



Covid-19 pandemic and violence against women and girls Recommendations for the 'Hidden Harms' Action Plan

SUMMARY

The Covid-19 pandemic, while a crisis of global proportions, is disproportionately impacting communities living under oppression. Black and minoritised communities are experiencing the highest levels of death rates from the virus, a direct result of structural inequality in society that leads to deprivation, unsafe working conditions, poor health outcomes and systemic barriers in accessing their rights (Public Health England, Disparities in the risk and outcomes of COVID-19, June 2020).

We have previously highlighted to government four key priorities for action: resourcing the specialist support sector; crisis response planning and coordination involving violence against women and girls (VAWG) experts; strong public messaging and guidance on VAWG; and equal protection for migrant survivors. Whilst we welcome the announcement of emergency funding for domestic abuse and sexual violence support, we remain concerned at the lack of a coordinated cross-government response to VAWG, at the complexity of the funding streams delivering vital emergency funding, at the lack of ringfenced funding for the most at risk support services run 'by and for' BME and migrant women, Deaf and disabled women, and LGBT+ survivors, and with the delay in these funds reaching the frontline.

This paper sets out our recommendations for an action plan to tackle VAWG during Covid-19 in the short to medium term. Detailed in the body of this document, they cover the following crucial areas:

- | | |
|---|----|
| • Leadership | 3 |
| • Funding | 4 |
| • Equal protection and support for migrant women | 7 |
| • Criminal and Family Justice | 9 |
| • Housing and Refuge Services | 12 |
| • Health | 13 |
| • Adult social care | 16 |
| • Child protection | 17 |
| • Welfare reform and access to economic resources | 18 |
| • Communication and awareness | 19 |

Alongside these recommendations we are clear that a comprehensive, fully-funded and cross-government strategy to end violence against women and girls is a fundamental priority in the long-term response. The outstanding renewal of the 2016-2020 VAWG strategy is of serious concern for our sector and we urge the government to initiate the consultation, development and delivery of this strategy as a priority.

INTRODUCTION

This paper sets out the priority recommendations from organisations working to end violence against women and girls (VAWG) for the action plan following the Prime Minister's Hidden Harms Summit, held on 21 May 2020. VAWG is a multifaceted issue that requires commitment across government to respond. Our sector stands ready to support the development of an action plan in this regard, and this paper sets out our priorities for preventing VAWG, protecting and supporting survivors and pursuing perpetrators.

The virus is increasing harm faced by millions of women and children experiencing domestic abuse, sexual violence, forced marriage, 'honour based' abuse, child sexual abuse, FGM and other forms of VAWG. In April 2020 we wrote to the Prime Minister to state that it was *"highly foreseeable that the Covid-19 pandemic, and the emergency measures that must be taken to control it, will lead to an increase in violence against women and girls in the UK."* We now know that:

- the police in England and Wales have recorded a 8% increase in domestic abuse compared with the same period last year¹;
- complexity of casework and demand for help seeking has risen significantly for national helplines and online support services delivered across the domestic abuse sector, including services for LGBT+ survivors, perpetrators and those providing legal support;
- services led 'by and for' Black and minoritised women, which traditionally receive high rates of self-referral, have reported significant increases in demand – particularly for refuge spaces²;
- services are reporting that casework is becoming increasingly complex, and digital inequality creates a significant barrier for women accessing support remotely;
- perpetrators are using infection control measures as a tool of coercive and controlling behaviour, in multiple different and dangerous ways;
- According to Counting Dead Women, since lockdown began on 23rd March 2020 26 women (and two young children) have been killed and details about the killings of a further seven women are also expected.³

The consequences of isolation measures, the diversion and repurposing of public services to respond to Covid-19, and the existing vulnerability of many women and girls at a time of less protection continue to be of serious concern. It is important to recognise the 'multiple disadvantage' of women experiencing extensive violence and abuse – they are far more likely to live in poverty and face addiction, experience homelessness, poor mental health and come into contact with the criminal justice system. The consequences of failing to prevent VAWG and support survivors are significant in both human and economic terms.

Our sector anticipates that demand for support will rise significantly and that there will be more complexity to the issues survivors will seek support for as lockdown measures begin to ease and help becomes more accessible. This is particularly the case for survivors of sexual violence and abuse, who typically access services a year or more after it has happened. Specialist support services for migrant survivors with no recourse to public funds also anticipate significant increases in demand at a later point, as women who are isolated, who do not speak English as a first language and who typically find specialist services through word of mouth and walk-in visits, are currently facing severe barriers to accessing support.

¹ National Police Chiefs Council, Data from Operation Talla

² Imkaan, The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls, May 2020

³ <https://kareninagalasmith.com/2020/04/14/2020/>

There are also concerns that easing of lockdown may precipitate dangerous changes in perpetrator behaviour.⁴

In April 2020 we called for commitment at the highest level of government and from those leading key areas of public life to ensure there is zero tolerance of abuse, and to work with us so that survivors of VAWG and their children can access the specialist services and other support they need. We identified four key priorities for action: resourcing the specialist support sector; crisis response planning and coordination involving VAWG and abuse experts; strong public messaging and guidance on VAWG; and equal protection for migrant survivors.

Whilst we have welcomed action on a number of these matters, including £37 million in emergency funding for the VAWG sector over the next six months and the launch of the *#YouAreNotAlone* campaign, we remain concerned that the response to VAWG has been piecemeal, fragmented and unequal. It has taken two months and four different complex funding streams to deliver emergency funding, most of which has yet to reach the frontline. Survivors facing other forms of structural inequality – including Black and minoritised women, migrant women, Deaf and disabled women, and LGBT+ survivors – are facing the greatest barriers to protection, safety, support and justice, yet they and the organisations which support them continue to be marginalised in the response. These structural inequalities produce health inequalities and are resulting in disproportionate rates of mortality within BME communities and amongst older and disabled people.

This paper sets out our recommendations for an action plan to tackle VAWG during Covid-19 in the short to medium term. We have set many of these out before, in joint statements and letters to Ministers and individual organisations' work. Some recommendations include proposals for legislative change and we urge the government to deliver these through the Domestic Abuse Bill currently progressing through parliament. The Bill is an opportunity to deliver a step change in the national response for the future, but the legislation currently requires significant reform to ensure equal protection and support for all survivors.

We are also clear that a comprehensive, fully-funded and cross-government strategy to end violence against women and girls, and effectively challenge the behaviour of those who perpetrate it, is a fundamental priority in the long-term response. We are highly concerned that the current VAWG strategy has ended and its replacement has not been prioritised. We urge the government to develop and deliver a fully-funded strategy within 2020. In addition, we fully support Southall Black Sisters' call to establish a comprehensive strategy and action plan on violence against migrant women. The Covid-19 pandemic has brought to the fore the parallel system of negligible support which exists for survivors with insecure immigration status and it is essential that the government takes action to end this.

1. LEADERSHIP

We remain concerned that the government is not taking coordinated, cross-government action to mitigate the impact of Covid-19 on the rights of all women and girls to live free from violence. Whilst we have seen a number of very useful forums established, most notably the Designate Domestic Abuse Commissioner's weekly joint sector and cross-government meeting, VAWG is still not being factored into the highest levels of the pandemic response. The impact of this has been clear, from: the lack of engagement with the VAWG sector in advance of 'lockdown' to enable services to adequately prepare and ensure continuity, or provide advice on how to prevent VAWG during the pandemic; the fact that the

⁴ Loss of control can be a trigger factor in domestic violence, as described by Yardley, Wilson and Lynes in "A Taxonomy of Male British Family Annihilators, 1980–2012" *Howard Journal of Criminal Justice* 2013.

#YouAreNotAlone campaign materials have still not been published in different languages; the continued lack of clarity about access to PPE for refuge staff and other frontline VAWG staff such as sexual violence counsellors, ISVAs and IDVAs; and the lack of urgency in accommodating perpetrators when released from prison, bailed or issued with a protective order. The most recent example is a lack of engagement with VAWG experts on the development of a Test and Trace system which may not be safe for survivors - particularly migrant women who have had no reassurance about any data-sharing firewall with immigration enforcement. We recommend:

- The Domestic Abuse Commissioner and Victims Commissioner are included in all relevant Ministerial Implementation Groups, particularly as lockdown measures lift, to ensure that the needs of survivors are met.
- Every relevant Secretary of State should receive instructions to ensure that the interests of survivors of VAWG - including migrant survivors and organisations working with them - are represented at all levels of departmental Covid-19 response planning, and that the prevention of increasing levels of VAWG and tackling perpetrators are included among their priority objectives. The victim and witness 'command' structures within the Ministry of Justice are an example of how this can work, but must be extended across all relevant departments.
- The inter-ministerial group on VAWG and National Oversight Group on Domestic Abuse should be urgently reconvened and meet on a regular basis, with representatives from the VAWG sector attending to ensure that new and emerging intelligence on the needs of survivors can be quickly shared and policy and practice developed in response.
- A dedicated Ministerial lead for VAWG within the Cabinet Office, with the ability to hold all government departments to account for progress across a comprehensive action plan.

2. FUNDING

We estimated that at least £65 million of the Treasury's £750 million package of support for charities was required to ensure specialist VAWG services – who faced increased costs at the same time as income losses – could cope during the pandemic. We called for a flexible and fair funding pot which would be simple for services to access, alongside ring-fenced funding for services led 'by and for' BME women, Deaf and 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 continue to be subject to marginalisation and excluded from existing funding systems.

We welcome the £37 million in emergency funding to date. But the bureaucracy of funding being split over three government departments, with a range of application processes, has resulted in a stressful, difficult and exclusionary process for frontline services to navigate during a time of crisis. There was also a lack of clarity on whether funding was for England only or England and Wales – press statements and announcements referring to 'national' funding led to confusion for Welsh services and have been misinterpreted by other funders. The siloed approach has also led to possible gaps in funding for Wales, with funding delivered from local government, Welsh government and PCCs through the Ministry of Justice.

It took over a month for details of how the Chancellor's funding package would reach specialist VAWG services to become clear, yet government departments then initially set deadlines of four or five working days for services to apply for it. After the VAWG sector raised concerns about the impossibly short time frame, that particularly disadvantaged the most precariously funded services, these deadlines were extended. It was evident that government did not understand that services rarely have dedicated resources within a staff team to work on and complete these applications, let alone at such short notice and a time of significant staff shortages. The disappointing failure to ring-fence funds for services working

'by and for' BME women, Deaf and disabled women, and LGBT+ survivors – which are often small and poorly resourced – has meant the process has ignored the systemic funding inequalities these services face. This omission will only serve to widen the existing inequalities that survivors face. In establishing an action plan on 'hidden harms' the government has a key opportunity to revisit this decision and consider more equitable funding models to tackle these disparities.

In its Action Plan we urge the government not to repeat the same mistakes and commit now to delivering a fair and just funding future for all specialist VAWG services.

The emergency funding will end in October and it is essential that life-saving services do not face a 'cliff edge' at this point. The absence of the planned Comprehensive Spending Review to date means that many VAWG budgets, at national and local level, are highly insecure. We need a commitment that the government will work with our sector to secure a sustainable funding settlement for the VAWG sector, based on the following key principles:

- **Ring-fenced funding for 'by and for' services**

Imkaan defines the 'by and for expert sector' as "specialist services that are designed and delivered by and for the users and communities they aim to serve." This can include, for example, services led by and for Black and minoritised women, migrant women, Deaf and disabled women and LGBT+ survivors. 'By and for' expert services are trusted by local communities and the women they support due to their long-established reputations, and their recognition and understanding of intersectionality and the multiple forms of discrimination and additional barriers faced by women from marginalised groups. They are centres of excellence but continue to be excluded within current funding systems. Imkaan has documented the long history of underfunding and political marginalisation for services led 'by and for' BME women, which has impacted on the sustainability of their life-saving work.

There are only two specialist services led by and for Deaf or disabled women, operating only in London and Kent. There are currently just 40 refuges in England which are run specifically for a particular group of women, such as BME women – and not all of these are 'by and for' services.⁵ Imkaan estimates the shortfall in refuge spaces in services led 'by and for' BME women was 1,172, and BME women's organisations faced a funding shortfall of 39% at the start of Covid-19. As a result, 'by and for' BME women's services have had to invest as much as £1,000 from reserves to support women in refuges with emergency food and other essentials which is highly unsustainable. There is only one specialist refuge for disabled women in England, which is solely for women with learning disabilities or autism. Just 1% of refuge spaces are fully wheelchair accessible⁶ and there are only six voluntary services delivering LGBT+ specialist support in England.⁷ It is essential that a future system ends these funding inequalities and dedicates ring-fenced funding to ensure these critical national resources are secure, and can meet the needs of survivors discriminated against on the basis of race, immigration status, disability, sexuality and gender identity.

- **Ring-fenced funding for sexual violence and abuse services**

Rape Crisis England & Wales' definition of a specialist sexual violence and abuse service is one whose primary organisational purpose is to address, prevent and tackle sexual violence and abuse and support survivors as the primary purpose of the service. Although domestic abuse and sexual violence are both linked as forms of gender-based violence, they are distinct, with survivors requiring different specialist service provision to

⁵ Women's Aid (2020) The Domestic Abuse Report 2020: The Annual Audit, Bristol: Women's Aid.

⁶ Women's Aid (2020) The Domestic Abuse Report 2020: The Annual Audit, Bristol: Women's Aid.

⁷ Galop, <http://www.galop.org.uk/lgbt-priorities-for-the-domestic-violence-and-abuse-bill/>, 2020

manage the particularities of the violence they have been subjected to. Sexual violence and abuse takes place both inside and outside of domestic abuse, in the forms of rape, sexual assault, child sexual abuse, child sexual exploitation, grooming for sexual purposes, female genital mutilation, and sexual harassment. Despite this, sexual violence and abuse services are marginalised in the wider VAWG agenda, and services are conflated with those of domestic abuse organisations. It is key that specialist sexual violence and abuse organisations are built into sustainable funding models for VAWG, to ensure that survivors can access the most appropriate services that they need and deserve.

- **Listening to our expertise**

Our organisations have significant expertise on demand for service provision, the needs of survivors and the level of investment required to meet this. We anticipate that demand for support over the coming months will increase as survivors have greater opportunities to seek help and support. But this demand will not be predictable or uniform across the VAWG sector and women's needs will vary significantly, particularly as a result of the barriers they face to reporting and reaching out for help during this time. Representation from the specialist VAWG sector in Wales is also essential to ensure non-devolved and non-devolved policy, provision and funding to be aligned to prevent gaps in provision. This is of particular importance for women involved in the criminal justice system and migrant women, as there is currently significant divergence in duties on public bodies and commitment to fund support. Engagement with the VAWG sector in Wales has previously and can continue to assist with ensuring a joined-up approach.

We urge the government to work with us to ensure that funding operates effectively, fairly and flexibly to meet need across the sector, which is diverse in the variety and scope of services offered. Our organisations have already led extensive work to estimate funding requirements which we urge you to listen to. For example, this includes Women's Aid Federation of England's estimate of £393 million per year to ensure specialist women's domestic abuse services in England are sustainable, including £178 million for refuges. The Domestic Abuse Bill will create an element of secure funding for refuges, though only if the government meets the full cost of provision. However, community-based services which include IDVA, outreach, specialist children's services, drop-in, helplines and extended women's services, still have no guarantee of secure funding. We urgently need commitment to secure, long-term funding for *all* specialist VAWG services.

- **Accountability**

There remains no national accountability mechanism for how local specialist services are funded – including means of understanding how much funding from statutory agencies including local authorities, Police and Crime Commissioners and health bodies is delivered to VAWG specialist services, or for the resulting gaps in provision and survivors' access to the services they need. Many statutory funders continue to lack an understanding of the intersectional needs of survivors and the importance of specialist services in meeting these. Specialist – as opposed to generic – service provision is delivered by organisations whose core business is to tackle VAWG. Their work is based on an understanding of VAWG as gendered and a cause and consequence of inequality between women and men, which intersects with factors such as ethnicity, age, class, sexuality and disability to impact on experiences of abuse and routes to recovery.⁸ The result is a postcode lottery in access to specialist support and problematic procurement

⁸ Whilst there is currently no UK government definition of a 'specialist service' in the context of domestic abuse and VAWG services, within the VAWG sector there is a shared understanding of 'specialism', developed from established knowledge and practice approaches identified by Imkaan and its network of members. Some of these principles have now been adapted into a definition of 'specialist' developed by Welsh Women's Aid, recently adopted by the Welsh Government in statutory commissioning guidance - Welsh Government, Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV): Statutory Guidance for the Commissioning of VAWDASV Services in Wales, March 2019

decisions which fail to value the expertise of services designed for and led by the communities they serve. Issues around differentiating between the particular needs of sexual violence and abuse services and domestic abuse services persist. The creation of the Domestic Abuse Commissioner role is of course set to deliver significant change in the mapping and monitoring of service provision for domestic abuse, but it remains crucial that accountability is built into a future funding system for all VAWG services from the outset.

- **Long-term grant funding**

The funding crisis facing specialist VAWG services does not only relate to how much money is spent, but the way that funds are delivered. Short-term, insecure funding is a serious concern and means services are unable to plan for the future and recruit and retain expert staff. Services cite year-long contracts, long waiting periods for funding decisions, numerous funders with multiple reporting requirements, and the constant threat of losing funding as ongoing concerns. Competitive tendering processes continue to be highly problematic for specialist VAWG providers, as these procurement processes favour larger organisations and contracts above comparatively smaller, specialist women's services who are expert in meeting survivors' needs. In particular, specialist services run 'by and for' BME women are systemically disadvantaged within competitive tendering, which favours larger providers.⁹ There are no designated funds to develop new services to meet survivors needs, especially for disabled survivors outside London. A secure funding future for VAWG services must deliver a shift to long-term (3-5 years) funding for services and the end of competitive tendering which should not be the default model.¹⁰ If the government fails to resource specialist women's services now, it will be storing up problems for a future in which need (such as for mental health support) increases significantly.

3. EQUAL PROTECTION AND SUPPORT FOR MIGRANT WOMEN

Delivering equal protection and support for migrant women is an urgent priority for the government in ending VAWG and upholding international human rights obligations.¹¹ Migrant women experiencing violence and abuse are amongst the most 'hidden' victims and face systemic barriers in accessing safety. Abusers commonly use women's fears of immigration enforcement and separation from their children as a form of coercive control, which is compounded by current immigration policies.

Organisations led 'by and for' migrant women have documented extensively the injustices faced by migrant women and asylum-seeking women experiencing VAWG, including: the denial of access to refuge, safe accommodation and other financial and housing support for survivors with insecure status; resulting experiences and risks of homelessness and destitution¹²; data-sharing agreements between public services and immigration enforcement which bar survivors with insecure status from accessing the services they need for fear of deportation and detention¹³; and lack of access to justice, with the police less likely to pursue criminal charges.¹⁴ Women for Refugee Women has evidenced how the enforced destitution of asylum seeking women – through which they have no support, no housing and no right to work – puts them at risk of domestic and sexual violence, as they are forced to sleep rough or sofa-surf.¹⁵

⁹ Imkaan, *From Survival to Sustainability: critical issues for the specialist black and 'minority ethnic' ending violence against women and girls sector in the UK*, 2018

¹⁰ Home Office (2016) *Violence Against Women and Girls Services Supporting Local Commissioning*

¹¹ The Committee on CEDAW, the Convention on Elimination of all forms of Discrimination Against Women, has determined that access to refuge space is a fundamental right under the Convention, to be provided on a non-discriminatory basis. Access to refuge space also engages the rights of survivors under the European Convention on Human Rights, Articles 2 (right to life) and 3 (prohibition of inhuman and degrading treatment) and Art 14 provides that the enjoyment of these rights shall be secured without discrimination on grounds of national origin. It therefore also creates legal obligations in UK law under the Human Rights Act.

¹² Southall Black Sisters, Domestic Abuse Bill Briefing Paper 2: <https://southallblack SISTERS.org.uk/wp-content/uploads/2020/03/DA-Bill-Briefing-Paper-2.pdf>;

¹³ Latin American Women's Rights Service, *Safe reporting of crime for migrants with insecure immigration status*, May 2018.

¹⁴ ² <http://www.bristol.ac.uk/media-library/sites/spa/documents/justice/migrant-women-policy-evidence-summary.pdf> (2018)

¹⁵ Women for Refugee Women, <https://www.refugeewomen.co.uk/not-safe/>

The barriers facing migrant survivors in accessing safety and support have intensified during the pandemic. Imkaan has reported examples of survivors escaping abuse being denied support from housing authorities and refused access to refuges on the basis of NRPF. Safety4Sisters has reported migrant women being advised by social services to stay in abusive households,¹⁶ and forced to sleep rough during the pandemic due to the NRPF condition.¹⁷ In response to the lack of any measures of protection for migrant survivors with NRPF, Southall Black Sisters was compelled to launch a campaign to obtain emergency hotel and hostel accommodation to support migrant women with NRPF in particular.¹⁸ As a result of this, a crisis accommodation project was launched in London with Solace Women's Aid, with funding from the Mayor's Office for Policing and Crime (MOPAC).

Many migrant survivors are also more likely to be working in insecure, low-paid, unsafe and high risk forms of employment which expose them to the virus, but they are less likely to approach the public services they need – including health services and the police – due to fears of immigration enforcement. Women for Refugee Women report that destitute asylum seeking survivors, who do not have the right to work or any support at all from the government, often live precariously in temporary, and often poor and overcrowded housing, which places them at increased risk of contracting COVID-19.

Whilst any individual with symptoms of Covid-19 is able to access free healthcare, the cumulative impact of years of hostile environment policies, NHS charging, language barriers and the lack of interpreters, means that in practice women continue to be barred from accessing the system. The government has refused to suspend data-sharing between health services and immigration enforcement during the pandemic, in the same way that those in other jurisdictions, including the Department for Justice and Equality in Ireland, have done.¹⁹ It is highly concerning that the government, in developing a Covid-19 data platform, has contracted private sector companies with a history of supplying US immigration authorities with technology and analytics used to deport migrants and separate families.²⁰

The Parliamentary debates on the Domestic Abuse Bill have demonstrated strong support across political lines for legislative measures to protect migrant victims of abuse and concerns about the impact of no recourse to public funds conditions. We urgently recommend that the Domestic Abuse Bill is amended to deliver equal protection and support for migrant women, including:

- a principle of non-discrimination in line with Article 4(3) of the Istanbul Convention to ensure all victims of domestic abuse have equal access to protection and support regardless of immigration status;
- a provision to establish safe reporting mechanisms and an end to data-sharing for immigration enforcement purposes between vital public services and the Home Office, to ensure all survivors can safely report abuse to police and other services without fear of immigration control;
- extension of eligibility for the Domestic Violence (DV) Rule and Destitute Domestic Violence Concession (DDVC), so that every migrant survivor can access routes to regularise/confirm their immigration status and can secure public funds (which must be provided for at least six months) while doing so;
- a provision to ensure all victims of domestic abuse can access public funds and vital, often life-saving support and routes to safety; and that no survivor, whatever her

¹⁶ <https://www.safety4sisters.org/blog>

¹⁷ <https://twitter.com/Safety4Sisters/status/1260832269918502913>

¹⁸ <https://southallblacksisters.org.uk/press-releases/press-release-hotel-chains-womens-charities-urge-government-to-help-women-escape-abuse/>

¹⁹ https://fra.europa.eu/sites/default/files/fra_uploads/ireland-report-covid-19-april-2020_en.pdf

²⁰ <https://blogs.lse.ac.uk/politicsandpolicy/tracking-covid-19/>

immigration status, is treated as being in breach of her leave conditions for accessing those funds;

- a commitment to develop a specific violence against migrant women strategy and action plan.

We also urgently call for the following measures:

- suspend immigration detention and all forms of data-sharing between public services and immigration enforcement. In this pandemic, public health must come before immigration enforcement, and women who are trapped at home with abuser(s) due to Covid-19 measures must not face escalating danger due to fear of the immigration authorities.
- following a commitment to end data-sharing, produce public communications which include reassurances to migrant women that anyone accessing advice, healthcare or essential services will not have their data shared for the purposes of immigration enforcement.
- suspend the NHS Charging Regulations 2015 and 2017 and associated immigration checks and data-sharing which bar efforts to effectively stop the spread of Covid-19 as they prevent migrants and refugees – including survivors – from accessing healthcare.
- ensure that access to Home Office asylum support is improved for those within the asylum system to better protect women with pending claims.
- provide the right to work for people who have been waiting more than six months for a decision on their asylum claim, unconstrained by the Shortage Occupation List.
- ensure that support continues for women who are refused asylum until the point at which they have regularised their immigration status in the UK or have returned to their country of origin.
- publish clear information in multiple languages about the latest changes to the asylum and immigration systems and the specialist BME support services that can offer support.

4. CRIMINAL AND FAMILY JUSTICE

A robust police response is crucial in tackling perpetrators and keeping survivors safe. The 6% increase in reported domestic abuse to the police, in comparison with 2019, is unlikely to reveal the true scale of the crime during Covid-19. Only one in five women experiencing domestic abuse will report to the police and barriers to doing so are even more significant during this time. One in six survivors of rape and sexual abuse will report to the police, and only one in eight children experiencing sexual abuse are known to the authorities.

We are concerned that police forces are currently recording more ‘non-crime’ domestic abuse incidents. Anecdotally we have heard from survivors that their reports of perpetrators using the pandemic for control – such as by failing to adhere to infection control measures, repeatedly coming and going from the home, and deliberately breathing, spitting and coughing in survivors’ faces - have been dismissed when reported. The National Domestic Abuse Helpline, delivered by Refuge, has received a number of calls relating to the use of Covid-19 as a form of abuse – with one helpline worker stating the virus is “*a new tool in the box of things for perpetrators to terrify women with.*” Services have also heard reports from police officers that when they have called a perpetrator in for questioning regarding a domestic abuse incident, all too often the perpetrator is now saying they have Covid-19 symptoms and are unable to attend any voluntary interviews, leaving survivors more vulnerable.

Court closures, stretched probation teams and early release of perpetrators from prison all pose threats to survivors – who remain at significant risk of ongoing harm after separation. During the pandemic, there have also been cases where the police and courts have been

reluctant to use their powers to remand offenders in custody and to grant orders such as DVPOs, because of reluctance to increase the prison population and the limited alternative housing options for perpetrators. There have also been cases where, faced with perpetrators who claim to have symptoms, surprisingly lenient decisions have been made which suggest that the safety of victims is being deprioritised relative to other considerations such as the health management of the criminal justice estate.

Across several police force areas, in cases of non-recent sexual offences, there have been delays in asking suspects to attend a voluntary interview with police, and in the first few weeks of lockdown, postponements of ABE interviews. These delays, as well as extending the already lengthy criminal justice processes, may risk endangering the survivor by exposing them to further victimisation from their perpetrator. Additional and protracted delays to processes is also one of key causes of victim attrition in rape and serious sexual offence cases.

A high proportion of women in prison have experience of violence, abuse and poor mental health. Women currently leaving prison may be forced back into situations where they are at risk of VAWG – including ‘sex for rent’. We are concerned that without specific action to protect and support women leaving custody, which guarantees they have appropriate support from women’s services and accommodation in place, the government’s commitment to address the links between VAWG and offending will be undermined.

We have long called for safer child contact arrangements, and the safety of child contact has continued to be a serious concern for survivors of domestic abuse. Perpetrators have used Covid-19 to continue further their use of child contact arrangements as a tool of coercive and controlling behaviour. Similarly, Rights of Women has reported concerns with: perpetrators using the situation to continue their abuse by placing children at risk intentionally; perpetrators insisting on arrangements continuing contrary to guidance; perpetrators issuing enforcement applications unreasonably; and perpetrators not returning children after contact.²¹ Surviving Economic Abuse has heard reports of abusers refusing to allow children contact with mothers who are key workers, saying their jobs are putting the children at risk.

Covid-19 and the resulting lockdown has also meant survivors have struggled to get legal aid and support when they need it - particularly when navigating remote hearings. We welcome changes to ensure evidence for the ‘domestic violence gateway’ can be provided via email rather than letter, but far more significant changes are required to ensure all survivors can access legal aid.

The government must prioritise the protection and support of survivors by:

- Commitment from the Home Secretary, Secretary of State for Justice and all key leaders within the criminal justice system that there will be a strong criminal justice response to perpetrators of VAWG during Covid-19 and as the lockdown measures are eased. A ‘pursue’ style strategy must be rapidly developed, built on lessons from Covid-19, but forming a long term comprehensive focus on changing the conversation from ‘*why doesn’t she leave?*’ to ‘*why doesn’t he stop?*’
- Commitment to ensure that the backlog of cases at court, and any measures employed to reduce the backlog, do not result in lesser pleas or out of court disposals.

²¹ Rights of Women (2020) Coronavirus and child contact arrangements. <https://rightsofwomen.org.uk/get-information/family-law/coronavirus-and-child-contact-arrangements/>

- Establishing mechanisms to ensure any claims by perpetrators that they have Covid-19 are tested where necessary and do not affect justice outcomes or lead to decisions that would undermine the safety of victims.
- Ensuring IDVAs, ISVAs and other specialist support services are funded, equipped and supported to provide the long-term care survivors within the courts systems require. Despite the CPS's Best Practice Framework encouraging local criminal justice boards to ensure that domestic abuse survivors are supported with an IDVA in court, in practice many services are not commissioned to cover court work, which results in victims missing out on support or needing to rely on non-specialist support.
- Roll out the Specialist Domestic Abuse Court model (SDAC) nationally, as supported by the DA Commissioner. This has shown to have positive outcomes for survivors and their children, with best practice demonstrated in Westminster where Standing Together have coordinated the courts for the last two decades.
- Producing specific guidance as soon as possible on managing risk and hearing evidence (including special measures, access and communication support) in remote hearings where domestic abuse is involved.
- Ensure survivors have a choice about giving evidence in person or remotely, particularly if the parties are litigants in person, where one party cannot access childcare or in rural areas where there is limited access to public transport.
- Ensuring new allegations of a breach of a child arrangements order, where there are historic or current allegations of domestic abuse, are dealt with carefully, and with awareness of the potential for perpetrators to use the pandemic as an opportunity to continue their abuse.
- As recommended by the Home Affairs Select Committee, make non-means tested legal aid available for all domestic abuse cases.
- Relaxing the usual legal aid gateway evidence requirements so that solicitors – as well as doctors and other professionals who are too busy at the moment – can certify that a survivor has experienced domestic abuse and allow them to access legal aid.
- Developing particular safeguards in relation to prisoners due for early release who are perpetrators of domestic abuse to ensure that survivors are kept informed and protected.

The Domestic Abuse Bill must also deliver the following urgent changes:

- Use the wording of Practice Direction 12J to introduce an explicit statutory framework which makes clear the presumption that the involvement of a parent will further a child's welfare does not apply when there has been any allegation or admission of harm by domestic abuse to the child or other parent or any evidence indicating such harm or risk.
- Prohibit unsupervised contact for a parent waiting trial or on bail for a domestic abuse, a related offence or where there are ongoing criminal proceedings for domestic abuse.
- Ensure that survivors are protected consistently across our justice system with automatic eligibility for special measures across civil and family, as well as criminal, courts.
- Prevent the service of family court orders on refuge residential addresses.
- Include post-separation abuse in the offence of controlling or coercive behaviour.
- Reverse the presumption against pre-charge bail in all domestic abuse cases and extend the initial bail period to 3 months.
- Extend the offence of sharing sexual images without consent to include threats to share these images.

5. HOUSING AND REFUGE SERVICES

The current severe shortage of refuge spaces has been further hit by the impacts of Covid-19. The high and unmet demand for refuge spaces continues, and women and children who need these life-saving services face further barriers to access during the pandemic; many refuges are struggling to accept referrals due to lockdown measures, and ability for current residents to move on to longer term housing is constrained. Marginalised groups of women – including BME women and migrant women with NRPF, those with substance use or mental health needs and Deaf and disabled women – face the most severe barriers to safety and have continued to be at significant risk of homelessness, which is often hidden, during the pandemic.

Data from the four UK Women's Aid federations shows that the average number of vacancies available at any point during the first seven weeks of lockdown was 120, compared with an average of 239 for the same period last year²². The National Domestic Abuse Helpline is seeing an increase in the proportion of calls from women seeking a refuge bed where no suitable place is available. In England, the Chartered Institute of Housing, National Housing Federation, Domestic Abuse Housing Alliance and Women's Aid have launched a call to action for housing providers to support refuges with move-on housing, which has been supported by the Domestic Abuse Commissioner.

In addition to urgent action to close the shortfall in refuge spaces, ensuring adequate provision of additional safe accommodation for women and children escaping domestic abuse, alongside support, is urgently needed. Whilst the government has provided councils with an additional £3.2 million to enable them to house rough sleepers, and stated that a £1.6 billion general fund to support local authorities during the pandemic should be used to support survivors escaping abuse, there remains no clear strategy for how women and children escaping domestic abuse can access suitable and safe self-contained accommodation. The letter clarifying that these funds should go towards housing women escaping abuse also failed to specify that housing support must include migrant women with NRPF. Whilst the Welsh government committed to include migrant survivors in the public health homelessness emergency response, refuge funding in Wales still does not cover women with no recourse to public funds and Welsh Women's Aid are highly concerned that support will be withdrawn from migrant survivors as the lockdown lifts.

In London, the Mayor has worked with Southall Black Sisters and Solace Women's Aid to launch a scheme to open up 70 new units of safe accommodation – including housing, flats and hotels – and specialist support for survivors, including those with NRPF. Within the first two weeks of the scheme, the 20 spaces allocated for migrant women with NRPF had been filled - demonstrating the scale of unmet need at this time and the urgency of establishing comprehensive safe accommodation options for survivors with NRPF across the country. Agenda has also reported that homelessness service providers have not had the capacity or spaces to meet the needs of women with multiple disadvantage.

We have been alerted to an offer of hotel accommodation made by MHCLG to local authorities, but it came with no guidance on the specific safety needs of survivors or provision of specialist support. There has been no national guidance or clarity on how local authorities can safely and consistently house survivors in additional forms of accommodation, which we believe is vital to ensure this works safely for survivors. Similar guidance is also needed to enable the safe removal of perpetrators from the home and re-house them in alternative accommodation.

²² Based on weekly snapshots taken from the Routes to Support database, the UK violence against women and girls service directory run by Women's Aid Federation of Northern Ireland; Scottish Women's Aid; Welsh Women's Aid and Women's Aid Federation of England.

It is therefore welcome that the government has created a new taskforce on rough sleeping and Covid-19, which will be chaired by Dame Louise Casey. We urge the taskforce to support the following recommendations, which the government should act on:

- Refuges and other specialist services supporting survivors in alternative forms of safe accommodation, including specialist BME services supporting women with NRPF, should have access to testing kits and personal protective equipment for staff - such as gloves and aprons - to allow them to safely continue their direct work with survivors.
- The Domestic Abuse Commissioner and specialist VAWG agencies should be involved in planning move-on accommodation and support for women and survivors, and issuing specific guidance to local authorities.
- Ensure emergency hotels and other accommodation, including asylum accommodation, remain available in order to house every woman who would otherwise be unable to isolate in a safe way that adheres to social distancing and self-isolation guidance.
- Ensure that sanitation in asylum accommodation is adequate and that conditions allow for asylum-seeking survivors to comply with social distancing and self-isolation guidance.
- Ensure that safe, women-only accommodation alongside specialist support is available for women facing multiple forms of disadvantage - including fully accessible accommodation and accommodation suitable for women using personal assistants or other live-in support.
- Ensure that BME women and all survivors with NRPF across the country can access safe accommodation alongside specialist support.
- Fund specialist VAWG agencies to support survivors facing multiple disadvantage to stay safe, including survivors living with mental health and substance use problems, and those who are street homeless.

We also urge for the Ministry of Housing, Communities and Local Government to:

- Meet the Council of Europe recommendation for bed spaces, with a clear strategy to ensure specialist services can deliver additional refuge capacity.
- Establish a clear strategy and guidance for local authorities in housing all survivors – including those with NRPF – in alternative forms of safe accommodation, alongside specialist support.
- Deliver a statutory bar on local authorities imposing local connection or residency restrictions on survivors escaping domestic abuse through the Domestic Abuse Bill.
- Provide a direct contact point within Public Health England for refuge services so they can address specific concerns and issues with managing self-isolation.
- Ensure refuges can operate safely, including ensuring testing for Covid-19 is available to staff and residents and as well as consistent provision of PPE.
- Work with the Department for Work and Pensions to compensate refuge services in England and Wales for any losses from housing benefit during the pandemic.
- Continue funding for any refuge service which is due to close due to funding coming to an end, to ensure no reduction in provision during the crisis.
- Support the 'call to action' on move-on accommodation by working with housing providers, the refuge sector and specialist BME services to deliver an effective long-term move-on pathway for the future.
- Work with partners to develop best practice (including funding mechanisms) in the provision of alternative accommodation for perpetrators, to better enable victims to stay safely in their own homes if they wish to do so. Such accommodation pathways would help facilitate further use of DVPOs, occupation orders and other tools to protect victims.
- Ensure national roll out of the [Whole Housing](#) approach to domestic abuse, endorsed by the [National Housing and Domestic Abuse Policy and Practice Group](#) which the [Domestic Abuse Housing Alliance \(DAHA\)](#) chair.

6. HEALTH

Covid-19 continues to compound and exacerbate systemic health inequalities. Public Health England's review into disparities in the risks and outcomes of Covid-19 shows clearly that Black and minoritised communities are far more likely to be diagnosed and to die from the virus.²³ Health inequalities are a result of systemic racism and inequality in society, as BME communities face barriers to health care access, are at greater risk of developing serious and long-term health conditions which increase their 'vulnerability' to Covid-19, alongside higher levels of deprivation and unsafe working conditions.²⁴ We remain highly concerned that the PHE review contained no actions or recommendations to tackle these inequalities and protect BME communities from the virus.

Domestic and sexual abuse have serious physical, mental, sexual and reproductive health impacts on women and children. For many survivors, health care settings are one of the only places that they are safe to disclose domestic and sexual abuse and seek confidential help and support. However, Agenda's research shows that currently staff in health services, including mental health settings, are not routinely asking women about their experiences of abuse, and vital opportunities to help are frequently being missed.²⁵

Measures in place that have decreased social contact will have had significant mental health impacts on the population, and this could be acute for survivors coping and recovering from trauma. We know that being subject to restriction has been re-traumatising for survivors who have experienced isolation and entrapment in an abusive relationship. The closures of GP surgeries and the move to largely virtual consultations within primary care has also restricted women's access to safety, support and a confidential space. Fear of accessing health services during the pandemic also means that women are unable to access critical care that they require because of violence and abuse - and migrant survivors continue to be deterred from accessing the healthcare they need due to fears of NHS charging and data-sharing.

Health settings – from pharmacies to hospitals – can play a critical role in sharing advice, information and signposting to specialist support for women experiencing domestic and sexual abuse. It is important to note that Covid-19 has also meant VAWG services going above and beyond usual service delivery, in order to mitigate for reduced capacity in the health sector. Rape Crisis workers have worked with general anxiety around Covid-19, bereavement, and have supported survivors' access to medical care and medication during the pandemic.

The national Pathfinder project, led by Standing Together, has demonstrated the need for a "whole health response" to domestic abuse – going beyond one off training and stand-alone interventions. A change in the culture of health services, including partnership working between health providers and specialist domestic abuse services and a strategic, funded commitment to implement the necessary structural changes are needed. Learning from IRIS programmes in general practices, IDVA services in hospitals and the Pathfinder programme should be discussed urgently and best practice put in place to better train and equip professionals, resource specialist services and support patients.

We know that the NHS Covid-19 app aims to curb the spread of the virus, and will be fully operational soon. However, we are very concerned that our sector has not been engaged in the development of this system and, as a result, fear that it could be unsafe for survivors. Firstly, the app requires location services to be enabled to work on Android phones, so if a perpetrator is using spyware to stalk a partner or ex-partner, using the app will expose the

²³ Public Health England, Disparities in the risk and outcomes of COVID-19, June 2020

²⁴ <https://charitysofwhite.org/covid19-health-inequalities>

²⁵ Agenda, Ask and Take Action Report: Why public services must ask about domestic abuse, 2019

survivor's location. Secondly, training will be required to ensure that those who are undertaking 'manual tracing' understand how perpetrators could manipulate the system, and the utmost importance of data privacy and security for survivors' safety.

Since the government has decided not to suspend data-sharing between the healthcare sector and immigration enforcement, we have serious concerns about the track record of private sector companies that the government has engaged in this work. This includes: the fact that Serco, which runs two immigration detention centres, has the contract to deliver recruitment for the tracing system; and that Palantir, a partner in the Covid-19 data platform, has a history of supplying US immigration authorities with technology and analytics used to deport migrants and separate families.²⁶ This has potentially serious consequences for migrant survivors who continue to be barred from accessing the protection and support they need due to data-sharing. We therefore call on the Department of Health and Social Care to act now to:

- Publish an action plan to tackle health inequalities and protect BME communities during Covid-19.
- Urgently involve VAWG experts in the development and delivery of the 'Test and Trace' system to: ensure it is safe for survivors; issue clear guidance and advice on the system for survivors; and deliver specific training on domestic abuse to 'tracers', in order to ensure the system is not manipulated by perpetrators and that survivors' privacy is kept paramount.
- Meet with the specialist BME VAWG sector to ensure that survivors in the Test and Trace system are protected from data-sharing with immigration enforcement immediately, and produce communications on this to ensure migrant survivors are informed of this development.
- Establish safe reporting mechanisms for survivors accessing vital public services including health care, so they can safely report abuse to the police, social services, health professionals and others with confidence they will be treated as victims and without fear of immigration enforcement, and communicate these changes to the public.
- Work with NHS England to support GPs and sexual health services including Sexual Assault Referral Centres (SARCs) to keep lines of communication open and ensure women are alone and safe to speak wherever possible, and women can continue to access their sexual and reproductive health rights.
- Ensure all VAWG professionals have access to personal protective equipment for staff, such as gloves and aprons, in their direct work with survivors.

And long-term, to:

- Deliver a long-term public health campaign to challenge public attitudes to domestic abuse.
- Establish a duty on publicly funded services to enquire into current and historic domestic abuse and sexual violence as standard practice.
- Deliver funding for high-quality, specialist training of all healthcare professionals on VAWG, including to support them in making safe clinical or routine inquiries into domestic and sexual abuse, depending on the health care environment.
- Ensure that all health services (including Trusts and CCGs) provide a long-term, strategic commitment to responding to domestic abuse, including by developing VAWG policies for staff and patients respectively and commissioning evidence-based programmes.

²⁶ <https://blogs.lse.ac.uk/politicsandpolicy/tracking-covid-19/>

- Deliver sustainable and significant government investment to ensure provision of specialist VAWG services co-located in GP, acute and mental health settings.
- Ensure survivors have priority and timely access to specialist mental health support services, and specialist sexual violence and abuse counselling services, which are adequately and consistently funded, and available across the country to all survivors, regardless of their immigration status.
- Increase funding for quality-assured programmes, which are underpinned by research and evidence, that health professionals can refer perpetrators into.
- Ensure representation from mental health services on the Domestic Abuse Commissioner's advisory panel, in addition to the wider health service representation.
- Work with NHS England and other relevant health and care agencies to understand and respond to new policy and practice introduced by the Domestic Abuse Bill, such as the new statutory definition, so that health and care staff can recognise and respond to domestic abuse effectively in all its forms.

7. ADULT SOCIAL CARE

The government's emergency coronavirus legislation made changes to the Care Act 2014 in England to enable local authorities to prioritise the services they offer to ensure the most urgent and serious care needs are met. These changes to the Care Act 2014 took away established rights and safeguards, and have had a significant impact for disabled people. The Coronavirus Act has effectively suspended the Care Act, with local authorities only now required to provide support where disabled people's human rights are at risk of being breached. The legislation has also enabled time limits in the Mental Health Act to be extended, which will mean people can be detained more easily.

These changes are even more concerning when we consider Deaf and disabled women face increased risks of gender-based violence²⁷, and that current safeguarding processes frequently fail to protect them. Stay Safe East has highlighted that at a time when disabled people are in their own home with a partner, family members, paid or unpaid care workers or personal assistants, or in 'a home' with paid workers, and very little external oversight, it is very likely that they are at high risk of abuse. The significant barriers facing disabled women experiencing domestic abuse from accessing help have been even further increased during the pandemic – including increased isolation, reliance on the abuser for care and access to basic essentials, and difficulties in communicating with public and specialist services. Disabled women's fears of institutionalisation if they report domestic abuse, which are often instilled by a perpetrator, are even more severe during Covid-19 - as entering institutional care could be a 'potential death sentence'.²⁸ We therefore urge for:

- The government, local authorities and social services to prioritise the needs of all women and girls facing violence and abuse – particularly those who are facing multiple forms of discrimination – and provide the support and care they need in a safe and appropriate way.
- Adult social care staff to prioritise the identification and support of disabled women experiencing domestic abuse and VAWG in their contacts and assessments, which must be delivered in private safe spaces where family members or paid carers are not present.
- Full engagement with experts in the VAWG sector about the enhanced risks facing Deaf and disabled victims, and survivors with learning difficulties, and the steps that can be taken locally to mitigate these.

²⁷ Office for National Statistics (ONS). (2018) Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2017. Published online: Office for National Statistics.

²⁸ Stay Safe East, Response to Women and Equalities Committee consultation: impact of Covid 19 on people with protected characteristics, April 2020

8. CHILD PROTECTION

The isolation requirements of the Covid-19 crisis increase the likelihood that girls will experience sexual abuse in the home, and be sexually exploited online. Children in the care system are at significant risk of sexual abuse and exploitation. Imkaan has shown that Black and minoritised children continue to be over-represented in the care system - yet under-represented those receiving effective support - and continue to be pathologised, institutionalised and criminalised.²⁹

It is alarming that the Adoption and Children (Coronavirus)(Amendment) Regulations 2020 (Statutory Instrument 445) enacted key changes which will impact children in care and reduce safeguarding responsibilities.³⁰ Whilst it is understandable that local authorities are under immense strain due to Covid-19, and that the health of staff, families and children must be prioritised, secondary legislation of this nature has been proposed three times since 2016. It would be reasonable therefore to conclude that the pandemic has been used as an opportunity for deregulation of children's social care, with neither the scrutiny of Parliament nor stakeholders. It is highly concerning that significant changes impacting children in care – including the regularity of social worker visits, the removal of mandatory independent reviews of a child's care, the dilution of the duty on children's homes to ensure independent visits, reduced Ofsted inspections and relaxation of notification duties in respect of criminal offences for fostering – have been made in this way.

Domestic abuse can have a devastating impact on children and young people and is the most common factor in cases where children are at risk of serious harm³¹. Children experiencing domestic or sexual abuse and other forms of harm will have suffered as a result of household isolation. Whilst some 'vulnerable children'³² have continued to access educational provision during the pandemic, the closure of schools is a serious area of concern for child survivors for whom school is a safe space to disclose, and seek help and comfort. Globally, there is evidence that FGM has increased significantly due to school closures.³³

We are concerned by the missed identification opportunities, and that children experiencing domestic abuse and other forms of harm will have been left without protection or support during this time. Changes to the Care Act 2014 in England also included a suspension of local authorities' duties for young people transitioning to adult social care, which is of particular concern considering many care leavers will have already experienced trauma relating to domestic abuse and other forms of VAWG. There have also been reports of increases of child and adolescent to parent violence during the epidemic, and it has become clear that there are very limited specialist systems to respond to this.

There are vital issues that the Domestic Abuse Bill can include to ensure that children and young people experiencing domestic abuse get the specialist support they need, including:

- The proposed definition of domestic abuse to make clear that children experience domestic abuse.
- The Children Act 1989 to name coercive control as 'harm to children'.
- End the presumption of contact in cases where children are at risk of harm from domestic abuse, with contact arrangements in domestic abuse cases based on informed judgement of a child's best interests and safety.

²⁹ Imkaan, From the Margin to the Centre: Proposal for an Alternative Bill addressing Violence Against Women and Girls, 2018

²⁷ <http://www.legislation.gov.uk/uksi/2020/445/contents/made>

³¹ Ofsted, HMICFRS, CQC, HMIP, 'The multiagency response to children living with domestic abuse', 2017

³² Defined as those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plan

³³ <https://www.theguardian.com/global-development/2020/jun/01/many-girls-have-been-cut-how-coronavirus-global-school-closures-left-children-at-risk>

- Prohibit unsupervised contact for a parent waiting for trial, or on bail for, a domestic abuse related offence, or where there are ongoing criminal proceedings for domestic abuse.

It is also vital that:

- Statutory Instrument 445 is immediately withdrawn.
- The government, local authority leaders and directors of children's services work with the police and other public services to ensure that girls, who are most at risk of sexual violence and exploitation, are protected during the pandemic.
- Statutory guidance is published for local authorities on their safeguarding duties under Section 17 of the Children Act to support migrant families experiencing domestic abuse and other forms of VAWG
- The Department for Education works with the VAWG sector to develop specific resources to ensure appropriate protection measures are in place, and children and young people are aware of gendered issues in regards to VAWG.
- The government delivers a system-wide review of protection and support for BME children and young people, placing them at the centre of the review and ensuring their voices are heard.
- The government ensures a sustainable future funding model for domestic abuse support services, including services led 'by and for' BME women, which integrates funding for children by default. This should include specialist support for interventions that address child and adolescent to parent violence.
- The work of specialist domestic abuse services in supporting and protecting children is recognised and funded by children's services, with increased investment into existing therapeutic and specialist children and young people services.

9. WELFARE REFORM AND ACCESS TO ECONOMIC RESOURCES

The government delivered welcome swift action to protect people's jobs and incomes impacted by Covid-19, as well as increases to unemployment benefits and reforms to the Local Housing Allowance. Low-income families and survivors with NRPF experiencing domestic abuse, however, continue to face severe hardship and even destitution during this time. Furthermore, the pandemic and social measures to stem its spread are being used by some perpetrators to exert further economic control over victims through limiting their ability to build economic safety and/or push them into debt.

In relation to welfare benefits, the single household payment of Universal Credit which enables perpetrators to control and abuse household finances, the requirement to repay advances, and the five week wait continue to be severe concerns for survivors. A wider raft of welfare reforms, including the benefit cap and two child limit, continue to hit single parent households – most of whom are mothers – severely and push children into poverty. Survivors with NRPF remain completely ineligible for assistance from the welfare safety net, and as a result are barred from the financial independence and resources needed to escape violence and abuse.

We are also aware that the Child Maintenance Service's temporary policy, that enables parents to self-report that they are unable to afford payments as a result of the pandemic, is being taken advantage of by perpetrators of economic abuse. It is hugely concerning that the policy of a statutory body is being used to facilitate abuse.

In terms of accessing core services, Surviving Economic Abuse is aware that women living with their abuser can be denied access to core utilities, such as the internet and phone. This is particularly concerning in the context of Covid-19 as it significantly limits their ability to

seek help and support. The impact of the pandemic on their income, as well as the actions of the perpetrator, may also be pushing victims of domestic abuse into rent and/or mortgage arrears. We are aware that survivors may be unable to access schemes such as mortgage holidays if their credit ratings are poor following economic abuse; this can make their accommodation situation worryingly unstable.

Frontline VAWG services are reporting serious concerns about women's access to food and basic essentials. Women in refuge are largely reliant on food banks – but these are struggling for donations, volunteers and locations in which to operate. Specialist domestic abuse services have had to use their own reserves to ensure women can access their most basic rights to food and survival. We therefore call for:

- Reforms to the Domestic Abuse Bill to ensure that all migrant survivors can access public funds, including social security.
- New Universal Credit claims to be processed quickly and payments made timely.
- An end to the five-week wait for a Universal Credit payment and removal of the requirement for survivors to repay any advances.
- The Child Maintenance Service to reintroduce its checks to ensure that parents reporting they are unable to make payments are genuine.
- An immediate end to the welfare reform policies which have disproportionate impacts on women, including the benefit cap and two child limit.
- The Domestic Abuse Bill to extend the Domestic Violence Easement so it is available to survivors claiming Employment Support Allowance, as well as Job Seekers' Allowance.
- The Domestic Abuse Bill to include a duty to provide British Sign Language and Language Interpreters where necessary at JobCentre Plus offices and to provide accessible means of claiming benefits.
- The Domestic Abuse Bill to include a duty on government to assess welfare reform policies for their impact on survivors, with specific focus on the ability of women to escape abusive relationships and rebuild their lives.
- The government to work with phone and internet providers to explore how key services can be made accessible to victims of domestic abuse to seek help, such as free access to websites that provide information and support.

10. COMMUNICATION AND AWARENESS

It has never been more important to communicate that all forms of VAWG are crimes that will not be tolerated and to let all women know that there is help and support available. This can only be effectively delivered as part of a comprehensive approach to tackling VAWG, and when sustainable funding for specialist services is guaranteed to ensure that survivors can access the specialist support they need.

We welcome the Home Office's domestic abuse awareness raising campaign, however not all survivors will identify their experience as domestic abuse or with the hashtag '*YouAreNotAlone*'. We are clear that communication should speak to all communities and recognise the additional barriers facing women and children from marginalised groups – including digital inequality and exclusion, and that all government communications should be available in multiple languages, including British Sign Language. It also remains essential that communications signpost to appropriate national support services, including the Live Free Fear Helpline in Wales – as they deliver specific support relevant to devolved national contexts, particularly for supporting survivors regarding housing and health, and have strong relationships with their national network of specialist services.

Following the 'Mask 19' initiative in Spain and other European countries, where women can use this code word to alert pharmacies about domestic abuse, the UK government is

planning a code word scheme in supermarkets and pharmacies. We support efforts to develop a national scheme through which survivors can access support through retailers, but remain very concerned that the current approach – which lacks a robust programme of training for staff who will be responsible for responding to survivors – would be unsafe. We remain clear that a number of safeguards must be established for this to be safe and effective, including: training; attitudes; risk assessment; inclusion; and evaluation and accountability. We are concerned that there are no plans to pilot this approach before a national rollout.

To ensure that the scale of VAWG, its nature and impact are taken into account, and the full range of support available for women and children is accessible to them, we urge that:

- The government puts survivors' safety first in all communication and awareness schemes, including a codeword scheme which must be delivered with a robust training programme for retail staff that ensures they will deliver a safe response to survivors coming forward for help.
- The government ensures all communications, including the daily press conference, should be translated into a range of languages, including British Sign Language, and made available in Easy Read and in subtitled video format.
- Language should hold perpetrators responsible for their behaviour wherever possible and avoid perpetuating the sense that domestic abuse is inevitable.
- The Home Secretary should continue to reiterate that the police response to domestic abuse, sexual violence and other forms of VAWG will not be downgraded or deprioritised and instruct police chiefs to communicate this locally at every opportunity.
- The list of critical workers is expanded to include interpreters needed to enable people to access essential services, and for VAWG services to also be regarded as essential services.
- The government commits to hold a summit on VAWG in the physical world in 2021, with hundreds of survivors of these crimes from across the UK to speak about their experiences prior to, during and after Covid-19. We encourage the government to learn from survivor-led conferences – including Rachel Williams' Standing Up To Domestic Abuse conference³⁴ (which 400+ survivors attended in Newport in 2019), and the Oak Foundation summit in Cape Town in South Africa in early 2020 – to ensure survivors can shape and drive a summit in which government, agencies and charities listen to their expertise.

³⁴ <https://sutda.org>