



Impact of Covid-19 on Call Handlers Tackling Karma Nirvana's National Forced Marriage Helpline Findings From an Internal Survey¹

This briefing presents emerging findings from a survey with call handlers and frontline staff at Karma Nirvana, a charity supporting victims of forced marriage and honour-based abuse, who run a national helpline offering direct support and guidance to victims and professionals.



Covid-19 and Covid-related restrictions created a number of challenges for staff handling calls to the national helpline for forced marriage, as well as for victims and survivors.

Key findings

Helpline staff faced: challenges adapting to working from home and balancing work and home life; isolation from friends, family and colleagues; and physical impacts of Covid-19. They adopted a variety of coping strategies.

Victims and survivors also reported having faced the impact of Covid-19 on their physical and mental health; increased monitoring and control; and difficulty accessing specialist support, particularly safe accommodation.

pandemic on other providers of specialist services.

For police services, UK government, local authorities, Domestic Abuse Commissioner, and social services:

- There is a significant concern that abusers have, and continue to, take advantage of Covid-19 restrictions to coerce and control victims and survivors of forced marriage and honour-based abuse.
- Victims and survivors lacked, and may continue to lack, sufficient safe access to specialist services during the Covid-19 pandemic.
- The impact of Covid-19 on “frontline” workers outside of healthcare settings remains under-recognised, and support for this issue under-funded.

Recommendations

For academics, research organisations, and funding councils:

- Further research is needed to properly understand the mental and physical health impact on frontline workers, victims and survivors; and to understand the impact of the



Background

The helpline remained open throughout 2020, with call-handlers and other staff moving to working from home from 24 March 2020. The helpline saw a 200% increase in calls over the six weeks from 16 March to 24 April², though a significant decrease in the number of calls directly related to forced marriage³. There was a 79% increase in victim self-referrals to the helpline in November, which was the busiest month of 2020 for the helpline with 1404 total contacts, and referrals increasing by 46%.⁴ Contacts remained at higher levels than the previous year in December, and were 50% higher in January 2021 compared to January 2019.⁵ Referrals further increased in March 2021, when schools reopened.⁶

Our research project is concerned with the impact of Covid-19 and Covid-related on people at risk of, or experiencing, a forced marriage. The size of this vulnerable community is unknown, and those at risk, or living in a forced marriage, are hard to reach. For this reason, our research is concerned with the impact of Covid-19 and Covid-related decision-making on a variety of key stakeholders involved in providing support to victims and survivors, and in protecting those at risk. We are interested in the impact of Covid-19 and Covid-related restrictions on people staffing the national helpline for forced marriage to see how their ability to provide help and support was impacted, and to better-understand how they might be supported as the pandemic continues and in any future exogenous shock like this pandemic.

In response to the spread of Covid-19, the UK entered its first “lockdown” on 23 March 2020.⁷ Subsequently, there were a series of further “lockdowns”, and regional and local Tier restrictions imposed by UK government and devolved administrations.⁸ For most of the time since March 16 2020, government advice (and sometimes the law) has been that anyone who can, should work from home.

Helpline staff are predominantly based in West Yorkshire, and have been affected by national, and local, restrictions. Victims, survivors and those with safeguarding responsibilities calling the helpline from all four nations of the UK have also been subject to various, and varying, restrictions, e.g. on movement and household mixing.

The survey

The survey was undertaken online between 24 February and 14 April 2021. It was designed to understand the impact of Covid-19, and of Covid-related decisions made by UK government and Karma Nirvana in response to the global pandemic.

The survey was designed by researchers at the Rights Lab, University of Nottingham, by using an MS Form. A link to this Form was circulated by email to all helpline staff at Karma Nirvana by project partners at the charity. The survey was administered in line with ethics approval from the School of Politics and IR at the University of Nottingham.⁹ Only the researchers at University of Nottingham have direct access to the raw data provided. The survey was anonymous – no names, email address or other identifying information have been collected.

The survey included multiple choice questions and free-text options enabling respondents to add qualitative answers to some questions relating to health, working practices, home working environment, and the health and safety of their service users.

The survey was responded to by seven out of nine call handlers.¹⁰ Of those, two are language interpreters, and all have provided services from home either in 2020 or in 2021. The survey questions included three sub-themes:

- Home working environment of staff,
- Access to work support and access to support services for health and well-being, and
- Dealing with callers and survivors, and the implications of doing so for frontline service providers.

We asked questions about the call handlers’ working environment; their experiences of working during the pandemic (usually from home); and any notable situations they had faced while handling calls or providing services to callers during the pandemic. We analysed the results in MS Forms and Excel.



Findings

Our analysis of the current responses by call handlers shows that Karma Nirvana changed their working practice in significant ways from 23 March 2020. This resulted in several challenges around working from home; separating work and home-life; juggling work and caring responsibilities; and ensuring their own mental and physical well-being. Survey respondents also reported impacts on victims and survivors of both forced marriage and honour based abuse contacting the helpline, including to their physical and mental health, increased abuse, and access to support.

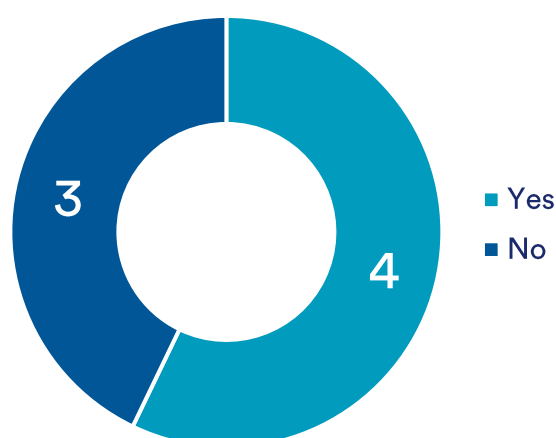
Impacts on helpline staff

We identified the following seven initial findings about the impact on helpline staff

1. Impact of Covid-19

Four respondents reported that either they, or someone in their support bubble, had had Covid-19 or has had to self-isolate because they have had symptoms or been told to self-isolate by the NHS and/or Track-and-Trace apps (see Figure 1). Only one respondent said no-one in their immediate circle of family and friends had had Covid-19.

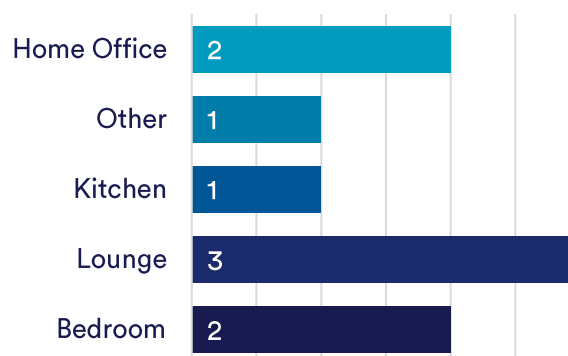
Figure 1. “Have you, or anyone in your household/support bubble, had COVID-19, or had to self-isolate because they’ve had symptoms or been told to self-isolate by the NHS/ Track and Trace app?”



2. Lack of Dedicated Workspace

All of Karma Nirvana’s staff have been working from home since 24 March 2020. This has meant helpline staff have been working from their bedrooms, lounge and kitchens.¹¹ Only two respondents said they had their own dedicated desk and office space at home. Six respondents also reported technical problems, mainly with access to a good enough internet connection at home through which to take calls¹².

Figure 2. Location of home working



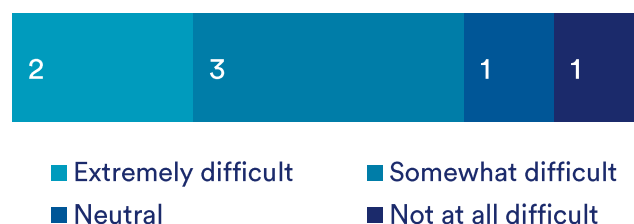
3. Juggling Caring Responsibilities and Working From Home

All staff reported they had had some form of caring responsibility at home, from home-schooling or providing child-care through to caring for other adults in their home, with one staff member revealing they had had to do this caring almost entirely alone.

4. Home working

Respondents had a mixed experience of homeworking during lockdowns and the pandemic more generally. Three said it was “somewhat difficult”, two said it was “extremely difficult”; one said it was “not difficult at all” (as it was already part of their role), and one was “neutral”.

Figure 3. “How difficult have you found your homeworking during lockdowns and throughout the pandemic?”



5. Adjusting to Change

One respondent said they found working from home particularly difficult “at the beginning” as they are “not a person who likes change”. Another said “The first lockdown ... was quite scary as it was the unknown of how it was going to be managed. After establishing a routine with work and home schooling this seemed a little more manageable”. A third noted the challenge of having “to juggle all the changes by myself”.

6. Separating Work and Home

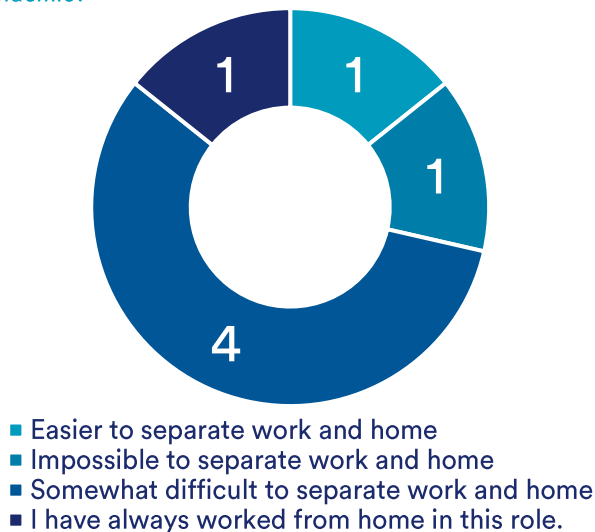
Although all respondents said they had been able to access their usual support and “debriefing” sessions at work while working from home, four respondents said it was “somewhat difficult” to separate work and home during lockdowns and the pandemic, and one that it was “impossible” to do so. (One also said it was easier, and one that their role had always involved working from home.) Three respondents also said they found themselves thinking more about their work or about particular callers than they did before the pandemic.

One noted “there is no distraction” from work; another that: “Our workload and demand increased and there was nothing breaking this up like going out to see family [or] friends, visiting cafes/restaurants, holidays, cinema etc. Home life felt isolating, so it was difficult to completely debrief from the day”, and also noted “anxiety” about the virus made it hard to “switch off”. The lack of ability to see family and friends was also mentioned in answer to another question.

Working during the lockdown was described as: “almost intolerable, as there was no safe haven from the work we do ... no activities and no separation from work life” and “unbearable, particularly the second lockdown during the winter months”.

One spoke particularly eloquently of the impact of homeworking: “I think what I found the hardest is not have the ‘banter’ that we usually have in the office with colleagues and the day to day ‘fun’ that’s taken for granted such as birthdays etc. Working in such a field can be emotionally draining and having that little bit of fun in between with colleagues I have missed. Sitting alone in your living room is not quite the same”.

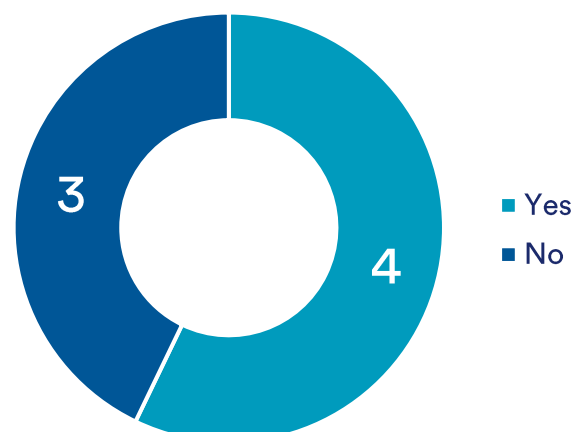
Figure 4. “Have you managed to have a sense of separation between work and home during lockdowns and pandemic?”



7. Coping Strategies

Four out of seven respondents have taken on a new hobby as part of their strategy for looking after their own mental health. This included learning a new instrument, painting abstract art, going out for walks, “painting by numbers” and gardening. Three said that “it was very hard for the call handlers” during first lockdown, and that they had developed a hobby for “mindfulness”. One wrote that they went for long walks in the evenings as a new hobby. KN has been providing online de-briefing sessions to support their call handlers and all staff mental health since the second UK-wide lockdown, and all respondents notes they had access these sessions. Two also reported that they had accessed more mental health and well-being support than they would usually, or had before the pandemic.

Figure 5. “Have you deliberately taken on a new hobby for mental-health and well-being reasons during lockdowns and under Covid-19 restrictions?”





Impacts on people contacting the helpline

We identified the following five impacts on people contacting the helpline for support

1. Difficulties accessing safe housing/refuge

Helpline staff suggested that securely accessing safe housing and refuge have been an issue for their service users calling the helpline. One participant said that “Finding refuge spaces was extremely difficult at the beginning as refuges could be isolating or not taking anyone from [the] outside area. This made it difficult for victims with language barriers, no recourse to public funds and male victims, for who it was already often difficult to find safe accommodation for pre-covid.” This is backed up by further data from Karma Nirvana.¹³

2. Difficulties of accessing support

Relatedly, one respondent noted that “Due to victims being home with perpetrators this has been more difficult for them to reach out and access other services for support”.

In this context, it is worth noting the 169% increase in contacts by email (rather than phone call) to Karma Nirvana’s helpline in the lockdown.¹⁴ This observation is also supported by other data from Karma Nirvana.¹⁵

3. Monitoring and Surveillance

One respondent noted “the isolation and feelings of being cut off for victims”, and that the ability of some callers to shop or do the school run (when these activities were permitted) was being “monitored and controlled”. This adds to a sense of concern more widely in the sector that Covid-related restrictions were used by abusers to further their controlling behaviour. This observation is also borne out by further research by Karma Nirvana regarding calls to their helpline.¹⁶

4. Victim and Survivor Mental Health

One participant noted that they “have noticed a raise [*sic*] in mental health support during the pandemic” needed by callers to the helpline during

the pandemic. In answer to another question one respondent noted “I have ... escalated support for those who call us and ensure emotional support is paramount to promote their mental health needs”.

5. Covid-19

All seven respondents reported that they remembered callers who contacted them mentioned that they had, or had had, Covid-19.

As well as being obvious impacts on victims and survivors, these issues also highlight how Covid-19 made it more difficult for helpline staff to direct victims and survivors to the requisite support. The helpline itself is not set up to provide counselling to victims and survivors, or direct access to safe accommodation. It is also worth noting that Karma Nirvana reported a 28% increase in self-reporting from all victims in the spring 2020 lockdown, and a 38% and 35% drop, respectively, in contacts from police and children’s services.¹⁷ They suggest this shows “a decrease in the statutory visibility of BAME victims of HBA/FM/DA”.¹⁸ Helpline staff, then, were dealing directly with more victims and survivors, and there would appear to have been less support – for both victims and survivors, and those seeking to support them – from bodies with statutory safeguarding responsibilities.

Implications & recommendations

Call handlers on the national helpline for forced marriage (and honour-based abuse), were personally impacted by the Covid-19 pandemic, and by Covid-related decision making, particularly by the UK government regarding “lockdown” and other restrictions on movement/household-mixing, and the advice to “work from home”. The impact on other frontline staff (e.g. on the mental health of healthcare workers) has been investigated¹⁹, but a broader approach should be taken. This extends beyond just the respondents to our survey: a number of national helplines are reporting increased numbers of calls in the Covid-19 pandemic²⁰, while those providing safe accommodation and other specialist support services have also been at the “frontline” and facing increasing demands in very difficult conditions. Discussions in stakeholder workshops for this project suggest that, so far, the government has not seriously considered this issue,



or provided additional funding to support the welfare of these key workers. This is an area where evidence-based policy interventions (and funding) are evidently much needed.

Helpline call handlers evidently adopted a range of coping mechanisms, and Karma Nirvana adapted existing support for remote working. There is clearly scope for further sharing of good practice in this area with other specialist service providers.

Relatedly, although there has been some research on, for instance, the mental-health impacts of “lockdown” and other restrictions (e.g. school-closures) on young people²¹, relatively little attention has yet to be paid to the mental-health impacts on survivors of forced marriage, and other forms of abuse. This is obviously an area of interest for our research project, but these emergent findings emphasise the need for other researchers to investigate the problem and suggest sustainable, evidence-based policy interventions.

Like many other workers working from home for the first time, helpline staff have faced several challenges. Karma Nirvana’s learning from this experience could also usefully be pooled with that of other NGOs as the third sector looks to build sustainable and supportive working practices post-pandemic, and to be resilient and flexible in the face of on-going pandemic restrictions and possible future exogenous shocks of a similar nature.

The difficulties reported for victims and survivors in accessing specialist support, and particularly safe accommodation, are significant areas of concern. As a research team, we will investigate this further, but this is also an area other researchers may want to explore, and that UK government should act on, and consider as they work on on-going and future pandemic-response planning. The same goes for concerns about abusers taking advantage of Covid-19 restrictions for further monitoring and control over victims.

Future research

The above findings are not conclusive, and the list of themes to be discussed is not an exhaustive list. We will further explore the themes with other stakeholders and in planned focus-groups with helpline and other staff at Karma Nirvana. In addition, our research team continues to analyse stakeholder interviews conducting in spring 2021, collect data through further survey work with stakeholders, and analyse relevant quantitative data from the Forced Marriage Unit, Karma Nirvana, Family Courts and Ministry of Justice. As noted, this survey highlights the need to research the mental-health impacts on frontline staff, victims and survivors; and the impact of Covid-19 and related restrictions on specialist services, especially those providing safe accommodation during “lockdown”.

All findings will be shared on the [project website](#). Readers are encouraged to check this, and the [Rights Lab website](#), for further updates. You can also learn about future research findings by following our research team members on Twitter.

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References

- ¹ This is an update for the ESRC-funded project (ES/V015270/1) assessing the impact of Covid-19 and Covid-related decision-making on forced marriage in the UK.
- ² <https://karmanirvana.org.uk/the-lockdown-impact/>.
- ³ For more details, see our April [snapshot](#) of data-findings.
- ⁴ Based on data shared with the research team by Karma Nirvana.
- ⁵ Based on data shared with the research team by Karma Nirvana.
- ⁶ Based on data shared with the research team by Karma Nirvana.
- ⁷ <https://fullfact.org/health/coronavirus-lockdown-hancock-claim/>, last accessed 29.6.21.
- ⁸ Detailed information on restrictions is being collected by researchers at Oxford, and is available here: <https://github.com/OxCGRT/covid-policy-tracker>. Last accessed 29.6.21. See also <https://researchbriefings.files.parliament.uk/documents/CBP-8875/CBP-8875.pdf>, last accessed 29.6.21.
- ⁹ If you have any questions about this process, please contact the PI, [Helen McCabe](#) or the Chair of the Research Ethics Committee, Prof [Ceese van der Eijk](#).
- ¹⁰ There are 8 recorded responses to the MS Form. However, two were started and submitted at almost identical times on the same day, and have identical answers, including in free text boxes. We are therefore assuming this was a double-submission, rather than risk double-counting one set of results.
- ¹¹ Respondents were invited to tick “all that apply”, so there are more responses than individuals surveyed. For instance, one person worked in both their bedroom and their kitchen over this period.
- ¹² In order to support staff moving to working-from-home, Karma Nirvana initially supplied them with mobile phones through which to take calls to the helpline (which were set up so as not to show the caller ID in out-going call situations), and swiftly moved to a phone system accessed through laptops with headsets.
- ¹³ Shared with the research team, and due to be published publicly soon.
- ¹⁴ <https://karmanirvana.org.uk/the-lockdown-impact/>.
- ¹⁵ Based on data shared with the research team by Karma Nirvana.
- ¹⁶ Based on data shared with the research team by Karma Nirvana.
- ¹⁷ <https://karmanirvana.org.uk/the-lockdown-impact/>.
- ¹⁸ <https://karmanirvana.org.uk/the-lockdown-impact/>.
- ¹⁹ For instance, see Nisha Coach, “[COVID-19: Impact on Frontline Workers’ Mental Health](#)”, *Practice Update* 7.5.20; Johannes H. De Kock, Helen Ann Latham, Stephen J. Leslie, Mark Grindle, Sarah-Anne Munoz, Liz Ellis, Rob Polson and Christopher M. O’Malley, “[A Rapid Review of the Impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being](#)”, *BMC Public Health* 21, 104 (2021); Sonja Cabarkapa, Sarah E Nadjidai, Jerome Murgier and Chee H Ng, “[The Psychological Impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A Rapid Systematic Review](#)”, *Brain, Behaviour and Immunity – Health* 8 (2020); and Claire Wilson, “[Mental Health Impacts of COVID-19 on NHS healthcare staff](#)”, Parliamentary Office of Science and Technology, Monday 5 October, 2020.
- ²⁰ See, for instance, the report from [Refuge](#), which saw a 61% increase in calls logged to the National Domestic Abuse Helpline between April 2020 and February 2021.
- ²¹ For instance, Andrea Danese and Patrick Smith, “[Debate: Recognising and responding to the mental health needs of young people in the era of COVID-19](#)”, *Child and Adolescent Mental Health*, published online 18.8.2020; Dennis Ougrin, “[Debate: Emergency mental health presentations of young people during the COVID-19 lockdown](#)”, *Child and Adolescent Mental Health* 25/3 (2020), 171-172; Liat Levita, Jilly Gobson Miller, Todd K. Hartman, Jamie Murphy, Mark Shevlin, Orla McBride, Ryan McKay, Liam Mason, Anton Philipp Martinez, Thomas V.A. Stocks, Kate M Bennet and Richard Bental, “[Report: Impact of Covid-19 on young people aged 13-24 in the UK: Preliminary Findings](#)”, January 2021; Helen Cowie and Carrie-Anne Myers, “[The Impact of the COVID-19 pandemic on the mental health and well-being of children and young people](#)”, *Children and Society*, published online 28.11.2020; Lindsay H Deaw, Caroline Crandell, Elizabeth Choong, Jack Jacques, Alex Bottle, Catherine Kikenny, Anna Lawrence-Jones, Martina Di Simplicio, Dasha Nicholls and Paul Aylin, “[CCopeY: A Mixed-Methods Coproduced Study on the Mental Health Status and Coping Strategies of Young People During COVID-19 UK Lockdown](#)”, *Journal of Adolescent Health* 68/4 (2021), 666-675; Finiki Nearchou, Clodagh Flinn, Rachel Niland, Sheena Siva Subramaniam and Ellis Hennessy, “[Exploring the Impact of COVID-19 on Mental Health Outcomes in Children and Adolescents: A Systematic Review](#)”, *Environmental Research and Public Health* 17/22 (2020), 8479.