

End Violence Against Women Coalition

Submission to Home Affairs Select Committee Inquiry on Covid-19 preparedness

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

As we stated in our 'living' brief on this pandemic '***we must not get to the end of this public health emergency and look back on it as a period when a 'secondary' predictable disaster was allowed to happen***'. Recent revelations that domestic abuse 'incidents' have increased during this time were entirely predictable and government and other public body leaders should have included VAWG experts in their crisis planning at the outset.

Whilst we are pleased to see recent Government focus on the issue of Domestic Abuse, there are women and girls at serious risk of harm from all forms of VAWG at this time and we would urge the committee to read our '*Rapidly Compiled – Initial Briefing on the COVID-19 Pandemic and the Duty to Prevent Violence Against Women & Girls*'¹.

There are measures which Government (and others) could now take which would help to mitigate some of the risk and harm which will be caused by measures designed to address this awful public health threat. Our full list of recommendations can be seen below.

EVAW's recommendations:

¹ <https://www.endviolenceagainstwomen.org.uk/campaign/covid-19-response/>

- **The immediate abolition of “no recourse to public funds” rules** – national Government should abolish these rules now because they prevent migrant women who are experiencing or at risk of abuse accessing refuges and other support including healthcare, putting them and their children at serious risk. Many of these women are the backbone of the ‘invisible’ workforces on the frontlines now critical to tackling COVID-19 such as care workers, healthcare workers, cleaners and many others.
- **Emergency resourcing for the specialist violence against women and girls support sector** – should be made available immediately in recognition of the increase in ‘demand’ which is already being felt across our sector, and to ensure crisis support is available at the volume needed. There should be a specific ring-fenced grant to the specialist Black and Minority Ethnic (BME) and migrant women’s support sector, recognising that many BME and migrant women will only access these services which are tailored to their support needs. There should also be an urgent conversation with our sector about current commissioning and tendering arrangements to consider the suspension of tendering and automatic extensions of existing contracts approaching their end. Consultation should start now on the post crisis situation, when support services expect to see a surge in help-seekers who present with multiple needs following the easing of lockdown measures, and then again, post-crisis.
- **Include abuse experts in crisis response planning at national government and every level** – Home and Communities Secretaries should establish a high level cross-government working group with experts from the specialist women’s sector to track trends and plan to prevent all forms of violence against women and girls. The Domestic Abuse Commissioner and the Victims Commissioner should be invited to feed in directly to this and COBRA planning meetings; and the Devolved administrations, local government, police and health sector leaders should also take advice and input from abuse experts at their highest crisis response planning levels.

National governments should commission public awareness campaigns which builds on the Home Office campaign “You Are Not Alone” and is aimed at (1) potential perpetrators of abuse and (2) neighbours, friends and family. The former should encourage men to seek support if they think they may hurt their partner and family, while making clear that the public health crisis will not be accepted as an excuse for abuse. The latter should build on the advice to “friends and family if you are concerned” pages on the specialist women’s sectors’ websites (which are already seeing a surge in traffic) and enable people to take action when they have concerns.

These messages should feature in the daily Downing Street press conference and in paid-for, targeted social and traditional media spaces.

- **All system leaders should indicate that you are maintaining your vigilance and levels of service to prevent violence against women and children** – these include Police Chief Constables and Police and Crime Commissioners; local authority leaders; housing providers; children’s social care leaders; school leaders; senior figures in the welfare system and health leaders.
- **Proactively locate and plan to protect the most vulnerable** - All system leaders, including those in councils, health and policing, should proactively seek out and develop strategies to support women and girls with additional needs and/or barriers to support. The specialist women’s sector’s expertise can help to do this. Think through the threats and needs that could come up for these women and plan to prevent abuse and ensure protection. These women and girls include: those facing domestic and sexual violence already; disabled women and girls; BME women and girls; girls who are not in school; migrant women; trafficked women and girls; homeless women; women in prison; women in immigration detention; and women in prostitution and other forms of sexual exploitation. Urgently review and upgrade the police, social care and school protocols on **responding to reports of missing children and adults as a matter of urgency**. Make the multi-agency agreements needed now to ensure there are safe reporting pathways for women regardless of their immigration status (women must face zero risk of being treated as immigration offenders when seeking justice or protection).

In respect of domestic abuse and child sexual abuse, the prevalence of these issues since the Government issued ‘stay at home’ guidance on 23 March

As the Government acknowledges and accepts domestic abuse in its many forms, violence, sexual violence, reproductive control, coercive control and economic abuse (to name just some forms) was highly prevalent prior to the issuing of “stay at home” guidance:

- In the year ending March 2019, the CSEW, the latest data available, estimated that 2.1 million adults aged 16 to 59 years experienced domestic abuse in the last year (1.4 million women and 0.7 million men).²

² *Statistical Bulletin Crime in England and Wales: year ending September 2019, ONS*
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2019>

- One woman in four experiences domestic violence in her lifetime³.
- Two women are killed each week by a current or former partner in England and Wales⁴.
- 50% of BME women victims of violence experience abuse from multiple perpetrators.⁵
- Domestic violence kills 15 times as many women as terrorism in Britain⁶
- For the majority of female victims of rape or assault by penetration (including attempts), the offender was a partner or ex-partner (45%)⁷

Along with this child sexual abuse, and other types of abuse are common, with girls more likely be abused by family members or close family friends and boys 'in the community'.

- In the year ending March 2019, the CSEW estimated that approximately 3.1 million adults aged 18 to 74 years experienced sexual abuse before the age of 16 years. This is equivalent to 7.5% of the population aged 18 to 74 years.⁸
- In the year ending March 2019, the CSEW estimated that women were around three times as likely as men to have experienced sexual abuse before the age of 16 years (11.5% compared with 3.5%). This equates to an estimated 2.4 million women and 709,000 men aged 18 to 74 years. Rape or assault by penetration, including attempts, showed the greatest proportional difference between women and men (3.4% compared with 0.6%).⁹

³Focus on Violent Crime and Sexual Offences, 2014/15 ONS (2016)

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse>

⁴ Compendium – Homicide (average taken over 10 years) ONS (2016)

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter2homicide>

⁵ Vital Statistics, 2010, Ravi Thiara & Samanta Roy, Imkaan

https://drive.google.com/file/d/0B_MKSoEcCvQwdHhTMnpWUTc1NjQ/view

⁶ Official figures show there were 1,870 domestic murders in England and Wales between 2000 and 2018, compared with 126 that were terrorism-related.

⁷ Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018 ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018>

⁸ 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>

⁹ Ibid.

- The CSEW estimated that 20% of women and 4% of men have experienced some type of sexual assault since the age of 16, equivalent to an estimated 3.4 million female victims and 631,000 male victims.¹⁰

Post ‘Stay at home’ guidance increase in VAWG

Women’s organisations specialising in supporting survivors of VAWG have highlighted already an increase in 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 reported¹¹. Details of these increases were shared by Women’s Aid and Refuge in evidence to this committee on 15 April 2020. Alarming Counting Dead Women reports 16 suspected domestic abuse killings since the lockdown began, a more than double increase on this time last year.¹²

It is clear that the impact of COVID-19 and the necessary public health measures will include increased levels of violence against women and girls, as perpetrators of abuse are more enabled to harm in the context of families being ‘locked down’ and in ‘isolation’, and when our critical frontline public services, including police, schools, NHS and local authorities, are significantly diverted to tackling the pandemic. These factors will both increase the opportunities for men to commit abuse, and simultaneously remove some of the safety nets which protect some women and girls. It is foreseeable that women and children will be hurt and will die.

Increases in the rate of reported domestic violence have been widely reported¹³ in many countries implementing lockdown and isolation measures. It is also well known that previous major health crises including the Ebola epidemics, and comparable experiences for civilian populations such as natural disasters and civil war, are commonly accompanied by increases in violence against women and girls. In the UK there are police reports of increased domestic violence reporting, and our VAWG member organisations are experiencing significantly higher demand for their services. These are likely to be women who are already living with abusive partners, and who have sensed that the new situation of staying home, isolation and less availability of police/GP/schools support spell potential disaster for them and their children. It is important to note that these figures do not account for women who have not yet felt able to report to the police, and those that never

¹⁰ *Sexual offences in England and Wales: year ending March 2017*, ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017>

¹¹ *UK domestic abuse helplines report surge in calls during lockdown*, THE GUARDIAN, 9 April 2020

<https://www.theguardian.com/society/2020/apr/09/uk-domestic-abuse-helplines-report-surge-in-calls-during-lockdown>

¹² *‘Domestic Abuse killings more than double during lockdown’* THE GUARDIAN, 15th April 2020

https://www.theguardian.com/society/2020/apr/15/domestic-abuse-killings-more-than-double-amid-covid-19-lockdown?CMP=Share_iOSApp_Other

¹³ *‘Lockdowns around the world bring rise in domestic violence’*, THE

GUARDIAN 28th March 2020

https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence?CMP=Share_iOSApp_Other

report to the police, preferring engagement with specialist led-by-and-for women's organisations.

The best services for women facing abuse – the specialist VAWG voluntary sector – has largely closed face to face help and swiftly transitioning many workers to working from home and phone/web-based services. This is necessary but undeniably closes down a critical route that many women have used, 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 very 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 there is digital access in the home. Many women and girls in poorer and more marginalised communities simply do not have access to their own or even any phone/device. Some older victims/survivors may have issues with using certain technologies, and in the context of living with a perpetrator of abuse, any access to phones or devices may be restricted or monitored closely, preventing victims from seeking help.

In addition, any sense of “lawlessness”, of the police and other statutory services being diverted elsewhere, and there being fewer onlookers as everyone stays home, 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. A rise in sexual violence and abuse occurring as children and young people meet up in groups is an emerging concern for those running sexual violence support services. Those girls and young people may be disinclined to report due to fears they could be ‘blamed’ for assaults as they were not following guidance to stay at home.

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 police¹⁴. The planning to prevent and protect needs to be multi-agency and based on advice from the 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 and practical support from community based support services such as Rape Crisis Centres.

¹⁴ *Reclaiming Voice: Minoritised Women and Sexual Violence Key Findings* Dr. Ravi Thiara (University of Warwick) and Sumanta Roy (Imkaan) March 2020

https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/f98049_1a6181417c89482cb8749dbcd562e909.pdf

The necessity and power 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 is a high priority. It is very possible that the 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 also vital to the national and local crisis response planning that needs to happen.

As with domestic violence, the risk of increased opportunities to commit sexual violence with impunity are serious and foreseeable such that government, police, schools, health and community leaders should be planning proactively to prevent and protect.

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 NCA¹⁵ estimating 300,000 people pose a sexual threat to children. 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 its 'premium' content free.

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. It is known that keeping up with family and friends online during this crisis is vital for staying connected and maintaining wellbeing. Given this, there can be no question of telling women and girls to stay offline in order to stay safe. There needs to be high priority 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 also have considerable power to disrupt and prevent abuse, harassment and image-based abuse. They need to be proactive now in talking to Government, police and the voluntary sector about prevention and disruption.

¹⁵ *NCA predicts rise in online child sexual abuse during coronavirus pandemic* THE GUARDIAN 3rd April 2020
<https://www.theguardian.com/society/2020/apr/03/nca-predicts-rise-in-online-child-sexual-abuse-during-coronavirus-pandemic>

School closures a potential disaster for women and children

Close to eight million children being out of school for perhaps months¹⁶, 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. Teachers and other school workers have more daily familiarity with families and with children at risk than most other services; schools are indescribably 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 this¹⁷.

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.

Primary Care closures cut off a crucial referral route

Doctors are often the first point of contact for victims struggling with depression, anxiety, PTSD, self-harm, and use of alcohol and drugs due to their experiences of violence. As such, GP surgeries are another critical place where women are likely to disclose abuse or where doctors can spot signs of abuse. The suspension of face to face GP surgery work is therefore potentially disastrous for women who have lost this route for support.

IRISi, a national project which works with GPs to combat domestic abuse and make the most of their opportunities to reach vulnerable victims have told the Domestic Abuse Commissioner that their referrals are already down by 50%.

Crisis context will exacerbate existing, profound inequalities

The crisis has 'arrived' in a setting where the protection and support for some women was already more precarious than for others, and for some actually inaccessible. These women and children are at even greater risk during this crisis. They include: women who are

¹⁶ UK schools to be closed indefinitely and exams cancelled, THE GUARDIAN, 18 March 2020
<https://www.theguardian.com/world/2020/mar/18/coronavirus-uk-schools-to-be-closed-indefinitely-and-exams-cancelled>

¹⁷ Priti Patel pledges to help vulnerable people stuck at home with domestic abusers during the lockdown after police chief reveals online child abuse has increased during the coronavirus crisis, THE MAIL 29th March 2020
<https://www.dailymail.co.uk/news/article-8163919/Priti-Patel-admits-home-not-safe-haven-abuse-rises-amid-Covid-19-crisis.html>

homeless and who live in destitution; migrant women, who are generally not entitled to use refuges, and are charged for healthcare; 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; girls in the care system; children being sexually abused in the family or community; women in immigration detention and at risk of deportation; women in prison; women in prostitution; and women with mental health problems, who may or may not have been accessing primary care and outpatient support.

Imkaan, the UK's only national second-tier women's organisation dedicated to addressing violence against BME women, gave oral evidence on 15 April 2020 on the increase of third-party referrals such statutory services like the NHS and the police. Conversely, specialist BME services have seen a reduction in self-referrals – normally 60-80% of referrals seen by these specialist services – due to the necessary reconfiguration of face-to-face services.

It should be noted that because of these inequalities many BME women will only seek out support from specialist “by and for” services. Additionally, migrant women will often only be able to seek refuge support from specialist BME refuges as they have no recourse to public funds including housing benefit which most refuges depend on.

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 often well known as a safe space for women in the local community and the value of these services have been previously recognised by the Home Affairs Select Committee during inquiries on the forthcoming Domestic Abuse Bill. They 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. 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.

Abuse outside the home by “non risk averse abusers”

Although the vast majority of the population are following the lockdown measures, many people including young men and children and teenagers who are supervised have continued to breach lockdown rules¹⁸. These are contexts in which abuse outside the home will occur, yet the victim runs the risk of being blamed for not staying at home and so may not feel able to report abuse. Similarly, for women with complex needs such as homelessness, addiction

¹⁸ *Coronavirus: Greater Manchester Police warning after 660 parties shut down, BBC NEWS 6 April 2020* <https://www.bbc.co.uk/news/uk-england-manchester-52221688>

or in the sex industry, abuse will continue to be perpetrated by “non risk averse abusers” but will be even more hidden in the context of lockdown.

In planning for the safety of all these women and girls, *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.

Our full list of recommendations can be found below:

Measures or proposals to help support victims of domestic abuse and child abuse at this time

- **The immediate abolition of “no recourse to public funds” rules** – national Government should abolish these rules now which prevent migrant women who are experiencing or at risk of abuse accessing refuges and other support including healthcare, putting them and their children at serious risk. Many of these women are the backbone of the ‘invisible’ workforces now critical to tackling COVID-19: care workers, healthcare workers, cleaners and many others.
- **Emergency resourcing for the specialist violence against women and girls support sector** - is needed now in recognition of the increase in ‘demand’ which is already being felt across our sector, and to ensure crisis support is available at the volume needed. This should be announced immediately and administered soon. There should be a specific ring-fenced grant to the specialist Black and Minority Ethnic (BME) and migrant women’s support sector, recognising that many BME women need the specific “by and for” support that is available here. There should also be an urgent conversation with our sector about current commissioning and tendering arrangements with a prospect of suspension of tendering and automatic extensions of existing contracts approaching their end. Consultation should start now on the post crisis situation, when support services expect to see a surge in help-seekers who present with multiple needs following the crisis period.
- **Work with the private sector to support the specialist violence against women and girls support sector** – national, devolved and regional government should leverage private sector resources that can be used or repurposed for supporting women experiencing or at risk of violence. In particular, the national Government should underwrite the cost of emergency refuge accommodation currently being offered by three hotel and hostel chains. The national Government should work with retailers such as supermarkets and pharmacies to ensure public awareness campaign materials and helpline information are visible in stores.

Measures or proposals to reduce or avert domestic abuse and child abuse at this time

- **Include abuse experts in crisis response planning at national government and every level** – Home and Communities Secretaries should establish a high level cross-government working group with experts from the specialist women’s sector to track trends and plan to prevent all forms of violence against women and girls. The Domestic Abuse Commissioner and the Victims Commissioner should be invited to feed in directly to this and COBRA planning meetings; and the Devolved administrations, local government, police and health sector leaders should also take advice and input from abuse experts at their highest crisis response planning levels.
- **National governments should commission public awareness campaigns** aimed at (1) potential perpetrators of abuse and (2) neighbours, friends and family now. The former should encourage men to seek support if they think they may hurt their partner and family, while making clear that the public health crisis will not be accepted as an excuse for abuse. The latter should build on the advice to “friends and family if you are concerned” pages on the specialist women’s sectors’ websites (which are already seeing a surge in traffic) and enable people to take action when they have concerns. These messages should feature in the daily Downing Street press conference and in paid-for, targeted social and traditional media spaces. Please see below for comments on the Home Office #YouAreNotAlone campaign.
- **All system leaders should indicate that they are maintaining vigilance and levels of service to prevent violence against women and children**, including:
 - **Police:** chief constables, PCCs and others should proactively send out a message that you remain on high alert for domestic and sexual violence, resources are not diverted and you will attend call outs, echoing a Government message that the public health crisis will not be accepted as an excuse for abuse. Agree protocols with local women’s support services for referral when called to an incident whether perpetrator is removed, victim survivor leaves or neither.
 - **Local authority leaders:** lead strategy to locate those who are more vulnerable during this crisis and ‘lockdown’, including those experiencing abuse, homeless people, looked after children, people with disabilities, people being cared for at home by family members and in institutional settings, and ensure protection for them; talk about the need for everyone in the community to be kept safe; get advice from abuse experts on how to prevent abuse before it happens.
 - **Housing providers:** If you haven’t already, build your knowledge and practice now on spotting the signs of domestic violence and proactively responding to it, as you may be the best chance some victims have of being reached; use the [DAHA COVID-19 resource](#) to help you do this.

- **Children's social care:** make the case for your service to be unequivocally protected and tell families that you are available and responding to child protection concerns; speak to every school leader about each child they have any concerns about who do not make the child protection register 'threshold' and have contact plans in place for those children; speak to every available youth service and voluntary sector organization who may have any knowledge of children at risk; proactively seek to find out about places where children and young people may go to when unsupervised. Proactively ensure equality for all children in doing this work.
- **School leaders:** go beyond Government guidance and find ways to ensure the children and families you know are vulnerable are contacted and supported to be safe. Reach out to local women's organisations who can help assess risk and find support.
- **Health leaders:** enable frontline responders in primary care, mental health and hospitals, to recognize abuse disclosures in this period; ensure your strategy aims to locate and protect women and girls who are more vulnerable and at risk, including those with mental health problems, and those subject to abuse in the home. Make the case to Government for the abolition of healthcare fees for women with insecure immigration status.
- **Welfare system:** be responsive to women's economic problems, including unemployment, destitution and economic abuse in this period; set out to ensure no woman or family's problems worsen during the crisis.
- **Proactively locate and plan to protect the most vulnerable** - All system leaders, including those in councils, health and policing, should proactively seek out and develop strategies to support women and girls with additional needs and/or barriers to support. Use the specialist women's sector's expertise to help you do this. Think through the threats and needs that could come up for these women and plan to prevent abuse and ensure protection. These women and girls include: those facing domestic and sexual violence already; disabled women and girls; BME women and girls; girls who are not in school; migrant women; trafficked women and girls; homeless women; women in prison; women in immigration detention; and women in prostitution and other forms of sexual exploitation. Urgently review and upgrade the police, social care and school protocols on **responding to reports of missing children and adults as a matter of urgency**. Make the multi-agency agreements needed now to ensure there are safe reporting pathways for women regardless of their immigration status (women must face zero risk of being treated as immigration offenders when seeking justice or protection).

Preparedness of responders and service providers to address the needs of victims during the pandemic

Significant financial strain of changing service provision for an already underfunded sector

Lockdown has resulted in an urgent need for the specialist violence against women and girls support sector to reconfigure services to remote provision, home working and greater web-based support for women who are not safe to make calls. However, as the sector has been chronically underfunded for some time this service reconfiguration has been a challenge. We know that many organisations have an urgent need to buy mobile phones and (funds permitting) laptops to continue working. For already underfunded services, this is an enormous financial strain.

The ongoing inequalities in funding in the sector also mean that vital specialist “by and for” organisations, such as for BME women and disabled women, were in a more financially precarious position than other VAWG organisations and are particularly vulnerable to sudden major costs of having to buy more equipment or divert calls to enable remote service provision.

The lockdown measures and wider financial impact of COVID-19 has and will result in loss of income from, for example, training sessions and fundraising events, will further exacerbate the financially dire situation organisations in the sector are in. It is highly likely that the combination of these consequences will mean that many organisations in the sector will not survive the current crisis. Given the expected surge in demand after the lockdown measures are lifted this would be disastrous for survivors seeking support.

Limitations of remote support

The VAWG sector has responded swiftly and effectively to the need to change how it has needed to support women and girls during COVID-19. However, the support services offered by VAWG organisation to women are diverse and some of these support services lend themselves to remote provision better than others. Furthermore, remote support closes off the face to face option for self-referral which many women may choose to use after, for example, using other services offered for an organisation.

This is particularly true of BME women who may use one service offered by a specialist BME VAWG organisation, such as English language classes, and only then make a self-referral. At the Home Affairs Select Committee evidence session on 15 April 2020 Imkaan stated that their members were seeing a dramatic reduction in self-referrals to their services. This is in contrast to a typical self-referral rate to “to and for” BME services of 60-80%. This is clearly cause of major concern as this route to seek help has been closed off and felt more dramatically among women already marginalised in society.

Consequences of reduced and diverted criminal justice system

While it is good that police forces have so far communicated that domestic abuse callouts will be made during this time, there have also been reports that forces are expecting up to 30% of its workforce to be sick or self-isolating at any time. Such an expected reduction in capacity demands questions to be asked about how domestic abuse will continue to be

prioritised, including non-emergency calls. Vigilance and planning is needed in this area so that women can have confidence that help is there if they need it.

Reductions and diversions in the justice system to only priority court hearings and online/telephone hearings make getting an injunction or enforcing a pre-existing injunction harder.

There are also specific concerns regarding child contact arrangements. 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. Women calling the Rights of Women helpline¹⁹ 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. Additionally, remote family court proceedings mean that a woman may have to self-represent with her child in the house. Self-representing is a difficult thing to do at any time but would be particularly challenging with a child around. These changes to court arrangements are therefore likely to have a significant impact on women's ability to seek protection for herself and her children.

There are concerns for long-term impact of the current pandemic on justice for survivors of sexual violence in domestic abuse contexts (as well as in other contexts). There are concerns regarding how evidence gathering for survivors of sexual violence will be conducted under lockdown. We have heard reports that some Sexual Assault Referral Centres (SARCs) are preparing to send out self-swab kits to victims to use at home. Such evidence is highly vulnerable to be challenged in courts and so will have a significant impact on rape justice, at a time where CPS statistics for 2018-2019 show the lowest prosecution rates for rape in a decade²⁰.

Inevitable workforce issues as workers get ill

The COVID-19 pandemic means that it is inevitable that frontline workers of the specialist VAWG sector will fall ill and so already struggling organisations will be stretched further at a time when demand and need for support is increasing.

The effectiveness of Government advice, co-ordination and support for responders and service providers

The #YouAreNotAlone campaign

We acknowledge that the #YouAreNotAlone campaign was launched Saturday 11 April by the Home Secretary. We would like further stages to address neighbours and friends, as well as potential perpetrators of abuse. In 'normal times', it's estimated up to half of police

¹⁹ Get Advice, RIGHTS OF WOMEN <https://rightsofwomen.org.uk/get-advice/>

²⁰ Rape prosecutions in England and Wales at lowest level in a decade, THE GUARDIAN 12 September 2019 <https://www.theguardian.com/law/2019/sep/12/prosecutions-in-england-and-wales-at-lowest-level-in-a-decade>

emergency calls are from neighbours. Such a campaign would alleviate concerns the public may have about making such a call, e.g. overreacting, making it worse, and reassure them that they are doing the right thing. The Government should also target potential abusers; the Respect campaign #NoExcuseForAbuse²¹ and perpetrator helpline ought to be amplified. Messages to current perpetrators should continue to stress that the police are taking domestic abuse calls seriously.

Additionally, the public is not entirely confident on the various types of abuse that encompass VAWG and so it is important for any public awareness campaign to have messages that are explicit about the different forms of abuse.

Support for Migrant Women

Only national Government can suspend or abolish the “no recourse for public funds” rules for 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. It is worth noting that many of these women are key workers, critical to tackling COVID-19: care workers, healthcare workers, cleaners and many others.

The Government should suspend all NHS charging that prevents or deters access to treatment necessary in the light of the COVID-19 pandemic. 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’ information²². 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.

Charity Emergency Funding

²¹ <https://twitter.com/RespectUK/status/1252220654381928456>

²² *Domestic Violence and Abuse Bill, STEP UP MIGRANT WOMEN*, <https://stepupmigrantwomen.org/dva-bill/>

We welcome the emergency funding announced by the Chancellor on 8 April however we remain concerned that, despite domestic violence charities being among the frontline sectors singled out for support in the government press release²³, the structure of the £750 million package will mean that the majority of frontline VAWG services will not be able to access much needed financial support during this crisis.

Half of the £750 million will be allocated directly by Government departments. This funding can be expected to largely be allocated to big national charities, such as some of those named by the Chancellor, e.g. Citizen's Advice, St. John's Ambulance. Whilst it is possible that some of the larger, national domestic abuse support providers will be able to access some of this funding, smaller, more specialist and local organisations will lose out. This includes specialist "by and for" services, such as those for BME women.

These smaller, more specialist organisations will then need to bid for the other half of the £750 million earmarked for local charities and administered for the National Lottery. The priorities for this fund however have been outlined as "food, medicine and financial advice", not domestic abuse. Furthermore, abuse specialisms such as BME specialism are often poorly understood by funding decision makers meaning that these vital services, already in a more financially precarious position, risk losing out on this necessary funding.

We recommend that emergency funding is treated with reference to the following principles:

1 Delivered Urgently

Emergency funds announced by the Chancellor and Home Secretary for domestic abuse and violence against women and girls (VAWG) organisations needs to make its way to specialist frontline services as soon as possible. This funding is needed to cover costs now – services are operating in a context of lost fundraised income and are unable to meet the combined costs of remote working, complexity of caseload, and staff shortages. Further funding will be needed when demand for support rises as expected after lockdown, and a long-term, sustainable funding model for VAWG services remains a fundamental priority.

2. One, ring-fenced fund that is simple, flexible and fair

At least £50 million of the £750 million package announced by the Chancellor should be ring-fenced for specialist VAWG service providers, so that the VAWG sector receives the funding we need to respond during the COVID 19 crisis. There should be one fund that organisations can access through a single streamlined process, which is fair to smaller services who simply do not have the time or resources to make complex multiple bids. Funding must not be administered through bureaucratic, time-intensive mechanisms that fund services in silos - such as via Police and Crime Commissioners and Local Authorities. For non-commissioned services, services which don't have a good relationship with these statutory bodies, this would be disastrous

²³ Chancellor sets out extra £750 million coronavirus funding for frontline charities, GOV.UK 8 April 2020 <https://www.gov.uk/government/news/chancellor-sets-out-extra-750-million-coronavirus-funding-for-frontline-charities>

3. Additional ring-fenced funding for specialist BME by and for services

Additional funding must be ring-fenced for specialist VAWG services led by and for BME women, disabled women and LGBT survivors. These services are essential for fulfilling duties under the Equality Act and Public Sector Equality Duty, as well as meeting survivors' specific support needs, but have been marginalised and excluded from existing funding systems. Their inclusion, through a specific ring-fence, is essential for an equitable funding system which does not entrench inequality and social injustice further.

Ends

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