajasingam, 2024). As a result, victims often withdraw their reports, highlighting the need for additional training and more specialised services, not only in public and healthcare settings but also at police stations, to create safe spaces where victims can be encouraged and feel secure. Moreover, increasing public awareness about domestic abuse can be beneficial, as

knowledgeable individuals can recognise the signs of abuse, take action, and help prevent others from becoming victims.

In the UK, healthcare introduced a trial called Identification and Referral to Improve Safety, which led to significant improvements in health and social care services (Zafar et al.,2022). By providing training to employers working with domestic abuse victims, placing domestic abuse advisors in hospitals, and creating designated spaces for individuals experiencing or concerned about domestic abuse, a safer environment was fostered, and the number of referrals increased. Participants in the research studies expressed positive views about the services available in public and healthcare sectors but also suggested that more services should be developed nationwide to enhance accessibility, especially for people living in rural areas or with fewer opportunities to access remote services.

Ultimately, the research advocates for further investigations into this subject, which would also be valuable for tracking how the number of cases fluctuates over time. It could also help policymakers, social workers, and public health officials identify areas for improvement, Making their services more effective and implementing stricter policies to improve people's safety nationwide.

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