



End Violence Against Women Coalition (UK)

**Rapidly Compiled – Initial Briefing on the COVID-19
Pandemic and the Duty to Prevent Violence Against
Women & Girls**

Including: Predictions on abuse prevalence; Key areas of life where women and girls are at increased risk; What policy makers should do to protect and prevent

“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.”

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 members and 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. The EVAW Coalition is a company limited by guarantee (no. 7317881) and a registered charity (no. 1161132).

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Executive Summary

This Briefing has been compiled quickly by the EAW Coalition in an attempt to set out the consequences that COVID-19, and the necessary public health measures being implemented to control it, may have for women and girls who are experiencing or who are at risk of violence.

Increased abuse is predicted and there is a duty to act to prevent

It is clear and foreseeable *now* that the COVID-19 pandemic, and the emergency measures that must be taken to control it, will lead to an increase in all forms violence against women and girls, including domestic and sexual violence. The ongoing planning of the response *must* factor in this predictable impact, and include strategies to protect women and girls and prevent assaults and murders before they happen. 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.

COVID-19 'landed' on top of widespread abuse, deep inequalities, and victim-blaming

COVID-19 has "arrived" in a society where there was already enormous prevalence of violence against women and girls; where the state response to this, from justice through to health and welfare, has been piecemeal; where the voluntary sector specialist women's support services run on a shoestring; where the experience and needs of disabled, BME, migrant, homeless, destitute women and girls are marginalized and made invisible; and where there is a persistent tendency to tell victims to modify their behaviour rather than looking at what drives perpetrators of abuse (such as 'isolated' environments with no onlookers, the diversion of the state to different priorities, and a consequent sense of impunity).

COVID-19 does not cause abuse, it creates a 'conductive context'

Our society already has alarming rates of domestic and sexual violence, with three quarters of a million domestic abuse related offences last year, and around half a million rapes and sexual assaults every year (England and Wales). Increases in the rate of reported domestic violence during the pandemic have been widely [reported](#) in many countries. In the UK there are already [police reports](#) of increased domestic violence, and support services [experiencing](#) higher demand. The home is also where many women and children are sexually abused, and the isolation requirements of the COVID-19 crisis increase the likelihood of sexual violence against partners in the home, and the sexual abuse of children in the home.

Isolation is an ideal context for control, for not being detected and for impunity, as connections to colleagues, friends and family are reduced. 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 and exploitation to be more confident to offend, both in families and in the broader community. This means there is a serious risk of increased child sexual abuse online, child sexual exploitation of children and young people who are not in school and unsupervised, and sexual violence against girls by their 'peers' (on and offline), during this crisis.

Women who already face additional barriers to support and justice, including may BME women, migrant women, disabled women, women with 'complex needs' and women in prostitution, will have an even stronger sense that they are not the priority and that their abusers can control them without interruption, unless there is proactive work to counter this.

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.

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. Some 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.

Recommendations

We set out some detailed recommendations to Westminster, devolved and local government, public sector leaders, business and the public below. These include:

- The Domestic Abuse and Victims Commissioners to feed into COBRA planning immediately;
- Abuse experts to be involved in every level of the crisis response planning at central, devolved and local government levels;

- Emergency funding for the charities which protect and support survivors, taking into account existing inequalities in sector funding and the need to protect BME “by and for” provision and support provision for disabled women;
- The immediate abolition of “no recourse to public funds” rules which prevent migrant women experiencing or at risk of abuse accessing refuges and other support including healthcare;
- Public awareness campaigns aimed at potential perpetrators and at neighbours/family/friends as well as those aimed at victims.

This Briefing does not comprehensively set out all risks and consequences, but it will be updated as any trends, data, analysis and change become apparent. We are making recommendations which are appropriate and urgent at time of writing in early April, according to what we and our members understand is happening for women and girls. This is an unprecedented situation and we do not have a full policy prescription for what Government, frontline public services, funders, businesses and civil society groups should do. **But we do insist that there is a clear duty to foresee the very likely consequences for women and girls in a society which is partially ‘shut down’, and to aim to prevent them.** 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.

EVAW Coalition Recommendations, April 2020

To Government and all public services leaders:

We urge the Prime Minister, the Chairs of the COBRA Committee, the Secretaries of State at the Home Office, Ministry of Justice, the Department of Health and Social Care, the Department for Education, the Ministry of Housing, Communities and Local Government, the Department for Work and Pensions; the devolved administrations and decision makers in Scotland, Northern Ireland and Wales; and also police leaders, health sector leaders, education leaders, community leaders in the broadest sense, and all system leaders in our public services:

- 1. Include abuse experts in crisis response planning at national government and every level** – The Domestic Abuse Commissioner and the Victims Commissioner should be invited to feed in directly to COBRA planning meetings; and the Home and Communities Secretaries should establish a high level cross-government working group with the specialist women’s sector to track trends and plan to prevent abuse. 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.
- 2. 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.
- 3. 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 additional grant to the specialist Black and Minority Ethnic (BME) 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.

4. **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.
5. **All system leaders should indicate that you are maintaining your 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 not letting up on child protection; speak to every school leader about each child they have any concerns about who do not make the child protection register ‘threshold’ and plan 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.
6. **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).

To private sector leaders and workers:

We urge you to look into what you could possibly do in this unprecedented context to contribute to supporting women and girls at risk of abuse, and get in touch with the specialist women's sector if you think you could help. Our sector is comprised of organisations who do not have large reserves and whose income is restricted and with minimal contingency planning.

The transition to working from home for those who work on helplines, for example, has left our member organisations desperately in need of phones and laptops.

Many frontline charities in this area also desperately **need to upgrade their webchat ‘offer’** urgently, in a context where many women seeking help will not be able to use the phone privately. We need this service to be available in multiple languages. Could you offer pro bono help?

Retailers still trading might make advice and helpline numbers visible near their checkouts.

Pharmacists should be extra vigilant for indications of abuse when women seek advice on non-prescription medications through to emergency contraception.

Women’s organisations are [talking to hotels](#) about using rooms for emergency accommodation for women and families. You may be working in a role, with a product or a skill that could make a massive difference to this work. Get in touch.

Special plea to tech companies including Google, Facebook, Snapchat, TikTok and many others: There are already indications that the online abuse of children, who are at home and may be unsupervised, has increased in this period. You have perhaps the most significant power to affect, disrupt and prevent this abuse. You should set aside your longer term regulatory regime aims, and develop strategy and commission activity using everything in your means to try to stop this. When the crisis is over, the stories will emerge and you must be seen to have acted to prevent.

To neighbours, friends, family, mutual aid groups and other members of the public:

This unprecedented requirement to stay home and in many cases “isolate” will keep lots of us safe but is not safe for everyone. Women with controlling and abusive partners may find that the control escalates when there is a sense of increased impunity and no onlookers. Children who are abused in the home will truly have nowhere to turn even if they could articulate what is happening.

Be vigilant. Trust your intuition if you feel worried. Read the “[what to do if you’re worried about someone](#)” pages which are on many of our members’ websites. [This SEA resource](#) on spotting the signs of economic abuse is short and excellent. Do not approach the perpetrator (as this can increase risk to the victim). Do not hesitate to call the police in an emergency. If you want to help out for the longer term, get in touch with your local women’s support service and offer to volunteer; people are often needed for admin, tech support, finance, as trustees and much more. Share the content and recommendations of this Briefing with your MP and local councillors.

If you are in a mutual aid group - ensure you or the coordinator have looked up your local authority's messages and contact numbers for domestic abuse and children at risk which should be on their COVID-19 webpages. If you can, locate any local, specialist women's support service, reach out and ask them for advice on what your members should do if they are worried about someone. Share the [messages and adviceline](#) for potential perpetrators about getting help before you hurt someone.

**Predictions on the likely increase in violence against women and girls:
'Lockdown' and the removal of safety nets as drivers of abuse**

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 women and girls. This could not be more serious. It is foreseeable that women and children will be hurt and will die. This has been found in many health crises and major disasters.

A conducive context for domestic abuse

Rates of domestic abuse are already alarming: around three quarters of a million domestic abuse related offences last year, more than two murders every week and a quarter of all women experiencing domestic abuse in their lifetimes.

What we know from numerous studies and women's experiences of domestic abuse, is that perpetrators seek to reduce women's freedom and connections in the world; isolation is an ideal context for control, going undetected and having 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 women living with extended families there may be multiple abusers in the home. Women who already face additional barriers to support and justice, including may BME women, migrant women, disabled women and women with 'complex needs', will have an even stronger sense that they are not the priority and that their abusers can control them without interruption.

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 the 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 preservation.

Increases in the rate of reported domestic violence have been widely [reported](#) in many countries. It is also well known that previous major health crises including the ebola epidemics, and comparable extreme and unusual 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 already [police reports](#) of increased domestic violence reporting, as well as our members experiencing significantly higher demand already 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 in, isolation and less 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 – is closing face to face help and swiftly transitioning many workers to working from home and phone/web based advice. 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 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 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

The ONS has estimated there are up to 100,000 rapes committed every year (almost 9 in 10 against women) and over half a million sexual assaults. A fifth of women are estimated to have experienced sexual assault since the age of 16, with high levels of repeat victimisation. 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). The stay at home and isolation requirements of the COVID-19 crisis are a context for increased the likelihood of 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, 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.

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 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. 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 NCA 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. 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. 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.

School closures a potential disaster for women and children

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. 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](#) this.

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.

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 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.

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.

Key areas of risk and what Government should do to protect and prevent

Women experiencing domestic violence and in need of emergency accommodation

There are already UK reports, from police and support services, of an increase in women seeking to leave their homes and enter emergency accommodation. Women who use refuges usually need very specialist, 'wraparound' support, including for example therapeutic support, specialist interventions for their children, practical, welfare and legal advice, and more. The specialist women's voluntary sector has, over decades, built local support services which understand these needs and aim to provide support from crisis through to longer term and moving on. These services are sought out by women and provide a holistic kind of support which no public service can do, with the BME women's "by and for" sector an exemplar of this. During this crisis the demand on these services is likely to significantly increase. This is foreseeable now. These services already run on a shoestring and are subject to challenging competitive tendering processes and no clear source of sustainable funding; some of their workers may be sessional and now facing job insecurity.

BME women's needs and specialist BME women's abuse support services

Black and Ethnic Minority women are known to face higher barriers to reporting abuse and to accessing refuges and other support. BME women are over-represented in 'at higher risk from' COVID-19 groups, and are already impacted by racial inequalities in our healthcare system. 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, deepening inequality across health,

housing, employment, education and the justice system. This reality may create additional anxieties and barriers at this time, which are best understood in the 'by and for' BME women led services.

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. It is also known that many BME women do not approach mainstream support services and only 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.

These life-saving services have also, however, been hit hardest by competitive tendering and 'austerity' cuts. These services tend to be small, local, needs-specific charities, and as such less cushioned from shocks and less able to suddenly raise emergency funds during crises. They are also among the most challenged in having to make a swift transition to working from home and phone/web services; one EVAW member is currently operating a whole service in a town where no other BME service is available with just four mobile phones. These services are the most worried about what condition they will be in at the end of the crisis when they also predict a surge in new demand.

Specific child contact fears

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 helpline](#) 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.

❖ What should be done?

Significant emergency funding for these support services should be announced immediately and administered in weeks, as has been done in relation to rough sleeping for example.

Support services should be specifically supported by Government to examine the potential impact for victims who have less or no access to digital devices, including older victims, of the significant move to online and phone based services and the reduction and absence of face to face drop in and advocacy services.

There should be a specific additional grant to the specialist Black and Minority Ethnic (BME) women's support sector, recognising that many BME women need the specific "by and for" support that is available here.

There should be an urgent conversation with the VAWG sector about current commissioning and tendering arrangements with a prospect of automatic extensions of contracts due to be tendered soon, and discussion of how to help this sector protect job security and preserve its specialist workforce. The commissioners of existing contracts should be very flexible in ongoing requirements on targets and monitoring.

There should be immediate abolition of the "no recourse to public funds" rule which both discriminates against and harms many migrant women, and has a punitive effect on domestic abuse services, and especially BME women's support services, who try nonetheless to support these women and their children. If this crisis is about protecting everyone and keeping everyone safe from contracting the disease and unsafe living arrangements, 'NRPF' simply has to go.

In addition to these resourcing needs, public sector leaders should be encouraged to urgently make contact with these specialist support services, use their expertise in the crisis response planning, and ensure referral pathways are solid and circulated to all who need them.

The Government should make every effort to monitor any abuse of child contact arrangements by asking the courts, VAWG support services and legal groups for indications and discussing whether action is necessary with these groups.

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).

❖ **What should be done?**

Emergency funding for these lifesaving services should also be announced immediately and administered soon. This should support the transition to phone and web services, and then ensure continuity of service provision and ability to meet demand. As for domestic violence (above), there should be urgent conversations about commissioning arrangements and ensuring job security.

Again, public sector leaders should be encouraged to urgently make contact with these specialist services, use their sexual violence offending expertise in the crisis response planning, and ensure referral pathways are solid.

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, and they may 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.

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.

Specific concern – food access

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.

❖ **What should be done?**

DWP should proactively set out now to ensure that the welfare system is responsive to women's economic problems, including destitution, homelessness, 'complex needs' and economic abuse, in this crisis period; and set out to ensure that no woman or family's problems worsen during the crisis. Universal Credit applications, which have surged, need administering swiftly, and all punishment 'sanctions' should stop during this period, reflecting the way allowances are being made to employers of those in paid work, whose security is being underwritten in order to help protect wider public health.

National and local government should look together, urgently, at food security for disadvantaged women, talk to those working in support services, and find creative solutions with food retailers and others to guarantee this most basic human right. Retailers could step up and be part of the solution for ensuring women and their children are not hungry.

National and local government, housing providers and the housing advocacy sector also need to look urgently at how the ban on evictions can truly be enforced, since those in the most insecure and invisible housing arrangements are the most vulnerable to abuse and exploitation by those controlling the property they live in.

Women's centres, services for women leaving prison, and specialist women's drug and alcohol services, must be protected during this period, not least as they transition to some phone and online provision with women service users who may have little or no digital access.

Migrant women

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 disproportionately subjected to abuse and least able to access support services or justice. 'Hostile environment' immigration policies

enhance abusive partners' ability to control women, and women have been treated as immigration offenders as to victims of crime when seeking safety. Women currently trying to regularize their status are likely to be in limbo and disadvantaged for some time. The '[No Recourse to Public Funds' rule](#) (NRPF) prevents migrant victims of abuse who have insecure immigration status from accessing refuges.

Migrant women who do and do not have citizenship rights are often 'invisible' to decision makers, but certainly make up a significant part of the vital key worker labour force right now, including social care workers, healthcare assistants, cleaners and many other roles. They may be working in sectors where they will come into contact with COVID-19 sufferers but not be working with 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 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.

❖ **What should be done?**

The Government should abolish "NRPF" rule immediately as a key area of policy indicating that this crisis requires an approach which promotes equality and protects the whole community.

Migrant women should be subject to no healthcare costs during this period, to ensure there is no deterrent from seeking any necessary healthcare for themselves and their children.

PPE must be guaranteed to all those working across the social care sector and the NHS at every level.

Disabled women and girls

Disabled women and girls, including those with learning disabilities, already face very disproportionate levels of sexual and domestic violence, and very high barriers to accessing appropriate support. Being to any extent dependant on paid or unpaid carers 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 should already be prioritised as needing specific abuse prevention planning. However, the emergency legislation for the COVID-19 crisis instead includes the alarming diminishing of local authorities' obligation to provide support as a right.

❖ What should be done?

Disability groups should be consulted, with specific attention to disabled women's groups and those working on violence against disabled women and girls, and the emergency legislation amended immediately.

Emergency funding for specialist VAWG support services should include consideration of improving accessibility, and should include specific funding for those organisations with expertise in the needs of violence against disabled women and girls.

National public awareness campaigns targeting perpetrators and targeting neighbours/friends/family

While it can feel like common sense to target potential victims of domestic and sexual violence with advice at a time of crisis like this, this is useful only to her at the point she is able to identify that it is what is happening to her, and it does not address the responsibility of others. In order to *prevent* abuse, it is critical at a population level that potential perpetrators are made aware that there are steps they can take to change their behaviour, and that the public health crisis will not be accepted as justification for committing abuse. While isolation and staying at home for a long period will be stressful for most people, there is a need for clarity in public messages and conversations that this stress is not a cause or an excuse for abuse. Men who feel entitled to control their partners, and who have a sense of services and onlookers' attention being diverted in this period, may have a sense that abusive behaviour in the home in this period will go undetected, or will be looked on more lightly if discovered. This idea needs to be urgently dispelled.

When women and children are experiencing abuse in the home in this context of isolation and distancing, it is very difficult for them to seek help. Neighbours, friends and family are probably the best chance of detecting escalating abuse and providing advice, reassurance, practical help and calling the emergency services when necessary (it is estimated up to half of domestic violence related police calls are already from neighbours).

❖ What should be done?

The Governments in Westminster, Scotland and Wales should look urgently at the #NoExcuseForAbuse campaign by perpetrator programme experts Respect and look into resourcing it as public health and crime prevention work with considerable paid for spend. The message that there is no let up on abuse in the home and there is no excuse for abuse should be delivered regularly at the daily Downing Street press conference.

Similarly, Governments should urgently seek advice from the specialist women's support sector and look at the advice to "friends and family if you are concerned" pages on the sectors' websites (which are already seeing a surge in traffic) and enable people to take action when they have concerns. These messages should also feature in the daily Downing Street press conference and in paid-for, targeted social and traditional media spaces.

Ensure these campaigns are adapted into and available in multiple languages. Ask the VAWG specialist sector for advice on disseminating them.

School closures - implications for children and mothers

Schools are now closed and set to remain so for months. There is a potential child protection disaster looming with girls who are already on the child protection register, and the much larger group who are not on it but who face abuse from family members, peers or adults in the wider community, being absent from school for this period. It is simply not possible for schools and local authorities to fulfil their child protection obligations towards these girls in the manner in which they usually do. Girls have now lost the daily in-touch and watching eye of teachers and others who can sometimes detect changes and risk, or who may be the ones a desperate child would confide in. Some girls and young women will sadly not be supervised at home in this period, and may be more vulnerable to online abuse, and to abuse by peers or adults at home and elsewhere, at the same time as statutory services are diverted or simply less able to make direct contact. This includes increased risk of child sexual abuse, child sexual exploitation and abuse by peers.

In addition, many mothers rely informally on the contact with other parents at school, and with school workers, for seeking advice, practical help and even sometimes disclosing abuse. Being part of the school community means they are visible and known to others. School is a unique safety net for so many families. The implications of months of closure are deeply worrying.

❖ What should be done?

The Department for Education must urgently provide new, additional and specific guidance to schools on the continuity of child protection obligations and practice, with specific attention to assessing the gendered risk to girls and young women. Local authorities should input into this and also ensure they are taking a gendered approach which proactively seeks to prevent abuse of girls who are not in school.

School leaders should go beyond the minimum set out in Government guidance and proactively discuss concerns about individual children with every relevant member of staff and

other professionals, and then plan ways to reach out and stay in touch with girls and young women and their carers. There must be a strong impression that schools' vigilance over children remains high, as challenging as that is.

For all children and adults reported missing in this period: multi-agency processes should be reviewed now; system leaders should regard the potential for girls and young women to go missing during this crisis as serious, and as indicating very high risk of harm in the context of lockdown and diverted public services. No missing case should be dismissed as harmless. There should be specific attention to the risks to and needs of looked after children.

The diversion of policing resources due to COVID-19, clarity on police powers, and the charging and prosecution of VAWG crimes

Police forces are planning for a reduced workforce during this period (as their workforce itself includes people who are sick with COVID-19, and people who are isolating), and will be significantly diverted to policing related to COVID-19. While the majority of women experiencing domestic abuse and indeed sexual violence never approach the police, the police can be critical in an emergency and as part of the ongoing imposition of sanctions on perpetrators. 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.

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

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.

❖ **What should be done?**

The Prime Minister and Home Secretary, followed by all police leaders (chief constables and PCCs) should all proactively communicate that the police retain a high priority on responding to calls related to all forms of violence against women and girls, as [Sussex PCC Katy Bourne](#) has done. They should ensure community policing, local authority leaders, safeguarding teams and the voluntary sector know this.

In addition, the emergency legislation has led to serious questions and uncertainty about the extent of police powers to enforce stay at home and social distancing. It is vital that it is continually made clear that if you are not safe you are entitled to leave your home. And, because there is a history of racialized policing of some BME communities, we need clear guidance to police that the right to leave home when you are not safe will always supersede any question related to isolation/distancing enforcement. BME children and their mothers must not face disproportionate sanctioning related to police powers to take young people home.

The police, CPS and courts service need to issue clear and specific assurance on VAWG crimes now as to their priority, their aims with regard to delays, specifics on quality best interviews and other evidence, and how they are planning for fair trials under the circumstances. It is clearly not business as usual but there is already a real lack of confidence in the system as we head into an unprecedented situation where victimisation levels for some VAWG crimes are likely to increase.

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.

❖ **What should be done?**

NHS managers in primary care, mental health settings and hospitals should ensure they speak with their teams about the priority of being available to spot signs and hear disclosures of abuse in this period. These leaders should also be part of the shared response planning with local authorities, the voluntary sector and police, to estimate where women and girls at risk may be, who may encounter them and how to ensure all frontline responders know what to do.

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.

❖ What should be done?

There should be an immediate release of all those in immigration detention. It is inhumane, dangerous in terms of COVID-19, and discriminatory.

There should be an urgent early release scheme for women prisoners as set out by our member [Women In Prison](#).

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 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.

❖ **What should be done?**

Police, local authority and public health workers should consider women in prostitution a group who are particularly at risk in this period, and they should plan to map where these women may be and what can be done to disrupt their exploitation. Police and local authorities should consult the small remaining number of women's specialist support services who work with women trying to exit prostitution* and get their advice on risks and support during this crisis.

Police should have a strategy of targeting and deterring 'punters' and there should be no criminalisation of women in any form.

Reports of missing women who have any history of sexual exploitation in this period should be acted on as high priority.

*These specialist services should receive emergency unrestricted funding immediately. These services, who often include women who have exited, can best advise on the holistic support needed including how to ensure women are not left in destitution and have alternative income in this period.

Women's economic (in)dependence, and critical role in 'the care economy'

Women are the critical backbone, heart and [lungs of the 'care economy'](#), performing the vast majority of paid and unpaid caring work, keeping families, communities and workplaces going and now recognizable as utterly essential to the fight against COVID-19. 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, now working shifts and without guaranteed PPE, looking after those who are most vulnerable to COVID-19, with all the worry and responsibility that entails, as well as low pay and job insecurity in a sector that has been degraded and largely privatized into a trade in units of time often not long enough to provide personalized care. Women are also a large proportion of the healthcare assistants and the cleaners in healthcare and other critical settings, and make up a large part of the low paid workforce looking after the children of others while they work. 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 too.

If these women face domestic or sexual violence, or the threat of it, their options are very limited. It is hardest to make a decision and a plan to leave an abusive partner when you are

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

❖ **What should be done?**

PPE guaranteed to all care sector workers without exception now.

Abolition of NRPF rules; and immediate emergency funding to the 'by and for' BME VAWG support sector.

At the end of the crisis phase of COVID-19, and as we all reflect on the incalculable labour women in the caring professions have given, there must be a total revision of working rights and conditions in these sectors, and parallel work to guarantee secure housing for those on low pay, and commitment to the sustainability of BME 'by and for' services.

Conclusions and links to support and more resources

When the crisis phase is over

One of our members has spoken to us of their fears for the consequence of months of the public health measures being a 'new normal' where abusers have become more accustomed to even higher levels of control and survivors are in a state of very serious trauma and need. a lot of sexual and domestic abuse committed during the period will only come to light after the public health measures are relaxed. Our members anticipate a huge surge in demand for their advocacy services, practical support, all kinds of advice, accommodation, therapeutic work and more from that point. And at that point they will be assessing the impact on themselves as organisations in terms of workers, funding and sustainability. It will begin a longer, second, post-crisis phase of this pandemic.

Planning for the future

The COVID-19 pandemic and the immediate 'discovery' we have apparently made that simply asking women and families to stay at home is actually unsafe for many should be the final wake up call. Our society tolerates extremely high rates of violence against women and girls

and finds way to minimize and ignore it on a daily basis. Now that decision makers understand that home is not safe for everyone, that girls are targeted for abuse everywhere they exist (at home, in the community, online), and that entrenched structural inequalities make thousands of women less safe, we must decide on a different future. We need to plan for the surge in help-seeking when the public health distancing measures end, and start the conversation on the new high priority aim of truly ending and preventing violence against women and girls in all its forms. We must never again leave the precious life-saving services uncertain of their sustainability.

Useful links

The FREEPHONE National 24-7 Domestic Violence helpline is: 0808 2000 247, run by our member [Refuge](#)

Our member Rape Crisis England and Wales has produced a [special resource for survivors](#) detailing what kinds of support are available during the crisis, and runs a national helpline and webchat [here](#).

Our member Imkaan is the national network of BME VAWG organisations and has advice and links related to COVID-19, services and rights [here](#)

Our member Women's Aid England has [livechat on weekdays](#) and lots of other support

Our member Rights of Women is running all its usual [specialist legal advice helplines](#) during the crisis and has a lot of online guidance and advice.

Our member Respect is running a campaign [targeting potential perpetrators](#) (see above) and has many resources for perpetrator facing work

Keep up with campaigning to support refugee women and women in immigration detention with our member [Women for Refugee Women](#)

Our member [Women In Prison](#) is pushing for the rights of women prisoners

Our member Surviving Economic Abuse has produced [resources](#) on recognizing and responding to economic abuse during the COVID-19 crisis.

The Domestic Abuse Housing Alliance (DAHA) has produced [guidance and advice](#) for all kinds of housing providers.

Many VAWG organisations came together to write this [letter to the Prime Minister](#), including our key demands.

Our member Solace and Public Interest lawyers [wrote to MHCLG](#) about the need for emergency funding and fairer rules for refuge access.

Agenda is calling for action to [protect the most disadvantaged women](#).

Our member Southall Black Sisters are leading the [campaign to get hotels to lend their rooms](#) to women who need them during the crisis.

Check [our Twitter](#) regularly for news, comment and sharing of our members and lots of national and [international feminist campaigning](#) related to COVID-19.

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