End Violence Against Women Coalition

Submission to The Women and Equalities Select Committee Inquiry 'Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics'

April 2020

About the End Violence Against Women Coalition

The End Violence Against Women Coalition is a UK-wide coalition of more than 85 women's organisations and others working to end violence against women and girls (VAWG) in all its forms, including: sexual violence, domestic violence, forced marriage, sexual exploitation, FGM, stalking and harassment. We campaign for improved national and local government policy and practice in response to all forms of violence against women and girls, and we challenge the wider cultural attitudes that tolerate violence against women and girls and make excuses for it. Our trustees include women who are globally renowned for their pioneering work in setting up the first domestic and sexual violence crisis services, for their academic research in this area, and for having successfully campaigned for considerable legislative and policy change in the UK to end and prevent abuse over the last four decades.

Introduction

There has been some talk of COVID-19 as a "great leveller", but any examination of the reality reveals this is wrong. The COVID-19 pandemic 'landed' in the UK on existing deep, social inequalities. Emerging trends and data already suggest that the crisis is not affecting people equally, from a likely increase in abuse of women and children in the home, to disproportionate levels of sickness, death and harsh economic impacts among BME groups, poorer communities and marginalised people. The developing policy response needs to recognise and mitigate accordingly.

Early evidence emerged from other countries of increased risks of domestic abuse during the pandemic, and this has been found in many previous health crises and major disasters. Women who already face additional barriers to protection, support and justice are likely to have an even stronger sense that they are not a priority and that their abusers can control them without interruption. These include, but are not limited to disabled women and girls (who face much higher levels of domestic and sexual violence, and for whom the state response and mainstream voluntary support services are often inappropriate); BME women (who face greater barriers to protection and justice); children being sexually abused in the family or community; older women experiencing VAWG; women who are homeless and who live in destitution; migrant women (where no recourse to public funds conditions mean restricted access to refuge and charges for

healthcare); women in immigration detention and at risk of deportation; women in prison; women in prostitution; and women with mental health problems.

In planning for the safety of all women and girls who may be at risk, it is important to focus not solely on victim vulnerability but on what drives perpetrators - the decision to offend, and whom to target, is a conscious decision; it includes a calculation about the chance of intervention by others and detection. Experience from past epidemics[1] points to the importance of a 'twin track' approach, that combines the provision of immediate support to specialist organisations working with survivors and the integrating of VAWG into the state's crisis planning response. This requires leadership at the highest level of Government, and from those leading key areas of public life: policing, health, schools, communities and welfare. Women and girls have rights to protection and safety, and it is everyone's business to be part of the prevention of abuse. Genuine and meaningful engagement with the specialist women's sector is vital to ensuing the ongoing response meets needs.

1. How people have been affected by the illness or the response to it

Here we refer heavily to our Briefing on COVID-19 and its likely impacts and the duty of Government to take action to prevent "a secondary abuse disaster". We set out how different forms of abuse of women and girls and their detection may change during the crisis. We have concerns that the lockdown measures, the diversion of public services and any sense of 'lawlessness' and less potential onlookers to abuse may all drive increased abuse and make it harder to get help.

A 'conducive context' for abuse

Rates of domestic abuse were already alarming prior to the COVID-19 crisis: with almost three quarters of a million domestic abuse related offences last year[2]*, more than two murders every week [3] and a quarter of all women experiencing domestic abuse in their lifetimes.[4]

---

[1] VAWG helpdesk Research Report (March 2020) http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf

[2] *Statistical Bulletin Crime in England and Wales: year ending September 2019, ONS* https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2019 *In the year ending September 2019 in England and Wales (excluding Greater Manchester Police), there was an increase in the total number of domestic abuse-related offences (up 14% to 725,037), this of course belies the true extent of these offences as the majority are never reported to police and CSEW suggests 1.2 million adult (ages 16-59) experienced domestic abuse in the past year.

[3] *Compendium – Homicide (average taken over 10 years) ONS (2016)* https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter2homicide

[4] *Focus on Violent Crime and Sexual Offences, 2014/15 ONS (2016)* https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse

We know from numerous studies and women's experiences of abuse, that perpetrators seek to reduce women's freedom and connections in the world, and stay at home guidance to control the virus spread are an ideal context for control going undetected and for perpetrators to have a strong sense of impunity. Connections to colleagues, friends and people women see regularly will be reduced. It's simply not as possible now to go and stay with a friend for just a few nights, for example. Additionally, for women living with extended families there may be multiple abusers in the home.

Those already separated but experiencing post-separation abuse, including (but not limited to) stalking and harassment, economic abuse and manipulation related to child contact arrangements, may see perpetrators manipulate the unusual situation we are in, and step up harassment, threatening behaviour and emotional abuse at multiple opportunities. These women may be receiving a range of specialist support, from use of non-molestation orders, to legal advice, welfare advice, immigration advice and broader moving on help. The provision of much of this support may be disrupted as statutory and voluntary services move online, but it must not be underestimated as a critical lifeline which needs attention and preservation.

Increases in the rate of reported domestic violence have been widely reported[5] in many countries including here in the UK[6] since the beginning of the pandemic and lockdown measures. There has also been an alarming increase in domestic abuse related murders[7]. Counting Dead Women reports 16 suspected domestic abuse killings since the lockdown began, a more than double increase on this time last year. Our members are also experiencing significantly higher demand for their services, since the Government 'lockdown'. Women's Aid and Refuge have both seen huge increases in phone calls and web traffic which have been widely reported [8]. These are likely to be women who are living with abusive partners, sensing that the lockdown measures, including isolation and significantly reduced availability of police/GP/schools support spell potential disaster for them and their children.

The best services for women facing abuse – the specialist VAWG voluntary sector – have largely ceased face to face support and are rapidly transitioning to working from home and phone/web-based support. This is necessary but undeniably closes down a critical route that many women have used of, for example, approaching a service slowly, well away from the home and the perpetrator, and visiting a few times before disclosing abuse. This build up is necessary for some women for whom naming and finally disclosing and asking for help is a massive step. Similarly, the shift to phone/web as the only point of access presumes digital access and many women and girls in poorer and more marginalized communities simply do not have access to their own or even any phone/device.

Likely increase in sexual violence

[5] https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence
[6] https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus
[7] https://www.theguardian.com/lifeandstyle/2020/apr/22/every-abuser-is-more-volatile-the-truth-behind-the-shocking-rise-of-domestic-violence-killings
[8] Ibid.

The ONS estimated in 2017 that there were over 100,000 rapes committed in the previous year (of which more than 9 out of 10 were perpetrated against women) and over half a million sexual assaults[9]. A fifth of women are estimated to have experienced sexual assault since the age of 16, with high levels of repeat victimisation[10]. It is estimated that more than 1 in 20 adults may have been sexually abused as children (with girls more likely to be abused by family members and close acquaintances of the family, and boys more likely to be abused in the community)[11].

Certain categories of women in particular those with intersecting inequalities are more likely to experience sexual violence. The ONS report[12] '*Sexual offences in England and Wales*: *year ending March 2017',* findings on the prevalence of rape show of all women victims 8.6% identified as mixed ethnicity (as compared with 3.1% of their white counterparts); and an average of 5.5% with longstanding illness/disabilities, as compared with 2.7% of those with no longstanding illness/disability.

The stay at home and isolation requirements of the COVID-19 crisis are a context for increased sexual violence against partners in the home, and the sexual abuse of children in the home. In addition, any sense of "lawlessness", of the police and other statutory services being diverted elsewhere, can drive perpetrators of sexual violence to be more confident to offend, both in families and in the broader community. This makes child sexual abuse online, child sexual exploitation of young people who are not in school and are away from home unsupervised, and sexual violence against girls by their 'peers' (on and offline), all serious risks during this crisis.

Homeless women, disabled women, women in BME communities who face greater barriers to protection and justice, migrant women, trafficked women and women in prostitution are all already disproportionately targeted for sexual violence by abusers who calculate that these women have less protection and are less likely to be believed if they report. Strategies to prevent an increase in sexual violence and exploitation should centre these women, look at their needs, and examine what drives and what can disrupt the men who target them. A police-led approach will not work as many of these women, the most victimised, do not report sexual violence to police. The planning to prevent and protect needs to be multi-agency and based on advice from the women's specialist support sector.

Many women are living with the trauma and other consequences of sexual violence experienced as a child or an adult, and may be accessing counselling and other therapeutic

---

[9] *Sexual offences in England and Wales*: *year ending March 2017,* ONS https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017

[10] Ibid.

[11] Child sexual abuse in England and Wales: year ending March 2019, ONS, published Jan 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019

[12] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017, at appendix 10 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/sexualoffencesappendixtables

and practical support from community based support services such as Rape Crisis Centres. The necessity of this support should not be under-estimated; it is a lifeline and any disruption to its delivery, as services move online and face to face is suspended for example, could have serious consequences for the women who rely on it. Its preservation must be a high priority. It is very possible that feelings of isolation and vulnerability will lead to increased mental health impacts and incidence of self-harm for example. The sexual violence expertise of the women who work in these services is vital to the national and local crisis response planning that needs to happen.

Online abuse, already increasing

The police have already recognized the risk that online child abuse will increase as children and young people are at home and less supervised than usual, with the NCA estimating 300,000 people pose a sexual threat to children[13]. Much more time spent online creates a context for deception, 'grooming' and coercion by strangers, as well as harassment and abuse by peers they already know. Adult women may experience ex-partners stepping up online harassment and abuse with less opportunity for real life contact. Many adult women will spend more time online and be subject to the ever increasing forms of image based abuse including non-consensual sharing of images, trolling, deception and abuse related to pornography, whose biggest supplier has chosen this period to make access to some of its 'premium' content free. We would recommend the Committee consider our response to the Government's online harms white paper[14], Along with others we urged Government to include a gendered lens when looking at online harms because women and girls disproportionately suffer online abuse an online sexual abuse particularly.

When looking at what can be done to predict and tackle these forms of abuse it is important to understand the drivers and the choices that perpetrators are making. Keeping up with family and friends online during this crisis is vital for staying connected and maintaining wellbeing. There can be no question of telling women and girls to stay offline in order to stay safe. Instead there needs to be high priority and proactive search and investigation for those who offend against children and women online in this period, and every assistance and support from the tech companies. These companies need to be proactive now in talking to Government, police and the voluntary sector about prevention and disruption. It has been reported that the moderation and removal of child abuse images has gone down during this coronavirus pandemic, while creation and dissemination is going up. With moderators off work and mass global platforms increasingly reliant on AI that is not up to the task, we would stress that the work of the Online Harms White Paper cannot be left alone during a time which is exacerbating and increasing online harms, particularly for women and girls.[15]

School closures a potential disaster for women and children

[13] https://www.theguardian.com/society/2020/apr/03/nca-predicts-rise-in-online-child-sexual-abuse-during-coronavirus-pandemic

[14] https://www.endviolenceagainstwomen.org.uk/evaws-response-to-the-online-harms-consultation/

[15] https://www.theguardian.com/society/2020/apr/27/lockdown-hampering-removal-of-child-sexual-abuse-material-online
https://www.wired.co.uk/article/coronavirus-facts-moderators-facebook-youtube

Close to eight million children being out of school for perhaps months, sometimes unsupervised, and away from the safety net of trusted teachers and others, is an indescribable risk and desperately needs specific planning and attention. Schools are strongly obliged to take action to protect children who are on the child protection register, but are in fact commonly also aware of risks and threats to other children who do not meet the threshold for inclusion on that register. In any event we have also seen that children who are officially 'at risk' are not 'attending' school in lock down, which is both predictable and alarming.[16]

Teachers and other school workers have more daily familiarity with families and with children at risk than most other services; schools are vitally important to keeping children safe, even though there is still so much to improve in this system. Girls out of school may face risks in the home from family members; if they go away from home and are unsupervised they may be at risk of sexual violence and exploitation by peers and others in the community. In the home, with hours spent unsupervised and reduced contact with friends and family, girls may be more at risk of online abuse by peers and strangers; police forces have already reported this[17].

Schools are also a critical place for many mothers to be in daily contact with other parents and school workers whom they trust and may approach if they need to disclose abuse or seek help. The withdrawal of this non-police related, daily informal contact for women is significant and can only compound feelings of isolation.

Child contact and family courts

The negotiation and handling of child contact arrangements in families where there has been abuse is an area commonly manipulated by abusive men to continue the harassment and emotional assault on their former partners. We are concerned about the context of COVID-19 being exploited by perpetrators who may use self-isolation measures to justify not keeping to contact arrangements. Women calling the Rights of Women helpline[18] have already expressed great anxiety about this as they see that the instruction to isolate as soon as symptoms appear, and to keep distant, are excuses perpetrators can use for not returning children.

Women living in destitution, possibly homeless, and women with 'complex needs'

Women who are homeless, sometimes with children or with their children separated from them and in the care system, are often invisible to decision makers and may 'sofa surf' and live itinerantly to avoid the dangers of rough sleeping. Many have complex histories of trauma and abuse; some may have spent time in prison, some may also have problems with addictions. These women are constantly at a very disproportionate risk of domestic and sexual violence. In this crisis they are also at high risk of contracting COVID-19 because they may not be able to follow the recommended stay-home/isolation procedures; and if they do contract it they may become seriously ill if their health is already poor.

[16] https://www.bbc.co.uk/news/in-pictures-52370968

[17] https://www.dailymail.co.uk/news/article-8163919/Priti-Patel-admits-home-not-safe-haven-abuse-rises-amid-Covid-19-crisis.html

[18] https://rightsofwomen.org.uk/get-advice/

Many women live in what can be economically classed as destitution in the UK, also sometimes with children. They include refugee and asylum seeking women, other migrant women, women who are working and claiming supplementary welfare payments which do not cover basic living, women who cannot work, single mothers, women with disabilities and others. The situation of constant planning to ensure basic material security in terms of housing, fuel and food, is not conducive to being able to instantly switch round to living/working at home and social distancing from others you may depend on or who depend on you. Our members are aware of women who have faced sexual harassment from landlords who are preying on their housing insecurity at this time.

Women living in poverty, women with 'complex needs', and many migrant women are already experiencing serious problems with getting enough food and other very basic items such as nappies and period products. This has become apparent in domestic and sexual violence services, and is deeply worrying. Additionally, some support services, including refuges, have been relying on foodbanks as a significant source of food, but their ability to deliver at the same levels is now reduced. And, women who have to use food vouchers may find that when they are restricted to one retailer, that particular outlet has run out of particular essential food items.

Access to healthcare, including family planning and abortion

GPs can be an important site for disclosure and help-seeking by women facing abuse in the home. Research shows women are more than three times as likely to talk to someone in a healthcare setting as ever to go to the police. The physical closure of many GP surgeries, and the effective message that primary and other health systems are necessarily diverted elsewhere, represents the closure of a critical support route and way out for many women. Abuse of women's control of fertility is a common feature of domestic abuse, including forced abortions and forcing women to carry to term when they would have sought an abortion. The reduced accessibility of GPs, and the closure of some abortion clinics, has very serious implications for women's health in the context of abuse. It needs specific attention.

Women in immigration detention, and women in prison

Many women in immigration detention have histories of abuse. They include for example refugee women whose asylum claims are related to gender based violence. Detention clearly increases the risk of contracting COVID-19 when some of these women are more likely to already have underlying health conditions. A COVID-19 case has been reported in the women's immigration detention centre Yarl's Wood. Women prisoners, who make up just 5% of all those in prison, commonly have histories of repeated domestic and sexual violence. Most have complex needs and would be better rehabilitated in alternative settings. Ongoing detention when contracting COVID-19 in confined prison spaces is likely is not humane.

Women in the sex industry

Studies from other disasters show that the demand for prostitution and the coercion of women and girls into other forms of sexual exploitation is significant at these times. There is also likely to be an increased sense of impunity, and confidence that policing and protection resources are

otherwise diverted by those who organise and create demand ('pimps and punters'). The most vulnerable women, with so-called 'complex needs' and histories of abuse, are the most likely to be coerced into 'contact prostitution' during this period, and may find that the minimal support services they rely on are stretched or absent. Other women may be forced into 'non-contact' sexual exploitation as demand for online 'sexual services' increases. It is significant that the biggest online pornography hub site has opened some of its 'premium content' for free access during this period as a marketing ploy. The site is a significant gateway to and promoter of online sexual exploitation options, as well as hosting many rape and child abuse videos.

Women's economic (in)dependence, and women's critical role in 'the care economy' including women on very low pay

Women are the critical backbone of the 'care economy'[19], performing the vast majority of paid and unpaid caring work, keeping families, communities and workplaces going with this essential labour. Women are the large majority of workers in nursing, education and social work. Women, and especially lower paid women, BME women and migrant women, are the social care workforce – with low pay and widespread job insecurity - now working shifts and without guaranteed PPE, looking after those who are most vulnerable to COVID-19. Women make up a large proportion of healthcare assistants and cleaners in healthcare and other critical settings, and are also a large part of the low paid workforce looking after the children of others while they work, often for low pay and with poor terms and conditions. Many of these women have poor job security, can face summary dismissal, cannot rely on set hours, and may have insecurity in their housing arrangements. Recent reports regarding PPE highlight that – where it is provided – is also potentially putting women working in the healthcare profession at higher risk given that it is designed, like so much 'safety equipment', for men[20].

Women who need to leave abusive men commonly face difficult decisions relating to their economic security and ability to provide for the children as well as keep them safe, and poverty and fears about providing the basics of food, warmth and housing is what keeps many women trapped with abusive men. Women on lower incomes and with any additional insecurity – related to their immigration status, housing arrangements or welfare payments for example – feel the difficulty of these decisions most acutely. It is hardest to make a decision and a plan to leave an abusive partner when you are economically dependent on the perpetrator and have few resources to fall back on. If she is a migrant an abuser may use her lack of status against her, and she may well not be entitled to access a refuge or claim welfare support. If she needs a BME 'by and for' service, she will find they are the ones which have struggled most to stay afloat in recent years[21]. She may simply continue to put the needs of those she cares for, in families and in these paid work settings, before her own. We cannot go back to this total failure to respect

[19] https://wbg.org.uk/blog/it-is-women-especially-low-paid-bame-migrant-women-putting-their-lives-on-the-line-to-deliver-vital-care/

[20] https://www.theguardian.com/world/2020/apr/24/sexism-on-the-covid-19-frontline-ppe-is-made-for-a-6ft-3in-rugby-player

[21] Imkaan, Imkaan (2016) Capital Losses https://drive.google.com/file/d/0B_MKSoEcCvQwdjJXQm5GVDBlSmM/view

the labour of and guarantee the rights to safety and justice of these women when the major crisis phase of COVID-19 is over.

2. **If there have been specific impacts on people due to them having a protected characteristic**

As outlined above, the COVID-19 pandemic and the response to it will have significant impacts on women and girls. We have particular concern for those women and girls with multiple, intersecting inequalities and the predictable deepening of those inequalities if the Government fails to take these into account in its response to the crisis.

Disabled Women and Girls

Disabled women and girls, including those with learning disabilities, already face very disproportionate levels of sexual and domestic violence, and particularly high barriers to accessing appropriate support. A recent ONS report showed that women who had a long-term illness or disability were more than twice as likely to have experienced some form of partner abuse (12.4%) than women who did not (5.1%)[22].

Being dependant on paid or unpaid carers to any extent can be a conducive context for abuse, and perpetrators target such vulnerability. The home isolation in this crisis will remove many disabled women's access to routine support networks, and they will be made further vulnerable by the reduced capacity of adult social services and key safeguarding agencies and so it is vital that they are prioritised as needing specific abuse prevention planning. The emergency legislation for the COVID-19 crisis instead includes the alarming diminishing of local authorities' obligation to provide support as a right.

Additionally, as predicted, the crisis is having a number of additional disproportionate effects on disabled women, including:

- The EHRC has warned that the move to remote video-link court hearings could disadvantage disabled people.[23]
- Concerns have been raised following ONS data which shows that disabled people's wellbeing is disproportionately affected by the crisis[24].
- Significant difficulties accessing food[25]

---

[22] *Women most at risk of experiencing partner abuse in England and Wales: years ending March 2015 to 2017,* ONS https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendingmarch2015to2017

[23] https://www.disabilityrightsuk.org/news/2020/april/ehrc-warns-remote-video-hearings-could-disadvantage-disabled-people

[24] https://www.disabilityrightsuk.org/news/2020/april/nearly-two-thirds-disabled-adults-say-covid-19-related-concerns-affecting-their-well

[25] https://www.disabilityrightsuk.org/news/2020/april/tell-defra-if-covid-19-has-impacted-upon-your-food-supply
& https://www.theguardian.com/society/2020/apr/27/disabled-people-left-off-coronavirus-vulnerable-list-tell-of-struggles?CMP=Share_iOSApp_Other

- Significant hardship and difficulties as benefit claimants[26]
- Deep concerns about how treatment decisions may be made should they fall ill to COVID-19, when recourses are scarce[27]
- Very real worries about personal care and support now that obligations have been removed from local authorities (more below).

Older women

Older women are already invisibilized in general and very specifically when it comes to VAWG. At its most basic level, the crime survey only surveys those ages 16-59, meaning that older women's experience of crime and abuse is poorly captured.

Concerns about these women who may experience intimate partner violence, sexual violence[28] or violence and abuse from others in their families[29], have been raised previously[30] but in the current context are even more pertinent and urgent. They may be further isolated by abusers because they are over 70 and therefore should be 'shielding' which could be used against them. Women living in multi-generational households may sometimes be subject to abuse from multiple family members.

The move to digital support will also be problematic for some women who are help-seeking, as we know that many older people are digitally excluded, over half of all adult internet non-users were over the age of 75 years in 2018[31] and women are more likely to be digitally excluded than men, particularly those from BME, poorer and rural backgrounds/ communities. For the same reason, they are likely to experience greater isolation and miss vital communications and guidance, much of which happens online.

They are more likely to have health conditions which make them more vulnerable to COVID-19 and may be in multiple occupancy or care home settings, where we know, there have been massive policy failings[32], with Government failing to provide protection for workers,[33] testing residents or even counting COVID deaths in these settings[34]. They may also be users of adult

---

[26] https://www.disabilityrightsuk.org/news/2020/april/incapacity-and-disability-benefit-claimants-feel-particularly-hard-hit-during

[27] https://www.disabilityrightsuk.org/news/2020/april/covid-19-and-rights-disabled-people

[28] *Rape of Older People in the United Kingdom: Challenging the 'Real-rape' Stereotype*
Hannah Bows, Nicole Westmarland
The British Journal of Criminology, *Volume 57, Issue 1, January 2017, Pages 1–17,*
https://academic.oup.com/bjc/article/57/1/1/2566697

[29] https://www.bbc.co.uk/news/uk-52363197

[30] https://www.bbc.co.uk/news/uk-england-46372661

[31] https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04

[32] https://inews.co.uk/opinion/columnists/carers-elderly-people-abandoned-catch-coronavirus-inadequate-testing-and-equipment-2529979

[33] Ibid. 6

[34] https://www.dailymail.co.uk/news/article-8268215/COVID-19-deaths-care-homes-EXCEEDED-hospital-fatalities-statistician-claims.html

social care services in the community where, as mentioned above, obligations to assess and provide have been diminished.

BME women

Black and minoritised women are known to face significantly higher barriers to reporting abuse, accessing refuges and other critical support. They are also disproportionally 'victimised'. Even prior to COVID-19, women who identified with Mixed/Multiple ethnicities were more likely to have experienced partner abuse in the last 12 months (10.1%) than any other ethnic group[35]. BME and migrant women also experience higher rates of domestic homicide and are 3 times more likely to commit suicide than other women in the UK[36]. Additionally, 50% of BME women victims of violence experience abuse from multiple perpetrators[37].

BME women are over-represented in 'at higher risk from' COVID-19 groups, and are already impacted by racial inequalities in our healthcare system. They are more likely to live in poverty (40% of BME women live in poverty) which has profound effects on health, accessibility of healthcare and health outcomes[38]. A group of race equality charities has drawn attention to the way COVID-19 is going to have a range of disproportionate impacts on BME communities[39], deepening inequality across health, housing, employment, education and the justice system.

BME women have built a set of 'by and for' support services across the UK over decades, which are expert in understanding and responding to the specific needs of different BME women. These BME women's 'by and for' refuges were already full when this crisis started, having been hit hardest for years now by cuts and competitive commissioning. Yet these services are vital and often provide much needed expertise and advocacy in issues such as multiple perpetrators in a family and community pressure; forced marriage and so-called honour-based violence; immigration advice; child custody disputes; foreign language specialisms and faith contexts. These specialist services are now at most risk of being lost during the crisis due to financial precarity prior to the pandemic. These services tend to be standalone one town services with complex service provision, 50% of which will have no statutory funding. Most services will rely on multiple funders, which can mean no single commissioner feels that it their responsibility to protect these services.

---

[35] *Women most at risk of experiencing partner abuse in England and Wales: years ending March 2015 to 2017,* ONS https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendingmarch2015to2017

[36] *UN Special Rapporteur on violence against women, its causes and consequences. Statement at the conclusion of a country mission to the United Kingdom 2014*, UN http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=14514&

[37] *Vital Statistics*, 2010, Ravi Thiara & Samanta Roy, Imkaan https://drive.google.com/file/d/0B_MKSoEcCvQwdHhTMnpWUTc1NjQ/view

[38] Po*verty Pathways: Ethnic minority women's livelihoods*, Zohra Moosa with Jessica Woodroofe, The Fawcett Society, 2009

[39] https://charitysowhite.org/covid19 http://www.voice4change-england.co.uk/content/coronavirus-covid-19

The precarity of these services further exacerbate the barriers to protection and support available to BME women and so puts them at even greater risk during this crisis. It is known that many BME women do not approach mainstream support services and seek support from these 'by and for' services; they are trusted, the nature of their provision is culturally specific, and they have uniquely high rates of self-referrals. These services are vital for BME women during this crisis, *and* they are the best chance we have of tracking what is happening for different BME women.

Migrant women

The no recourse to public funds rule prevents migrant women experiencing or at risk of abuse from accessing refuge service or other support including healthcare, putting themselves and their children at risk. We call on the Government to immediately abolish the no recourse rules so that these women can have the same level of protection that other women have. Being a migrant, refugee or asylum seeker is not 'protected' under the Equality Act, however it has become abundantly clear during this crisis that migrant workers are frequently working in those roles and sectors that have been defined as vital. This includes food production, cleaning, working in the NHS and social care.

For example, NHS statistics[40] show that whilst the proportion of migrants working in the NHS varies across staff groups and different regions, overall in June 2019, 13.3% of NHS staff in hospitals and community services in England reported a non-British nationality. Among doctors, the proportion is 28.4%. In March 2019, 20.1% of GPs in England qualified outside the UK. Other statistics[41] show that people with non-British nationality account for around 17% of the social care workforce in England – and around 40% of the workforce in London.

Women who have insecure immigration status – including those married to UK citizens and living here on spousal visas, those subject to forced marriages, victims of trafficking, some foreign students and workers, and asylum seekers - are barely able to access support services or justice. The 'No Recourse to Public Funds' rule (NRPF) prevents migrant victims of abuse who have insecure immigration status from accessing refuges[42]. 'Hostile environment' immigration policies can be used as a tool of coercive control by abusive partners' and women have been shockingly treated as immigration offenders instead of victims of crime when trying to report abuse to authorities.

Migrant women are often 'invisible' to decision makers, but during this crisis have found that they may be working in sectors where they will come into contact with COVID-19 sufferers, but are not afforded PPE. They may be worried about transmitting the disease to those they are carers for. These women can face enormous insecurity in their working conditions, including summary dismissal, having their hours reduced without notice, and in the case of domestic workers being required to quarantine in the house where they work. Many migrant and refugee

[40] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/nhs-workforce-statistics---march-2019-provisional-statistics
[41] https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx
[42] Ibid.

women living in the UK may additionally experience the 'lockdown' as re-traumatising if the scarcity, fear and instability resemble what they originally sought refuge from.

The urgency and severity of the current crisis means that all barriers to migrant women seeking healthcare should be suspended at this time. As healthcare settings are also a common site for disclosures of abuse it is vital that migrant women can access these settings without concern for any financial barrier.

There should be an immediate halt to data sharing between statutory services such as the police and health services and the Home Office during this time. In the context of the COVID-19 pandemic, victim safety must be prioritised over immigration enforcement. Prior to the pandemic, Freedom Of Information (FOI) requests revealed that police in England and Wales share victims' details with the Home Office for immigration control purposes. Out of 45 police forces around the country, 27 (more than half) share details with the Home Office if the victim has insecure immigration status, including women who seek support when fleeing violence and abuse. FOIs show that only three police forces responded that they do not hand over victims' information[1]. For the Government's #YouAreNotAlone message to be true for all women, data sharing needs to end so migrant women can report abuse without fear of deportation.

The EVAW Coalition is a member of the Step Up Migrant Women (SUMW) campaign[43] which is coordinated by the Latin American Women's Rights Service and we support the following key asks of the government:

Stop data-sharing between all statutory services including the police, healthcare services and the Home Office. In the context of this health emergency the government must put victims' safety before immigration enforcement.

Stop NHS charging. Evidence shows that migrants are usually prevented from seeking healthcare out of fear of NHS fees. In light of the COVID-19 pandemic this deterrent represents a high risk for migrant women and the wider public.

Abolish the 'No Recourse to Public Funds' condition, which prevents migrant women with insecure immigration status from accessing vital, often life-saving support and routes to safety.

Ensure adequate funding and support for specialist BME and migrant organisations. So, they can reach the most vulnerable and marginalised members of society.

Use the forthcoming Domestic Abuse Bill to ensure migrant women are no longer left behind and have access to the same protections regardless of their immigration status. If migrant survivors had access to safety and support and could go to the police for help without fear of deportation, the situation would not be as dire as the one we are now facing.

[43] http://www.lawrs.org.uk/step-up-migrant-women/

EVAW has worked with the Equality and Human Rights Commission on an amendment to the Domestic Abuse Bill which would ensure that access to protective measures and support in the Bill are not restricted on the grounds of any status, including migrant or refugee status. This would bring us in line with the requirements of the Istanbul Convention article 4(3) which the government intend the Bill to ratify. The amendment can be found as an appendix to our Second Reading briefing.

3. **Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff (for example relaxing the measures under the Mental Health Act and Care Act)**

We have serious concerns about the vulnerability of disabled women and girls in the context of VAWG and the pandemic. The 'temporary' changes to the Health Act and the Care Act and additional regulations, have potentially far reaching implications.

The diversion of public services removes vital safety nets, while voluntary sector support services face overload

Isolation, closure of schools and diversion of policing and health resources are a potential disaster for women and girls. There are huge worries about public services maintaining their usual level of service throughout the crisis as they plan for a workforce reduced due to sickness and isolation, and the disruption of transfer to homeworking in many cases. Police forces say they will continue to attend domestic violence call outs and make arrests, but there are worries about non-emergency calls, investigations and getting cases to trial. Most women never report rape or domestic violence to the police. Any sense that the police are less available, and less likely to attend an incident or to take a call from a victim or a friend/neighbour seriously, will feed perpetrators' sense of impunity and having no onlookers or sanction. The communication that violence against women and girls remains a high policing priority is critical, and depends on other parts of the community receiving and sharing that message.

Some women might talk to their GPs but these services are now largely closed for face to face services and switched to phone and online. Schools are perhaps the most critical space of all for daily vigilance over children who are at risk, and even for mothers to have contact with other parents and school workers they could talk to if a problem was escalating. Meanwhile, the women's voluntary sector which provides emergency refuge accommodation through to advice, advocacy, moving on support and therapeutic services to abuse survivors is already perilously underfunded and has had to quickly move everything possible to online and working from home where such infrastructure has not existed.

Disabled women and girls are at even greater risk of abuse than non-disabled women and girls and the measures brought in by Government in face of this pandemic such as the Coronavirus Act 2020[1] and The Adoption and Children (Coronavirus) (Amendment) Regulations 2020[1] weaken existing safeguards and allow for the removal of vital support and safety nets.

Clarity on the charging and prosecution of VAWG crimes

The delay of many criminal trials and family court proceedings, the use of remote hearings for cases already charged, and the conduct of investigations and trial preparation during the crisis period all raise big questions about maintaining access to justice (and impunity for perpetrators). Women are already telling support services that they are worried about exactly how their remote hearings will be conducted; and indeed it is essential that the process is watertight if appeals and retrials which are traumatic for victims are to be avoided. Those of us campaigning to improve women's access to justice are frankly tired of hearing criminal justice agencies basically 'blame' women for the attrition rates in rape and domestic violence trials by indicating it is women withdrawing from the process that ends a trial when the delays can be 1- 2+ years of great uncertainty. For offences that occur in this period there are questions about quality of evidence gathering and case-building. If interviews are done remotely, if rape victims are sent self-swabbing kits, if detention and remand are under strain, if it is hard to talk to other witnesses and track down corroborating evidence, and if cases only then hit a huge backlog in front of them, there surely 24 will be a much greater likelihood of even lower charging rates, 'victim attrition', and appeals in the cases that do reach court. This needs attention now.

Women who need community based sexual violence support services

In addition to accommodation-based and community outreach domestic violence services, thousands of women and girls at any one time are accessing community based sexual violence counselling and support. This is a specialist area of therapeutic support and advocacy and is often life-saving. The women who run these services have acted swiftly to move them onto telephone and online support, at considerable cost. But there is enormous worry about the immediate and longer term mental health implications for survivors, who are often already socially isolated people, of moving suddenly to this different delivery of support. There are reports from some of these services that they are experiencing lower referral rates from police forces, for example, whose attention is already diverted. And, we are concerned that statutory mental health services will inevitably make inpatient care their operational continuity priority. Specialist sexual violence services, like domestic violence services, are run on a shoestring, with unreliable income streams they have to compete for, and employing many sessional workers who are now face job insecurity. And, providing a service like rape counselling from home, when the worker is in their own home which may be shared with others, including children, is far from ideal and there are worries about confidentiality and wellbeing impacts on both clients and workers (meanwhile the charity itself is probably still paying rent for now empty premises).

The Government has said current measures will be reviewed in three weeks' time, and measures in the Coronavirus Bill be voted on again in 6 months' time.

1. **What needs to change or improve, which could be acted on in three weeks' time;**
2. **What needs to change or improve, which could be acted on in 6 months' time.**

On predicting and acting to prevent increased violence against women and girls during the crisis:

The Government should involve women's abuse experts at every level of crisis response planning (more below); should ensure the emergency funding for the abuse sector announced on 2 May is delivered in such a way that it will meet the frontline, specialist organisations who are best at

responding to women's crisis and longterm needs; should sponsor high profile public awareness campaigns targeting neighbours/family/friends and potential abusers, as well as victims; and should abolish the 'no recourse to public funds' rules immediately.

Our recommendations on predicting and preventing VAWG are set out in more detail in our longer Briefing.

On disabled women's and girls' rights and needs during the crisis

The Government should consult urgently with representatives from disability organisations including disabled women's groups, and act to amend the law and policy and restore obligations to provide support and care to disabled women in the community as a right. The Government should then ensure that every level of government is aware of the change.

On BME women's rights and needs during the crisis

The PHE inquiry into how and why BME people are experiencing death and serious illness very disproportionatelty during the crisis is of critical interest to and overlaps with abuse prevention. We urge the Government to follow the BME demand now for ethnicity monitoring of all COVID-19 cases. Decision-making on easing lockdown restrictions should fully factor in risks to BME communities and the need for protection and safety of all.

The emergency funding must include an effective ringfence to ensure that the virtal, life-saving BME women-led local support serives are open and available to the women who need it.

On older women's rights and needs during the crisis

Older women should feature as a specific category of assessment when planning to ease lockdown restrictions and to implement longer-term shielding. The risk of abuse on very prolonged isolation should determine how this is recommended, communicated and provided for. All statutory services should be reminded of the reality and hidden nature of abuse of older women. There should be a specific action plan aimed at predicting and preventing abuse of older women who are shielded, based on advice from women's abuse experts.