



shadow
pandemic

**SHADOW PANDEMIC
- SHINING A LIGHT
ON DOMESTIC ABUSE
DURING COVID**

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1. SUMMARY

1.1 COVID-19 PANDEMIC AND THE CHANGING NEEDS OF VICTIM-SURVIVORS

The pandemic occurred in a context where the impacts of austerity and systematic under investment were already being evidenced. The response to the pandemic failed to consider pre-existing inequalities, particularly for minoritised women. The sector has issued warnings that the pandemic is likely to set back economic equality between men and women by decades, putting Black and minoritised, disabled and migrant women at particular risk. Black and minoritised people have been over-exposed and under-protected to the pandemic's economic and social consequences.

Covid-19 exacerbated the economic pressures on victim-survivors. Difficult choices are common themes in the literature, with victim-survivors being forced to choose, for example, between their phones and heating. Disabled women reported that they found it impossible to access food in the first few weeks of the pandemic. Specialist 'by and for' services reported that in the first month of lockdown they were overwhelmingly supporting women with questions around access to welfare benefits, loss of employment, emergency loans and travelling food banks. These issues have been exacerbated by problems with Universal Credit. The impact of the pandemic on racially minoritised women and migrant women with No Recourse to Public Funds has been particularly acute.

Safety needs are consistently highlighted in the literature, including in relation to online safety. There are serious concerns raised about the safety of migrant women and their children, who have been placed in high-risk situations with perpetrators. One in five LGBT+ survivors of domestic abuse did not feel safe where they were staying during lockdown and abuse had got worse for one in three survivors. Concerns have been raised about vulnerable groups, including women who are vulnerable to sexual exploitation and street prostitution, and experiencing substance use. The likely rise in separations as restrictions are lifted may present an increased risk of homicide.

Isolation is a major theme in the literature, with isolation leading to increased personal safety needs of victim-survivors. One of practitioners' biggest concerns was the safety of isolated survivors due to the lack of face-to-face provision and increased risk from perpetrators. Large proportions of victim-survivors reported that they had been cut off from support networks and help-seeking avenues. This is particularly true for minoritised victim-survivors. In increased isolation, some family members are reported to have used sexuality and gender identity to abuse, limit or discourage contact with social support networks, and to pressure victim-survivors into heterosexual relationships.

Mental health is a prominent theme, both for victim-survivors currently experiencing abuse and those having experienced abuse in the past, with several references to increases in suicidal ideation.

The availability of services has been a key barrier, with services severely under-resourced even prior to the pandemic, especially for minoritised people. The literature found several barriers to support including a lack of understanding and will to work with migrant women, racist and discriminatory practices, a hostile data sharing environment, a failure to uphold statutory requirements and depleted access to interpreters.

The impact of the pandemic on children and young people who are victim-survivors of domestic abuse has also been severe. After the first lockdown, incidents of death or serious injury after suspected neglect or abuse rose by a quarter. Children have been at increased risk of sexual exploitation, have experienced increases in abusive behaviour, have had fewer spaces and opportunities to seek help, and been affected by increased poverty, in particular Black and minoritised children and young people. These factors have had a range of adverse impacts on their health and wellbeing. Children have been affected by increased delays in the family courts and have been at heightened risk of trauma from overhearing court proceedings at home. Young Black and minoritised women are also specifically reported as being at increased risk of homelessness, as well as Violence Against Women and Girls (VAWG) and mental health risks during the pandemic.

1.2 NATURE OF DOMESTIC ABUSE AND PERPETRATION TACTICS

The research shows ways in which perpetrators have used the pandemic and associated measures as tools of coercive and controlling behaviour. Across the research there are several examples of these tactics, including perpetrators using lockdown restrictions as an excuse to move back into the victim-survivor's home and control movement within the house, using the virus itself as a threat by coughing at victim-survivors, or refusing to take precautions such as social distancing or handwashing - in doing so, placing victim-survivors and any children in danger. Perpetrators who already used their wives or partners' immigration dependency as a form of coercive control

were further emboldened by the lockdown restrictions. Similarly, some victim-survivors who were shielding were reliant on the perpetrator for access to food or medication – and there were serious concerns around perpetrators denying access to medical treatment to victim-survivors who became unwell. Perpetrators used the context created by the virus to exert further economic control over victim-survivors, including withholding child maintenance and restricting access to employment and education. Stalking services reported large increases in cyberstalking during the initial weeks of lockdown, and concerns around the increased vulnerability of stalking victim-survivors. Concerns have been raised about a rise in Child and Adolescent to Parent Violence and Abuse (CAPVA), with mothers and women in caring roles at the highest risk of experiencing this type of abuse.

The pressures from lockdown restrictions pushed specialist services working with perpetrators of domestic abuse to respond rapidly within a changing environment that impacted service delivery. There was a 97% increase in contacts to the perpetrator helpline and the complexity of needs led to further time required to respond appropriately to perpetrators. Those seeking support ranged from perpetrators themselves, frontline staff and concerned others. Prevention services were forced to adapt models of service delivery, with significant impact on the mental health of frontline staff. Those working with perpetrators found themselves working with higher risk management plans.

Analysis of domestic homicides between 23rd March 2020 and 31st March 2021, found that there were 215 deaths in 208 reported incidents. The number of domestic homicides was slightly higher than in the previous year but in line with the 15-year average. There was no data for previous years on victim suicides, which was produced for the first time during this year. The homicide findings highlight the gendered nature of abuse, with most victims being female, particularly in intimate partner homicide and suspected victim suicide cases, and most suspects were male for all homicide types except child deaths. Victims facing additional forms of discrimination and barriers to support have been disproportionately impacted, with the proportion of victims from Black and racially minoritised victim-survivors appearing to be higher than the previous 15-year average. As lockdown eased there was a rise in first-time domestic incidents being reported to the police. Across the literature, there are clear concerns that as restrictions further ease, there is the risk of abuse escalating as perpetrators attempt to counteract the loss of control.

1.3 SYSTEM RESPONSES TO VICTIM-SURVIVOR NEEDS

The pandemic has highlighted poor response from the system in responding to domestic abuse. This includes local authorities failing to house victim-survivors (including those who have No Recourse to Public Funds but are eligible) or minimising their duty of care. Services have also highlighted concerns about MARAC provision during the pandemic, whilst the criminal justice and family court systems are leaving victim-survivors at risk, with delays in trials, acceptance of guilty pleas for lesser crimes, more out-of-court disposals, a fall in the use of Domestic Violence Protection Orders and Domestic Violence Protection Notices, and issues around the investigation of violence against women (such as Achieving Best Evidence interviews not taking place). Concerns have also been raised about the barriers faced by Black and minoritised victim-survivors, such as racialised police responses and the use of fines for breaking lockdown restrictions. The hostile environment is a barrier for accessing services (including, but not limited to, health, police, and local authority) for migrant women, or women who have NRPF, and there are delays in the Home Office processing of asylum claims. The suspension of local authority's duty of care has also

raised concerns about the safety of disabled victim-survivors during the pandemic. There is also increased demand on the benefits system and perpetrators have been able to reduce or stop child maintenance payments without providing evidence of a reduced income. As well as this, the pandemic had a negative impact on housing options for victim-survivors, with high demand and barriers for accessing refuge and move-on accommodation (which was heightened for Black and minoritised victim-survivors) and increases in mortgage or rent arrears for women. Services have also reported an impact on the support available for children affected by domestic violence. With an increase in victim-survivors working remotely or from home, the pandemic has also highlighted the significance of employer responses to domestic abuse.

1.4 SECTOR IMPACTS

Services across the domestic abuse sector have reported increased demand during the pandemic. However, the picture is complex with fluctuations in demand in part influenced by lockdown restrictions that have affected victim-survivors' ability to seek help. The level of need amongst victim-survivors has also increased in complexity, impacting on service capacity. Practitioners are having to keep cases open longer to respond to the complexity of need and gaps in the system response, such as court delays. Capacity has also been affected by availability of certain services, with the shortage of refuge space coming into clear focus during the pandemic.

The literature demonstrates an existing state of underfunding in the sector, disproportionately so for services supporting Black and minoritised women, disabled and LGBT+ victim-survivors. Whilst much of the sector received emergency funding from the Government, there were challenges in applying for this, particularly amongst smaller organisations. There are concerns about sustainability going forward and services' ability to recover from the crisis. Recruitment of staff in an environment of uncertain funding and short-term contracts continues to put an enormous strain on services. Many services run part of their offer without commissioned funds, and anticipated surges in demand post-lockdown creates added pressures. The pandemic highlights – again – the need for sustainable, long-term funding for specialist services. Ringfenced funding for 'by and for' services supporting minoritised victim-survivors is particularly key in light of the state of long-term underfunding.

The sector has responded to the crisis with innovation and adaptability, reshaping services in response to restrictions and government guidelines under immense pressure. Use of new technologies has enabled adaptations to remote support formats. There are many benefits to digital support options, such as alleviation of travel-related barriers for some victim-survivors and increased flexibility, but also challenges to consider, such as digital poverty and exclusion. There is more to do to understand which new ways of working are beneficial and sustainable for the sector. As well as reshaping existing services, completely new services were launched across the sector and wider community to meet survivor need and fill gaps in the systemic response. Domestic abuse organisations have also found new ways of working with non-traditional stakeholders.

Increasing caseloads and case complexity during the pandemic, alongside the erosion of work-life boundaries, have had an impact on frontline worker mental health. The impact of the pandemic has been highly gendered, with women taking on more caring responsibilities in the home and being more likely to be in low paid keyworker roles or insecurely employed. These pre-

existing inequalities have been intensified by the pandemic and are relevant to the largely female workforce of the sector. There are many examples from across the partnership and the wider sector of work undertaken to support frontline staff during this time. The impetus is now on continuing these initiatives with dedicated funding which acknowledges the wellbeing needs of the sector's workforce.

1.5 WHAT DOES THE FUTURE HOLD?

Insights from the literature suggest that demand is likely to remain high, especially for specialist services and those which address intersecting inequalities, including domestic abuse services for Black and minoritised women and those experiencing poverty. Many organisations expressed concern about their financial sustainability and the impact this has on the services they are able to deliver. There is not enough resource to meet demand, especially for 'by and for' organisations and the impact of underinvestment is now being strongly felt. The literature demonstrates the need for a truly transformative social justice response and this report makes the following recommendations, with detailed recommendations included for different audiences within the report:

- All victim-survivors need to be able to access timely, accessible and responsive support services. Specialist services must be prioritised for migrant women, Black and minoritised women, women with disabilities, older women, and LGBT+ groups.
- The national network of specialist services run by and for Black and minoritised women, LGBT+ victim-survivors, those with disabilities and other marginalised groups, must be secured.
- The upcoming Comprehensive Spending Review needs to increase funding levels to make up for years of underfunding and defunding, in particular for 'by and for' services. There is a need to build on the statutory duty for safe accommodation under the Domestic Abuse Act, to implement a funding solution that is long-term, sustainable and intersectional, including ring-fenced funding for 'by and for' services and ensuring appropriate and equitable staff salaries. Investment in the sector will lead to substantial savings in the estimated £66 billion that domestic abuse costs society each year [106].
- There is an urgent need to tackle sexism, misogyny, racism, homophobia and transphobia and other forms of discrimination and structural inequality, including economic inequality, that enable abuse and prevent victim-survivors from getting help when they need it. The Covid-19 crisis has brought into sharp focus the myriad forms of oppression facing minoritised people, such as the unequal impact of welfare reforms on women, the criminalisation of Black and minoritised children and young people, and the concerns around data protection facing disabled people.
- All children and young people must be heard and receive the support they need, and child poverty must be addressed as a priority.
- Better data collection, analysis and use is needed to improve funding decisions, service delivery and understanding and awareness of need. This applies to national monitoring systems, data collection within the criminal justice system including the police, and across

the domestic abuse sector. New methods of data collection and analysis must learn from best practice and existing data sources within the VAWG sector, and must be developed in collaboration with specialist organisations.

- Partnerships at national and local level are needed to join up and improve support and services available to victim-survivors and their children. The Cabinet Office must steer a whole system approach across whitehall to ensure alignment across different government departments (e.g. Home Office, DHSC, DWP and DLUHC) and local authority departments must do the same (e.g. housing, social services, local NHS providers, and the police).
- The domestic abuse sector needs to collaborate more, building on successful collective action during the pandemic response, delivering partnerships, programmes and campaigns that prioritise anti-racism and address inequalities within and beyond the sector, sharing skills and expertise, and taking collective action to make change happen.
- Domestic abuse services, other sectors, policy makers and practitioners need to learn from the experience of lockdowns and Covid-19 more broadly, to ensure they are better prepared for surges in DA, including high risk and high harm reports. This includes exploring and understanding new elements of service provision that improve accessibility, and to ensure that they are sustainable and beneficial. It also involves assessing existing and emerging virtual provision and processes to identify what digital service support should be continued, enhanced, or removed.

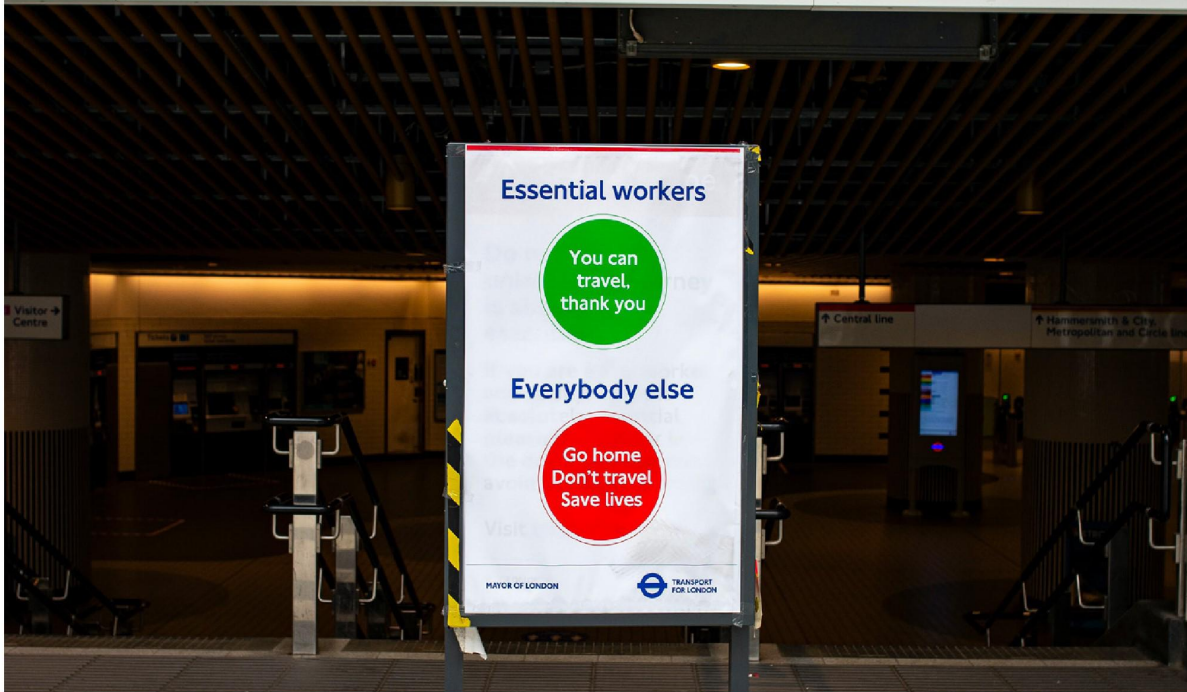


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2. INTRODUCTION

The Shadow Pandemic: Domestic Abuse Learning Partnership was set up with the support of The National Lottery Community Fund following initial conversations about what the sector needed in the early stages of the Covid-19 pandemic. We are 11 organisations: AAFDA, Chayn, Galop – LGBT, Anti-Violence Charity, Imkaan, Respect, Rights of Women, SafeLives, Social Finance, Standing Together, Surviving Economic Abuse and Women’s Aid Federation England.

We set out to bring together the voices of survivors and practitioners, relevant research from each organisation, and practical and policy expertise, to demonstrate how the response to domestic abuse needs to change in the long-term, after and as a result of Covid-19.

This report is a detailed synthesis of the impact of Covid-19 on survivors of domestic abuse and on the frontline organisations that support them. The report explores innovations from the domestic abuse sector in response to the many challenges brought by the pandemic as well as gaps in the systemic response to domestic abuse from across different sectors and levels of Government. We sought to centre the experience of marginalised groups of victims and survivors, and the ‘by and for’ services that advocate for and support them. Many of the systemic issues considered predate the pandemic but were exacerbated in this time of crisis.

This report is one of many outputs the partnership will work together on, and is a springboard from which we seek to bring about lasting change in policy and practice. It includes recommendations for other sectors, for all partners involved in the response to domestic abuse across the community, as well as for Government, central and local. We will strive to influence each through this shared

evidence base to bring about the changes we see as vital in the long-term. We aim to take stock of and build on the growing awareness of and momentum around domestic abuse that resulted from successful advocacy and campaigns during this time.

The main content of the report is largely centred on domestic abuse, as this is the main focus of the organisations within the partnership. It is important to also highlight the wider context of Violence Against Women and Girls (VAWG) that domestic abuse is part of, and the gendered framework this provides for understanding and responding to men's violence against women. This report considers different elements of VAWG throughout and where relevant.

While this report includes synthesis of research published by organisations within this learning partnership, none of the sources referenced were undertaken or funded by the partnership. The remit of the partnership was England,¹ however organisations in the partnership may work either directly or with sister organisations across the UK. This is why this report mainly draws on England-based sources, with a few noted exceptions where UK-wide research, or research across multiple nations within the UK, was used to address specific questions.

¹ TNLCF funding covers England



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3. METHODOLOGY

Learning questions guiding the report sections were developed by the Steering Group, comprising representatives from each partner organisation, and refined collaboratively:

1. Over the last year what have we learnt about the needs of victims and survivors of domestic abuse/VAWG and are they changing as a result of Covid-19?

- How do needs vary across England?
- What has been the impact on children and young people who have also been victims/survivors of domestic abuse?
- What have we learnt about those who have been subjected to intersectional oppression as well as the pandemic:
 - How has Covid-19 impacted their experiences of accessing support?
 - What additional barriers have they faced because of Covid-19 and any pre-existing inequalities?
- How should these barriers be addressed (i.e. funding, policy, collective action of the partnership)? What have we learnt about the needs of migrant women?

2. What have we learnt about the 'system' response in meeting the needs of victim and survivors? Where are the gaps?

- What has the domestic abuse sector learnt about the system response (including community-based responses)?
- What have we learnt about system responses to domestic abuse across key sectors or wider agencies (housing, health, criminal justice, welfare, local government including commissioners and statutory services)? Where are the gaps?
- What have we learnt about the responses of for-profit providers delivering domestic abuse services (including relevant expertise and understanding of VAWG)?
- What have we learnt about the system response in relation to addressing gender and other structural inequalities and barriers facing marginalised groups of survivors? Where are the gaps?
- What have we learnt about how the system response to domestic abuse fits within the wider context of VAWG? Where are the gaps?

3. What have we learnt about the impact of the pandemic on the sector, including new assets and ways of working?

Organisational

- What was the impact of the pandemic on new ways of working for frontline services? What new / innovative responses are effective?
- What have we learnt about crisis management and how the sector responds to an extraordinary crisis?
- How do different organisations operate under crisis and how have governance, staffing and infrastructure adapted?
- What new relationships and ways of working have emerged between sectors that should be maintained, sustained and built on further?
- What have we learnt about the governance and Human Resources policies of organisations, the extent to which they have changed to respond to crisis, and what the impact of this has been on staff?

People

- How have workers on the frontline been impacted; especially with regards to their mental health?

- What have we learnt about how to change power dynamics and how to build the Anti-Racism Charter into our work?
- What have we learnt about the governance and HR policies of organisations, the extent to which they have changed to respond to crisis, and what the impact of this has been on staff?
- What have we learnt about the impact of the pandemic on a largely female workforce? What impact has the crisis had on lower-paid frontline staff, staff with more insecure contracts, Black and minoritised women, those with disabilities and LGBT+ staff?

4. What have we learnt about the nature of domestic abuse and tactics of perpetration?

- In what ways have perpetrators of domestic abuse adapted their tactics during the pandemic?
- Have we seen certain forms or patterns of abuse increase or change with the pandemic?
- How has Covid-19 and the associated lockdowns affected levels of risk?
- What challenges have frontline perpetrator services experienced during the pandemic and how have they responded?

5. What does the future look like for victims/survivors and the services that support them to ensure support is sustainable in the long term?

- What do we know about how the future might look (for victim-survivors, and the sectors/systems that support them) post-Covid-19 during the recovery and beyond?
- What have we learnt about opportunities (short and longer-term) for the sector to work together to better support victims, survivors and those who work with and/or support them?

Once these questions were agreed, a working group of researchers from across the partnership was formed to conduct a synthesis of the available literature. The group purchased six Nvivo (coding software for qualitative data) licenses at subsidised rates through the partnership to enable collaborative coding. A web-based desk review was carried out including over 150 different free resources, published online including research reports, operational toolkits and manuals, policy papers, peer-reviewed literature and media articles. These were screened according to relevance to research questions, time period, setting (England) and research integrity and quality, using the Domestic Violence and Abuse Research Integrity Framework developed by the four Women's Aid federations in partnership with academics.² Once sources were identified and agreed Nvivo was used to code screened sources. An agreed set of codes and themes were then used to analyse the data addressing research questions.

² Women's Aid: [Research Integrity Framework: Domestic Violence and Abuse](#). [Last accessed 09.10.2021]

We recognise that literature reviews primarily focus on published sources of material, which may prioritise certain voices or groups over others. To mitigate this, the authors have sought broad feedback from across the partnership and have supplemented published reports with additional and sometimes unpublished information. This includes views from practitioners, survivors and communities linked to the partner agencies. We would also note that the sources for this report have varying designs, sample sizes and data collection methods, as well as different definitions of violence, abuse and domestic abuse. These concepts are often applied inconsistently with reference to both abuse by family members and intimate partner violence. The sources may also apply different understandings of personal and protected characteristics and not all capture diversity in identity and experiences within those communities. As such, the figures in the report are not directly comparable to each other. The data outlined in this report can be used for indicative comparisons across different areas of the sector and can form a broad baseline against which future progress in specific areas can be assessed.



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4. GAPS

In reviewing the literature, there were some acute gaps in research. This included a gap in all the research questions in relation to the experiences of older and younger women, and Black and minoritised children and young people. The trends identified across the board, including heightened experiences of abuse and increased difficulty accessing services, are likely to have affected all survivors, in particular these groups of minoritised survivors, yet these voices are notably absent. Whilst there was literature on the severe impact of the pandemic on children and young people experiencing abuse, there was a notable gap in the gendered dynamics of this and the specific impact on girls and their experiences of other forms of VAWG during the pandemic, with the exception of some discussion of online abuse. There is a gap in evaluations of innovative schemes that have been developed during the Covid-19 pandemic, however these are likely to start being published over the coming months, along with research on domestic homicides during the pandemic. Further evaluations are also needed of awareness-raising campaigns, community responses and initiatives, along with further data on the uptake and implementation of employer initiatives. This review still lacks insight into less formal and local initiatives, including responses by small businesses, community groups, friends, neighbours and local activists and networks. Whilst some research on the impact of the Covid-19 pandemic on disabled groups has been included in this review, there were no disability organisations represented in the partnership. The literature review also finds published sources on the impacts of Covid-19 on the HR and governance of organisations are scarce and perspectives from lower paid and frontline staff in particular on these issues would be valuable. These gaps will be further discussed and addressed in our recommendations.



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5. COVID-19 PANDEMIC AND THE CHANGING NEEDS OF VICTIM-SURVIVORS

5.1 VARIATION OF NEEDS ACROSS ENGLAND

“If we have learned anything during Covid-19, it is that we do not have sustainable and systemic support for domestic abuse. The postcode lottery and all the cracks in the system have shown this all the more. We desperately need a more co-ordinated community response to face down challenges in the year ahead and build back a better response to domestic abuse.” **Nicole Jacobs, Domestic Abuse Commissioner for England and Wales (Source, [1])**

Prior to the pandemic, a “postcode lottery”³ of service provision was already apparent. Evidence from 2010 highlighted that just over a quarter (26.5%) of local authorities across the UK had no services specialising in violence against women and girls. This included lack of support for domestic abuse, rape and sexual exploitation, trafficking, Female Genital Mutilation (FGM), prostitution/sex work and perpetrator programmes, with almost three-quarters of services that did exist being focused on domestic abuse solely. The East and South East of England were found to be

³ A postcode lottery refers to the unequal provision of services across a particular geographic area, so that a person’s access to those services depends on where they live.

particularly underserved. Only one in ten local authorities had a specialist service for Black, Asian and racially minoritised people, with the South West and East of England having no specialised services for racially minoritised people at the time of the research. Only one in four local authority areas had a specialist sexual violence service [2]. In addition, at the time of writing there are six LGBT+⁴ 'by and for' domestic abuse services; most are victim support services based in London. No funded LGBT+ 'by and for' domestic abuse services exist in the South West and North East of England, or in Wales [3].

Austerity measures and cuts in budgets have impacted the provision of services, with 31% of funding to the domestic abuse and sexual violence sector cut between 2010/11 to 2011/12, and organisations with smaller budgets having more substantial budget cuts than those with larger ones [4]. In 2018, the Women's Budget Group reported that 41% of women's sector organisations reported a reduction in their income, but 80% saw an increase in demand for their services [5]. This therefore paints a picture of reduced and uneven funding of VAWG services across England before the pandemic.

The review of recent literature shows that the main variation of need across England identifiable in the research is still related to service availability. This postcode lottery particularly affects 'by and for' specialist services⁵ and may have been exacerbated by the pandemic. For example, Women's Aid reported in 2021 that there are 36 refuges in England run for a specific group of survivors from marginalised groups and not all of those are expert 'by and for' specialist women's services; these 36 refuges account for just 11% of refuge space in England and half these spaces are located in London [6]. Just 18 of these 36 refuges are Imkaan members, and in their position paper, Imkaan highlight how ten years of government austerity cuts and systemic under and de-investment have left many areas with no remaining specialist 'by and for' VAWG services. During the first wave of the pandemic, Imkaan members in the North of England reported increases in referrals of between 30-50% but struggled to find refuge spaces in the region [7]. The mismatch in high levels of demand and regional variation in provision is also a noted issue in research on the LGBT+ domestic abuse sector [8]. Meanwhile SafeLives note that whilst there is only two thirds of the required number of Idvas across England and Wales [9], there are also regional disparities in coverage. Only one English region, London, has the minimum requirement of Idva coverage, while two regions have less than half of the provision required (West Midlands and Yorkshire & Humber).

The literature also highlights regional variation in policing and Multi-Agency Risk Assessment Conference (MARAC) responses. The criminal justice response is explored further in section seven. One study explored variation in reporting of abuse according to population density and found that areas of high density were more likely to see higher third-party reporting to the police during lockdowns [10]. These patterns were found to be more defined in areas of greater deprivation. Whilst victims trapped with their abuser during a lockdown are likely to experience increased barriers to reporting, in high density areas where victim-survivors live close to neighbours who can hear and witness abuse, third-party reporting increased. Our literature review also found evidence demonstrating variation in levels of Covid-19 infection across regions [11], although it is not clear what impact this has on victim-survivor needs. Finally, studies also described the location of calls

4 LGBT+ is the acronym for lesbian, gay, bi, trans, queer and questioning people.

5 'By and for' services are run by organisations that have been set up by the minoritised groups that they support. The board and staff will be from those groups and the organisation's expertise is rooted in the communities that they serve.

to The Men’s Advice Line as in line with the most densely populated areas of the country and noted a potential lack of awareness of the helpline in other areas of the country [12]. Due to lack of substantive evidence it is not possible to draw conclusions on varying levels of awareness of domestic abuse support services across England from the literature.

5.2 IMPACT ON CHILDREN AND YOUNG PEOPLE

The impact of the pandemic on children and young people (CYP) who are victims-survivors of domestic abuse has been severe. More precisely, children have been at increased risk of sexual exploitation, have experienced and witnessed increases in abusive behaviour, have had fewer spaces and opportunities to seek help, and been affected by increased poverty [13]. Black and minoritised children and young people have been particularly impacted by poverty, with a quarter of Black and minoritised women and a third of disabled women reporting that they were struggling to feed their children [11].

“I really wish I was back living with my foster carers, but I’m stuck at my mum’s place cos of the lockdown. My step-dad makes mum drink every night and I hear them shouting and throwing stuff at each other – it makes me so uncomfortable. I don’t like being alone with my step-dad either – he tries to kiss me really hard on the neck and other private places. Last time it made a bruise. He said I’m not allowed to ‘snitch’ on him as everyone will be cross with me. I don’t know what to do” (Source, [11])

We know that children in households where one parent is abusing the other do not just witness abuse, they experience it directly and the impacts can last into adulthood. For example, in their recent report Women’s Aid (2021) note that of adult and child victims who were currently experiencing domestic abuse, just over half (53%) adult victims said their children were witnessing more domestic abuse towards them, while over one third (38%) said that their abuser had shown an increase in abuse behaviour directed towards their children. In addition, survivors who had experienced domestic abuse in the past reported an increase in abuse directed towards their children and themselves [13].

Closure of schools and colleges due to the pandemic-related restrictions has also meant a number of young LGBT+ people had to move back in with their families [14]. Some found themselves in environments that are isolating, unsupportive, or harmful. Risk of harassment, abuse or family rejection has pushed many young LGBT+ people back into the closet or deterred them from coming out entirely. Lockdown measures have facilitated a situation where they can no longer express themselves or access community connections in order to cope. This loss may further heighten their feelings of stress, isolation and anxiety. Galop’s recent survey on LGBT+ domestic abuse during lockdown for example found that 27% of those aged between 16-24 didn’t feel safe where they were staying during lockdown (74% of this age group cohort reported living with parents during lockdown) [15].

There are also considerable structural inequalities that Black and minoritised children and young people are experiencing. One study pre-dating the pandemic found that there is an over representation of Black and minoritised children as Looked after children⁶ and an

⁶ Children who have been in the care of their local authority for more than 24 hours.

over representation of Black and minoritised children in the youth justice system [16]. We also know that the current safeguarding system fails to adequately respond to forms of violence against women and girls experienced by Black and minoritised children and young people, and instead provides a route into the criminal justice system. The Guardian article from 2018 reporting on figures from the Ministry of Justice suggests 27% of the 10 to 18-year-olds who received a youth caution or sentence were from a minority ethnic background, compared with 14% in 2010 [17]. Furthermore, there's also evidence that racialised Prevent policies and practices are contributing to these patterns and often rather than protecting, causing harm to Black and minoritised children and young people.⁷ This points to local authorities lacking strategies to safeguard Black and minoritised children and young people from racism, which is critical to overhauling the safeguarding system to respond to the current crises. The existing system therefore produces and perpetuates inequality and can only be reformed if questions of racism are adequately addressed.

During the first lockdown, many at risk children were forced to stay at home in difficult, sometimes dangerous situations. With teachers and social workers usually in the best place to spot signs of a child in danger, it was crucial during this time that social care and schools worked together to ensure that vulnerable children had regular contact from a trusted professional. Yet reports show that the number of reported incidents of children dying or being seriously harmed after suspected abuse or neglect rose by a quarter after England's first lockdown last year [18].

Data from the Forced Marriage Unit highlights that 30% of cases dealt with in the last nine years involved those under the age of 17 [19]. Charities offering support for victims of forced marriage have also raised concerns about the impact of the pandemic, with fewer victims of forced marriage, female genital mutilation and honour based abuse contacting support services. As well as this, there were also fewer referrals to services from statutory services (police, teachers and social workers) compared to before lockdown and at a time when victim-survivors were experiencing increasing levels of abuse [20]. Whilst the national Forced Marriage helpline operated by Karma Nirvana shows a 200% increase in calls over six weeks from the 16th March, there was a significant drop following the Government's order to stay at home on March 23rd 2020. This may be due to teachers and social workers having less access to those at risk, as well as less ability for those at risk to contact support services. The highest number of contacts to the helpline came in May 2020, following the easing of some restrictions, and there was also a significant increase following the full reopening of schools in September 2020 [19].

With children out of school and unsupervised, child sexual abuse online has also been a particular concern over the course of the pandemic. As well as concerns around sexual violence against girls by peers and strangers online, there has been a reported decrease in the moderation and removal of child abuse images as moderators have been off work and mass global platforms have become increasingly reliant on AI that 'is not up to scratch' [21]. The extent of this harm is yet to be fully understood.

Barnardo's and other children's charities have reported the impact of the pandemic on children in care and care leavers [22]. There is evidence of increased placement breakdown associated with pressures of social distancing and increased isolation amongst young people. Reductions in social work support and other support networks have increased the isolation of an already

⁷ C.f.: [Joint Letter to the Home Secretary to express deep concerns about new research into domestic abuse and terrorism](#), August 2020, [Last accessed: 09.10.2021]

disadvantaged group of young people, with evidence showing mental health problems have substantially increased during the pandemic.

“Mentally I am so stressed about the virus that my brain is refusing to cope with reality”
Care-experienced young person (Source, [22])

The impact of the pandemic, and the experience of living in a house where a parent/family member is being abused, has had a range of adverse effects on children and young people’s health and wellbeing:

“Some talk about the impact on their mental and physical wellbeing, as well as their behaviour, including: anxiety, depression or suicidal thoughts; self-harming; eating disorders; nightmares or problems sleeping; drug or alcohol use; aggression; difficulty concentrating; tried or are thinking about running away from home.” **(Source, [23])**

Prior to the pandemic there was already a severe shortage of children and young people (CYP) services, and existing services have seen demand rise during this time. Insights from the National Society for the Prevention of Cruelty to Children (NSPCC) helpline and Childline counselling sessions noted a rise in the number of counselling sessions Childline delivered about domestic abuse (rising from an average of around 50 a week at the start of 2020, compared to an average of around 65 a week after the government’s stay at home guidance was issued) [23]. Adults, too, were contacting the NSPCC helpline because they were worried about children who were experiencing domestic abuse in the family home, as well as children and young people worried about another family member [23]. It’s worth pointing out that callers would not always disclose abuse so the NSPCC recommends that the statistics in its briefing are not taken as an indicator of prevalence. Additionally, children spoke of their reluctance to speak out due to fears of making an already hard situation worse or being separated from their siblings. Others were worried that key workers, such as the police or children’s services, might bring coronavirus into the family home [23].

“I really need your help; my dad has been physically abusing my mum. He has an anger problem and it’s getting out of hand. The smallest things make him angry and he starts shouting. I’m terrified of him and I’ve had enough, I can’t take it anymore – please help me!” **(Source, [23])**

Survivors have been concerned about children being looked after by perpetrators if they become sick. One victim-survivor with underlying health conditions said “My biggest concern is that my child may be given back to our abuser if I were to become seriously unwell with the virus or not survive...”. Perpetrators have used the pandemic and associated measures to abuse child contact arrangements. Responding to Women’s Aid’s April Survivor survey, 38.3% of survivors said that child contact had been used as a tactic of abuse [13].

As with the criminal courts, a huge backlog now exists in the family courts. Over the pandemic this caused significant concerns around safety for women and children affected by domestic abuse as they waited for courts to reopen in a way which allowed for social distancing. While many court proceedings were able to take place remotely, this caused a serious logistical issue in

that children were put at increased risk of trauma from overhearing court proceedings at home [21]. Further concerns around child contact proceedings are discussed below in relation to courts and policymakers.

Perpetrators have also used the pandemic to stop paying or reducing payments of child maintenance. A Surviving Economic Abuse (SEA) report (2021), for example, found 84% of female victim-survivors of economic abuse agreeing that they were worried about their current access to child maintenance payments during the pandemic. The same report also found 47% of professionals reporting that the victim-survivors they support had raised concerns about the perpetrator's actions around child maintenance, while 22% of women reported that the perpetrator had stopped paying maintenance during the outbreak and a further 9% said the perpetrator had threatened to stop payments. Victim-survivors reported not being able to afford basic necessities (including food) for themselves and their children as a result [24]. In addition, SafeLives' Safe at Home research found an increase in child to parent violence with fewer services having effective interventions to work with young people and their parents to prevent harm [25].

We know only a small number of organisations provide programmes for young people using violence and abuse. With an increase of violence in this group and fewer specialist support services being available, many families are likely to continue to live with abuse without the help and support they need.

5.3 INTERSECTIONAL OPPRESSION AND PRE-EXISTING INEQUALITIES

“We warned then of the bleak future that awaits many trapped by the immigration system, by patriarchal systems, and by systems that perpetuate racialised inequalities. We warn again of this – but now with more urgency. The coronavirus pandemic exposes, without doubt, the things that were not right to begin with” [11]

Domestic abuse is a gendered issue. Women experience higher rates of repeated victimisation, are much more likely to be seriously hurt or killed and are more likely to experience a wide range of coercive and controlling behaviours [26]. As part of the wider spectrum of violence against women and girls, domestic abuse is both a cause and consequence of gender inequality, which has been exacerbated by the pandemic that has also had a disproportionate impact on a sector primarily run by women. Women are more likely to be low paid key workers, mothers were more likely to have lost their jobs than fathers and women have taken on the majority of burdens associated with the impact of the Covid-19 pandemic. There is no doubt the response to the crisis has failed to consider pre-existing inequalities, particularly for minoritised women [27].

Black and minoritised women are three times more likely to be in precarious and insecure work often on zero hours contracts and less likely to qualify for furlough or Statutory Sick Pay (SSP) [7]. The Women's Budget Group estimates that without drastic action, the pandemic is likely to set back economic equality between men and women by decades, putting Black and minoritised, disabled and migrant women at particular risk [27].

Before the pandemic bisexual women were more likely to report partner abuse compared to heterosexual women [28]. Data also suggests LGBT+ survivors are twice as likely to need to apply

for indefinite leave to remain (4%) compared to non-LGBT+ survivors (2%), and are more likely to have no recourse to public funds (7% vs. 5%) [29]. In addition, one in three LGBT+ survivors will present with at least one form of disability or health problem [8]. Common support needs surrounded alcohol use, drug misuse, mental health problems and physical disability [30]. Furthermore, prevalence rates of domestic abuse may be higher for transgender people than other sections of the population. Sussex University for example found that trans people were almost twice as likely to disclose at least one form of domestic abuse, violence or harassment over their lifetime, compared to their non-trans lesbian, gay and bisexual peers [31].

“It’s not uncommon to get calls around how immigration status is being used as a tool to abuse somebody. So, somebody could be coming from a country that has very homophobic institutions and their partner is constantly using that as a tool to threaten with deportation. And the truth of this is if actually they do go back to their country of origin, that is homophobic and they’ve been outed, that is a very, very serious consequence of it. That is something that we see as a power tool that is used all the time.” (Source⁸)

The pandemic occurred in a context where the impacts of government spending cuts since 2010 had already had a severe and disproportionate impact on Black and minoritised, disabled and older women, in particular, Bangladeshi, Pakistani and Black African/Caribbean households [32]. During the pandemic, Black and minoritised people, in particular people of African, Bangladeshi and Pakistani heritage, have been over-exposed and under-protected from Covid-19’s health, economic and social isolation consequences due to systemic racism. People living in deprived areas were twice as likely to die from Covid-19 [33]. Black and minoritised women, especially refugee, asylum seeking, migrant, young, elder and disabled women, have been disproportionately impacted by gendered poverty due to sexist and racist labour market discrimination and multiple problems with Universal Credit and Employment Support Allowance [27]. The literature highlights the particularly acute impact of the pandemic on migrant women with No Recourse to Public Funds (NRPF),⁹ which on top of an existing hostile environment has made the situation for migrant women untenable.

Multiple reports, published pre-pandemic, had also highlighted structural inequalities along with the extent of violence and discrimination targeting LGBT+ communities in the UK [34]. Anti-LGBT+ violence is often rooted in misogyny and patriarchal beliefs. The largest UK survey of LGBT+ people to date also found about 5% of LGBT+ people had been offered so called ‘conversion’ or ‘reparative’ therapy (but did not take it up) and a further 2% had undergone it [34]. Conversion therapy can range from pseudo-psychological treatments to, in extreme cases, surgical interventions and ‘corrective’ rape. These figures were higher for trans respondents (e.g. 9% of trans men been offered it and 4% had undergone it). Faith organisations were by far the most likely group to have conducted conversion therapy (51% of those who received it had it conducted by faith groups). The same survey also found 46% of LGBT+ respondents said they had never discussed their sexual orientation with healthcare staff in the 12 months preceding the survey, furthermore 21% of trans respondents said their specific needs were ignored or not considered when they accessed, or tried to access, healthcare services in the 12 months preceding the survey.

⁸ SafeLives (2018): [Spotlight #6: LGBT+ people and domestic abuse](#) [Last accessed: 09.10.2021]

⁹ No Recourse to Public Funds applies to persons ‘subject to immigration control’ defined in the Immigration and Asylum Act and restricts access to benefits and housing,

As a result, LGBT+ people are less likely to access help and support, have poorer mental health and are more likely to use illicit drugs or drink alcohol daily to cope with the impact of lifelong discrimination and abuse [35]. Many of these struggles are worsened by the pandemic; the disruption of daily routine, introduction of social distancing measures and lack of access to support [36]. Galop's domestic abuse and sexual violence services also report the pandemic is having a concerning impact on access to healthcare creating further barriers for trans and non-binary people who need to access vital healthcare, medication, hormone therapy, and counselling services. Since the pandemic there has also been an increase in racist attacks, both online and offline [33]. These attacks have occurred in the context of hostile government policies, which have continued during the pandemic, including policies around data sharing and immigration [7]. Research has shown that Black and minoritised women are often targeted, with Black and minoritised people being blamed for the coronavirus [11].

"I feel worried about racism, under this pandemic I worry that British people are going to blame us foreigners, they are going to say we started this or even that we must leave because when we come out of lockdown there will not be enough money or jobs for everyone. Every time these things happen, they blame the migrants, so I know." (Source, [11])

Whilst the impacts on specific communities have been documented, often media narratives have focused on pre-existing health conditions Black and minoritised communities are 'simply' prone to, rather than a recognition of structural health inequalities as a result of long-term failures of public health policy [7].

Stay Safe East outlined that in tandem with the health risks of Covid-19, disabled people are more likely to be required to shield and face restrictions on socialising, exercise and essential tasks such as shopping. Prior to the pandemic, disabled women were already three or four times more likely to experience domestic abuse compared to non-disabled women and multiple forms of abuse in a lifetime. Specific forms of domestic abuse "usually involve the abuser using the victim's impairment or their situation in society to further control them: control of communication, medication (and over/under medication), restricting access to disability support or equipment, rough treatment when being assisted" [37]. In tandem with the health risks of Covid-19, researchers have pointed out that "disabled people are more likely to be required to shield themselves for the entirety of the crisis – meaning greater restrictions on socialising, exercise, and completing basic tasks like shopping outside the home. Disabled women who cannot work outside the home will also face additional restrictions on the paid work they can do".

The same researchers also went on to point out that although there is a higher need of support The Coronavirus Act 2020 introduced a suspension of duties for the council social care services to meet disabled people's essential care needs [38]. Despite being particularly hard hit by the pandemic, with statistics from the ONS in November 2020 suggesting that six in ten Covid-19 deaths were people with a disability, charities raised a number of concerns about the healthcare response to disabled people, including a failure to prioritise people with learning disabilities for the vaccine [39]. In March 2021, the Care Quality Commission published a report which found that stakeholders had reported concerns that blanket do not resuscitate orders had been imposed at local level (and often quickly challenged and revoked) and that patients had not been adequately involved in decisions, recommending improved oversight and reform of this area [40].



Photo by Kevin Turcios on Unsplash

“Throughout the pandemic many people with a learning disability have faced shocking discrimination and obstacles to accessing healthcare, with inappropriate Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) notices put on their files and cuts made to their social care support. It’s unacceptable that within a group of people hit so hard by the pandemic, and who even before Covid-19 pandemic died on average over 20 years younger than the general population, many are left feeling scared and wondering why they have been left out”. (Source, [39])

5.4 IMPACT OF COVID-19 ON THE NEEDS OF VICTIM-SURVIVORS

The literature review highlighted the financial and economic pressures on survivors, in particular for minoritised women. The vast majority of Imkaan member services in the first month of lockdown were supporting women impacted by the loss of employment or insecure employment with access to welfare benefits, essential items, emergency loan and travelling food banks [7]. One victim-survivor reported having to choose between keeping their phone working and keeping the heating on. These kinds of difficult choices were a common theme with services warning that migrant women with NRPF face potential destitution if they lose their jobs [11]. For disabled women, it was reported that within the first weeks of lockdown it was impossible to access food and accessing government organised slots with supermarkets raised concerns due to data sharing leading to being classed as do not resuscitate [41].

The Men's Advice Line found that financial abuse had many overlaps with emotional abuse. One caller was told 'you are useless, you are worthless' by his partner who felt he was not earning as much money as others after a downturn in his job caused by Covid-19.

Covid-19 also had significant impacts on immigration needs of victim-survivors. Almost half of requests for support to specialist services for Black and racially minoritised survivors were from women needing support connected to immigration related needs [7]. Refused asylum seekers were also particularly at risk in this crisis and reliant on drop in centres and foodbanks [42].

With increased isolation also came increased personal safety needs of victim-survivors. The literature showed one of practitioners' biggest concerns was the safety of survivors, especially due to the lack of face-to-face provision and increased risk from perpetrators [43]. Studies found that women found it difficult to make private phone calls and stalking victims faced greater risk when leaving the home [21],[44]. Concerns were also raised about the safety of women who are vulnerable to sexual exploitation, street prostitution, and substance use [45].

Safety was also a significant concern for LGBT+ victims and survivors. Galop's research found that during the first lockdown 18% of LGBT+ survivors of domestic abuse did not feel safe where they were staying during lockdown. The same report also found abuse had got worse for one in three survivors. Most abuse was perpetrated by family members (75% disclosures), respondents also disclosed intimate partner violence (45%). Family members used sexuality and trans identity to emotionally abuse, limit or discourage contact with social support networks, and exerted pressure or forced survivors into a heterosexual relationship or marriage. LGBT+ survivors reported feeling trapped, having to adjust the way they act to avoid conflict, and perpetrators having more control over their lives [15].

There were also serious concerns raised about the safety of migrant women and their children, who have been inappropriately placed in high-risk situations with perpetrators. This was due to a lack of housing provided by statutory services, low levels of capacity for migrant women with NRPF within the domestic abuse sector and dangerous advice given by the police to stay in the home with the perpetrator during lockdown. Additionally, the likely rise in separation as lockdowns and restrictions are lifted is likely to present an increased risk of homicide as discussed further below.

The Men's Advice Line saw an increase in the number of male victims affected by immigration control experiencing domestic abuse who often found themselves homeless and without support. There were several cases where threats of violence were made from both the partner or ex-partner and their wider family. In most of these cases, there was some element of so called 'honour based' violence. Men talked about being forced into marriage and/or reluctantly agreeing to arranged marriages. Sometimes threats of violence or death were also made to the man's family overseas – the examples we heard were linked to countries in South Asia including India, Bangladesh and Pakistan. For some men, threats around immigration and marriage visas were used as a method to control them. Covid-19 made some victims more vulnerable as it was not possible for them to return to their home countries and visa-status became more important during the pandemic to engage with services.

Online safety during lockdown was also a concern with increased levels of online abuse, most often from strangers. Additionally, with the "increased use of online methods...technology is commonly used by stalkers... increasing opportunities for perpetrators to stalk victims" [44],[46].

The literature highlighted the specific needs of mothers who faced significant impacts due to lockdown measures, struggling with childcare due to schools being closed, and this was exacerbated for disabled mothers [41].

Mental health needs were a prominent theme in the literature reviewed, both for survivors currently experiencing abuse and those having experienced abuse in the past. One woman told Safety4Sisters:

“[Lockdown] has made me feel like this is the second phase of the abuse... I was so restless. My whole system was rebelling against this... My routine broke down, it broke me down completely, I was crying, worrying, couldn't go and take a shower, worried about kids going hungry... It feels like I'm under him and my in-laws again. The lockdown took every bit of me to stay sane. [I felt] helplessness, like someone choking you, taking the last breath out of you... I couldn't sleep in the night and I was sleeping in the day... It felt so bad that I was back in that same place” (Source, [11])

Lockdown and coronavirus prevention measures contributed to worsening mental health problems for some male victims who reported feeling more stressed, anxious, isolated and alone. It also made it harder for some men to access mental health support services. Those who contacted the Men's Advice Line talked about depression, anxiety, panic attacks and suicidal feelings because of abuse they had experienced. Some had tried to act on their suicidal feelings [12].

Practitioners have found anxiety and depression have increased in numbers of survivors and in severity. For all survivors of abuse (including stalking victims and children and young people living in households where a parent is being abused) uncertainty in government measures, feeling locked in, isolation from social support networks, concerns for personal safety, financial pressures, poverty and destitution, limited statutory and domestic abuse ending VAWG sector support services, delayed responses from the Home Office, Child Maintenance Service and Criminal Justice System are likely to contribute to increased mental health needs [9], [47]. There were several reports and references in literature and practitioners' surveys of increases in numbers of survivors experiencing suicidal ideation. This is particularly acute for marginalised survivors [21]. One study found that rates of suicidal behaviour and self-harm during the first month of the pandemic were higher in women, Black and minoritised people and those living with disabilities and socioeconomic disadvantage [48]. Practitioners also reported that young Black and minoritised women were experiencing increased homelessness, abuse, and reported increased mental health needs during the pandemic [9].

Lockdown and the pandemic have also had an impact on families bereaved by domestic abuse. Reports note surviving family members have felt more isolated and unable to access normal support mechanisms, such as family members and friends, or other support sources [49]. In addition, families have also reported the traumatising and triggering impact of the increased media reporting of domestic homicide, particularly in the early days of lockdown. Finally, lockdown has also removed 'distractions' for bereaved families, meaning they have had more time to reflect on their loss and exacerbating the grief they were experiencing [49].

5.5 IMPACT OF COVID-19 ON ACCESSING SUPPORT

“I’m currently 26 weeks pregnant, stuck in a bedsit with my ex-partner. I have no money, or nowhere to go. I cannot call a helpline for support as my partner will be able to hear me, plus I have telephone anxiety.” (Source, [43])

“Hard to get any privacy or time to make calls to anyone who can help. Can’t physically leave the house ... he doesn’t have any routine.” (Source, [13])

The theme of isolation comes out strongly in the literature. Lockdown measures have forced victims to stay at home and restrictions have prevented access to support networks including family, friends, and frontline services [21]. For example, due to a reduction in face-to-face contact there was a reduction in third party disclosures to General Practitioners (GPs) for Black and minoritised women [50]. A study from WBG (2020) found that over half (51%) of Black and racially minoritised women were not sure where to turn for help compared with 19% of white women [51]. In addition, a third of disabled women said they did not know where to turn for help as a result of the pandemic [38]. Evidence also suggests that during lockdowns and especially for those shielding, survivors living with perpetrators are under constant surveillance. This made reaching out for support, being reached by support services, or accessing telephone and virtual support, such as counselling, particularly difficult [10].

With regard to experiences of LGBT+ survivors, the LGBT Foundation’s report published in May 2020 found 34% of all LGBT+ respondents had a medical appointment cancelled. Within this, cancellation rates were higher for subgroups of respondents – 39% of Black and minoritised LGBT+ people, 42% of disabled LGBT+ people, 38% of trans people, 37% of non-binary people, and 42% of LGBT+ people aged 50+. Furthermore, 23% of all LGBT+ respondents were unable to access medication or were worried that they might not be able to access medication. Within this, rates were again higher for subgroups – 37% of Black and minoritised LGBT+ people, 36% of disabled LGBT+ people, 45% of trans people, 21% of non-binary people, and 21% of LGBT+ people aged 50+ [36].

Survivors that were able to access support, used a range of methods to do so. SEA reported that financial services were experiencing an increase in disclosures within customer vulnerability teams [24]. Similarly SafeLives found that survivors were using a variety of methods to reach services, including online functions [43]. Whilst most survivors spoke to the police or a family member/s during lockdown, many looked online for information about staying safe. Half of respondents used twitter or online therapy sessions, as well as Independent Domestic Violence Advocate (IDVA) services. A third had e-mailed their local domestic abuse service. This indicates the value of a range of options to access services, including digital options.

“Some of our video group work has worked well for clients that would have found it difficult to attend a group for various reasons and I want to continue this as well as the valuable face-to-face work that benefits others.” (Source, [13])

Women’s Aid’s reported that their Live Chat service, which was launched prior to the pandemic, experienced particularly heightened demand during lockdown, with a 41% increase in users visiting

the site during the first lockdown.¹⁰ Whilst this also coincided with the service being expanded and promoted, it suggests that some survivors felt better able to reach out for support via a chat function, either because of the increased control and surveillance they were experiencing by the perpetrator or because that was a format that was better suited to their needs:

“Live Chat meant I could chat on my phone quietly rather than being on the phone which is exactly what I needed.”

The Men’s Advice Line experienced rises to all strands of support with a 37% increase in calls to the helpline. Written communication increased most significantly during lockdown (61% increase in emails and 230% increase in webchats). More men from Black and minoritised communities contacted the service with an increase of 40% [52]. As a result of demand, the helpline extended opening times to late evenings and offered weekend email support.

During the pandemic, Chayn supported 120 survivors participating in their Bloom trauma courses through a live chat function, which was highly appreciated amongst users for its responsiveness and the way it enabled connectedness [53].

Some frontline services have highlighted benefits to remote and digital delivery options in terms of service accessibility, and have discussed keeping some remote options after pandemic-related restrictions have been lifted. For example, Advocacy After Fatal Domestic Abuse (AAFDA) piloted an online support group for bereaved families during lockdown restrictions and, due to demand and fewer barriers (for example, geography and caring responsibilities), have continued to deliver these groups online following the easing of restrictions, developing these as volunteer-led [49]. One family member said of the online groups:

“AAFDA have adapted all of their services throughout the pandemic and made sure everyone still has the support they need. I have particularly benefited from the weekly support groups during lockdown, a time when you feel even more isolated and alone.”
(Source, [49])

Services feeding back to SafeLives during periodic calls over periods of restrictions described benefits to the online format of some programmes including: more consistent attendance at groupwork sessions, particularly for people living in remote areas; reductions in anxiety related to attending new groups and external meetings with professionals; appreciation of use of WhatsApp for face-to-face video chats with workers; appreciation of the flexibility to offer programmes at different times, such as in the evening [54]. Some services suggested the online format was particularly positive for recovery programmes, and some were finding digital platforms preferred by some groups such as young people, though this was not universal. There was a sense services had adopted some new engagement tools they intended to continue with and which were working well for many programme participants, for example group discussions using Mentimeter, use of Docusign for sending back signed documents, and the setting of recovery programme homework and assignments on survey platforms [54].

¹⁰ Women’s Aid (2020): [Women’s Aid celebrates one year of Live Chat](#). [Last accessed: 09.10.2021]

However, some research has found that support via social distancing reduces the psychological wellbeing benefits of face-to-face meetings and group sessions [44]. Additionally, the need to access provision digitally excludes particular women e.g. some women with a low income, elderly women, or women with particular disability support or language needs to access technology [21] and those who have experienced online abuse, which is particularly prevalent for Black and minoritised women [46].

Whilst lack of face-to-face provision presents concerns, due to health risks associated with Covid-19, provision of face-to-face services also has specific risks for some minoritised women. 'By and for' specialist women's service, Safety4Sisters, reported that 53 per cent of women surveyed reported that they are living with a chronic or long-term illness. As a result, they have had to be especially vigilant about how we offer their services in order to reduce infection risks [11].

5.6 ACCESSING SUPPORT WITHIN THE VAWG AND DOMESTIC ABUSE SECTORS

The postcode lottery, and its specific impacts on provision for Black and minoritised survivors, has been flagged repeatedly since 2007 [2]. The threats to availability of 'by and for' specialist women's services were highlighted as an issue by Imkaan in 2015 and again in 2018 [55],[56]. Sisters of Frida also highlight low levels of support for disabled survivors of abuse in both the statutory and the domestic abuse sector which have decreased further due to austerity. Since Covid-19 it has been even harder for Black and minoritised and disabled survivors of abuse to access support [41].

Similarly, SafeLives found in the period from April 2014 to March 2017, "just 2.5% of people accessing support from domestic abuse services identified as LGBT+" [29]. Galop highlights this is due to structural and cultural barriers of services being inaccessible due to low visibility and representation of LGBT+ issues. This may include lack of established partnerships with LGBT+ communities and organisations; lack of quality referral pathways; low understanding and awareness of professionals around unique forms of coercive control targeted at sexual orientation or gender identity; services relying on assumptions that all their clients are heterosexual or not transgender; services relying on misconceptions around the dynamics of domestic abuse as it impacts on LGBT+ communities. The researchers also note that the intersections of race, ethnicity and LGBT+ identity may also result in barriers to access services [8].

In a study based in Bradford, LGBT+ Black and minoritised respondents felt they had experienced barriers when accessing services, which related to confusion about their gender identity and lack of acceptance, perceived to be because of the colour of their skin or their sexuality [57]. In addition, surveying experiences of LGBT+ survivors during the first lockdown, Galop found that while 69% of survivors had sought support for domestic abuse during lockdown a large majority used informal networks to do so. For example, 80% reached out to friends, 36% to family members and 32% relied on virtual communities/online platforms. Only 20% sought support with statutory/voluntary services [15].

There is a general lack of sufficient provision, which as outlined above, is particularly acute for minoritised people. Figures show that:

- There is a 24.5% shortfall in refuge provision to Council of Europe standards [58].
- The commissioned refuge sector is currently supported by a significant number of non-commissioned spaces. Without these the shortfall in spaces would increase to 42.5% [58].
- Spaces run by specialist ‘by and for’ Black and minoritised women’s organisations are much less likely to be commissioned. 57.5% (146 out of 254) of spaces in these services are provided by non-commissioned refuge services, compared to the overall figure of 18.5% [58].
- Of all referrals received in refuge services, 57.2% are rejected for any reason, the main reason being a lack of space or capacity (18.1% of all referrals received are rejected for this reason) [6].
- 41.1% of referrals received in community-based services are rejected, for a variety of reasons [6].

Women’s Aid notes that these figures do not reflect the whole picture of demand.

“There are likely to be survivors who could have benefited from accessing domestic abuse services but were never referred because the referring agency already knew that the service was oversubscribed or full, or that it was not resourced to support women with specific needs (for example, needs around drugs and alcohol use, needs around a mental health diagnosis). In addition, many survivors do not reach out for support or will delay doing so for a long time, or they are prevented from doing so by a controlling perpetrator(s).” (Source, [6])

Imkaan further found “on average, 1 in 5 referrals to women’s refuges are declined due to lack of space, whilst nearly 4 in 5 Black and minoritised survivors are turned away from refuges, an inequality that increases in regions of the country where there are no remaining specialist Black-led VAWG organisations” [7]. SafeLives report that there is only 66% of the FTE IDVAs in England and Wales to meet the needs of victim-survivors classified as being at the highest risk, and this has fallen for the first time since 2016. Only three police force areas have the minimum number of IDVAs, and 14 forces have less than 50% of the minimum number required, of which four have less than a third of the required coverage, and this has risen since 2019 [9].

5.6.1 Discrimination against migrant women

The literature has also highlighted that there is a lack of understanding and willingness within the domestic abuse sector to work with migrant women with NRPF. Safety4Sisters highlights in particular the lack of understanding of the needs and rights of migrant women [11]. Additionally as workloads across the domestic abuse sector have worsened under the pandemic, so too capacity has worsened. Safety4Sisters report that “the quality of advice given to migrant women with varied immigration statuses has been patchy at best, dangerous and life changing at worst” (Source, [11]). In one example provided, an IDVA spoke to a woman without an interpreter, and therefore although offered a refuge the woman did not understand what a refuge was and therefore was not referred. Safety4Sisters later spoke to her with an interpreter and she was happy to go to a refuge.

Safety4Sisters highlighted a number of examples of reluctance of domestic abuse services to accept women with NRPF, illustrating that “they told us that they ‘have enough’ women with NRPF in their provision already” or they do accept but “only once they have a letter from social services, or Safety4Sisters, to agree to pay” (Source, [11]). In other cases, the charity have been told services cannot accommodate if women cannot speak English and that they cannot accommodate ‘extra’ needs. Their critical report demonstrates that “this approach, consistent across the mainstream domestic abuse sector, leaves out too many migrant women from the safety and security of refuge accommodation and continues to put the onus on groups like Safety4Sisters.” (Source, [11])

Additionally, translation during the pandemic has become a depleted service, especially for female interpreters and BSL interpreters. Women are being told to come back another day to report a crime or arrange their own interpreter [21]. Literature has also highlighted that community support has increased for those that cannot rely on family and friends, e.g. for basic necessities, however there have been reports of exploitation of vulnerable people, therefore bringing about “safeguarding concerns around the replacement of statutory services with potentially unvetted volunteers” [38].



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6. NATURE OF DOMESTIC ABUSE AND PERPETRATION TACTICS

6.1 PATTERNS OF ABUSE AND ADAPTION OF PERPETRATOR TACTICS

“Psychologically [sic] feel unsafe, being coercively controlled by ex-husband as he has my daughter. Using the Covid-19 situation to further control and making it difficult as I am in the vulnerable category too... I am powerless and have no one to help me.”
(Source, [43])

The research shows how perpetrators have used the Covid-19 pandemic and associated measures as tools of coercive and controlling behaviour. Women’s Aid’s survivor surveys documented how the pandemic had been used by perpetrators to increase levels of control. In June’s survivor survey, of those who were currently experiencing abuse, over 90% of respondents said that the Covid-19 pandemic had affected their experience in at least one way, while 67% said that the virus itself had been used as part of the abuse they suffered in one or more ways. This happened in a multitude of ways, with notable themes including economic abuse, stalking and harassment, coercive control, and isolation [13].

“I feel that my ex-partner has used his knowledge of my reduced support network to escalate his emotionally abusive & controlling behaviour – thinking that I have no one

to turn to...the use of emotional blackmail and put-downs. He has refused to buy essentials for our daughter... using the pandemic as an excuse for not being able to access shopping... He has questioned my decisions and whether I am following social distancing rules, in an aggressive way.” (Source, [13])

Specifically, perpetrators used the virus itself to heighten control and surveillance. Women’s Aid report lists several examples of these tactics, including perpetrators using lockdown restrictions as an excuse to move back into the victim-survivor’s home and control movement of those within the house using the virus itself as a threat by coughing and spitting at survivors or refusing to take precautions such as social distancing or handwashing in doing so, placing survivors and any children in danger [13]. In addition, in the survey conducted by Safety4Sisters, 30% of respondents reported their abuser blaming them for the economic impact of the pandemic on their household [11].

Perpetrators who already used their wives or partners’ immigration dependency as a form of coercive control were further emboldened by the lockdown restrictions, as there was no statutory assurance that these victim-survivors would be adequately protected from homelessness and destitution [59]. Similarly, victims who were shielding throughout the pandemic may have been reliant on the perpetrator for access to food or medication – and there were serious concerns around perpetrators denying access to medical treatment to victims who became unwell [24]. Across services, there are clear concerns that as lockdown eases and life returns to normal, there is the risk of abuse escalating as perpetrators attempt to counteract the loss of control.

Surviving Economic Abuse (SEA) studied the ability of perpetrators to use the ‘conducive context created by the virus’ to exert further economic control over victims. In their survey, 72% of women said their financial situation had either significantly worsened (39%) or slightly worsened (33%) during the pandemic, as a result of the perpetrator’s actions. Eight out of ten women (79%) reported that the perpetrator had attempted to control their finances during the pandemic; 68% said the perpetrator had been successful and 11% that they had been unsuccessful. Methods included building up debt in their names, and controlling or denying access to financial products, or refusing to pay bills. Another tactic of economic control identified by SEA was perpetrators’ withholding of child maintenance; 84% of women surveyed were worried about access to child maintenance payments as a result of perpetrator actions during the outbreak. Of 153 women, a fifth (22%) reported that payments had been stopped during the outbreak, a fifth (20%) reported that payments had been reduced, another fifth (18%) that maintenance was paid unreliably, and a tenth (9%) had experienced threats from the perpetrator that they would stop payments [24].

“Coronavirus has been the perfect excuse for him to just stop paying. There is very little communication from him either; any message from me is met with aggression in reply. I have had to accept that there will be nothing from him, and to adapt to survive on my own, simply to keep myself as stress-free as possible.” (Source, [24])

Restricting access to employment and education was another feature of economic abuse, with just under half (45%) of women surveyed by SEA stating that their employment or education had either significantly or slightly worsened since the start of the outbreak, as a result of the perpetrator’s

actions. Methods of controlling employment and education included women being told not to work, perpetrators refusing childcare, hiding of computers, phones or other work equipment; and interrupting Wi-Fi access preventing work or study [24].

“He just made it impossible for me to work really, really difficult just disrupted non-stop. Non-stop abuse really absolutely unending, sort of verbal abuse or physical abuse as well and he would also just, you know, demand that I look after him all the time and fly off the handle if I didn't.” (Source, [24])

In May 2020, the *Guardian* reported a ‘surge’ in stalking victims seeking help [60]. Suzy Lamplugh Trust and Paladin, a national stalking advocacy service, reported a large increase in cyberstalking in the first four weeks of the lockdown, and increases in unwanted phone calls, emails and text messages and contacts over WhatsApp, Facebook and Instagram. Paladin recorded a 40% increase in contacts from victims, both by phone and email in that period, whilst a service local to Sussex reported a 75% increase in survivors accessing a service. Nottinghamshire Police reported double the number of stalking incidents during the lockdown period compared to the prior year.

A small-scale academic evaluation of a local Paladin advocacy service for victims of stalking highlighted the dynamics of stalking behaviours during the pandemic [44]. The evaluation reported that lockdown measures can increase the vulnerability of victims of stalking due to the increased opportunities restrictions provide stalkers to monitor their victims, physically as well as through digital means. With victims restricted to their homes, perpetrators were able to monitor them more effectively and in other cases, reduced opportunity for physical surveillance of victims during lockdown measures escalated other methods of stalking behaviour, for example tracking devices used on cars. Advocates were concerned that stalkers who had not used technology in the past were now more capable in utilising digital methods to access information; victims and staff reported increases in cyber abuse and online stalking.

Where digital technology becomes the only method of communication or means of working for many, stalking victims are at increased risk of exposure to their stalker online. Some practitioners reported increases in ‘revenge porn’, hacking of online communication channels, stalkers impersonating their victims through Facebook profiles, and increased attempted contact through apps such as Zoom [44]. Media reports highlight a 93% increase of the use of spyware apps since March 2020, including Stalkerware which gives users access to know locations, messages, phone calls, videos, photos and more. Glitch and End Violence Against Women found that of their survey respondents who had experienced online abuse in the 12 months preceding the survey, 29% reported it being worse during Covid-19, rising to 38% of Black and minoritised women [46]. This again highlights how an increase in use of digital platforms can increase exposure to abusive behaviours.

EVAW found that perpetrators are using isolation requirements to control and abuse under the guise of protection from the virus [21]. In addition, ONS statistics suggest that 45% of victim-survivors are subjected to sexual violence within a domestic violence context; the stay at home policy has meant that women and girls are likely to be at heightened risk of sexual violence.

6.2 IMPACTS OF COVID-19 AND THE ASSOCIATED LOCKDOWNS ON LEVELS OF RISK

The pressures from lockdown restrictions pushed specialist services working with perpetrators of domestic abuse to respond rapidly and within a changing environment that impacted service delivery. Respect led the sector support for perpetrator services to collaborate at a time when the need for domestic abuse services had multiplied with significant increases in the perpetration of abuse as indicated by increased numbers of calls for help and rises in the murder rates of women. The Respect Phoneline saw a 97% increase in the number of contacts by phone, email and webchat from the start of lockdown restrictions with 42% from perpetrators, 13% from frontline workers and 20% from victims/survivors, 9% concerned family and friends and 16% other [52].

Often victims/survivors contacting the helpline are looking for support in understanding their partners' use of violence and abuse with a small number of women who have used violent resistance being labelled as the perpetrator by their abuser. The helpline has proved vital for victims/survivors using violent resistance to gain awareness of their circumstance and feel reassured to be in touch with Women's Aid services. By far the majority of callers to the helpline are men (84%) and 79% of callers identify as white. Contact with perpetrators from Black and minoritised communities are low in numbers, mirroring the frontline perpetrator workforce. Further research is needed to learn more about the needs of Black and minoritised perpetrators with greater data analysis. Alongside the huge increased demand to the helpline, calls lasting more than 40 minutes tripled as perpetrators gradually became unable to regulate their behaviour, revisiting arguments and trapped in a vicious cycle of toxic thinking [52].

In response to the quickly changing environment, Domestic Abuse Prevention Programmes (DAPPs) were forced to adapt and re-think the in-person group sessions they offered and for the first time consider alternative delivery of interventions whilst balancing concerns around safety of victims/survivors and children. With the move to online and remote ways of working, this generates novel and acute risks for victim-survivors who are connected to a perpetrator receiving an intervention. While many facilitators rose to the challenge of reviewing the behaviour change curriculum, for some it was reported to come at a significant cost of mental, physical and social health due to burnout and over-exposure to vicarious trauma [61].

Statutory services delivering perpetrator interventions found a lack of multi-agency contact, particularly with mental health services at a time when 87% of professionals responding to the Drive Practitioner Survey during lockdown found an increase in mental health concerns for perpetrators [62]. This was due to the strain on the NHS and some non-essential services being paused in order for primary care services to reach those in greatest medical need.

Drive also explored the types of support that services were continuing to provide during Covid-19 with three quarters (75%) reporting heightened risk-management planning, 73% providing tools for self-regulation/de-escalation techniques and 62% giving referrals to both specialist multi-agency interventions and children's services.

Since this work is essential for mitigating the risk of harm to child and adult victims, it is vital they have adequate capacity and resources to continue this work during the transition out of lockdown [62]. As conflict in the home and domestic abuse increased, both frontline workers

and perpetrators sought advice and information on coping strategies to help manage abusive behaviour. Respect Phonenumber responded to the needs of both groups by creating self-help guides made available to read and download via the website. The tools helped perpetrators better understand their choices about using violence and abuse, with resources for frontline workers to engage with perpetrators safely and effectively.

Whilst the pandemic does not cause domestic abuse, the above findings suggest that perpetrators have used the virus and associated measures to intensify and conceal their abuse, whilst victims have been less able to access support. SafeLives Annual Practitioner Survey findings state:

“The biggest issues have been around the reduced space for action that clients have and the vastly increased levels of control some perpetrators have had during periods of lockdown with victim/survivors being far less able to access support as everyday interactions have reduced so significantly.” (Source, [63])

This led to concerns that the pandemic would result in a rise in domestic homicide and victim-suicide. In August 2020, the National Policing Vulnerability Knowledge and Practice Programme developed an academic project looking at the impact of the pandemic on domestic homicide, in collaboration with the National Police Chiefs’ Council (NPCC), the College of Policing and the Home Office [64]. The project uses a broad definition of homicide which covers: people under 16 years of age; intimate partner homicide, and homicide from a family or household member; victim suicide following domestic abuse; child death; and unexplained deaths that follow domestic abuse incidents. The final project report found that between 23rd March 2020 and 31st March 2021, there were 215 deaths in 208 incidents reported to the project. The number of domestic homicides was slightly higher than the previous year but in line with the 15-year average. For victim-suicides and unexplained deaths there are no data from previous years so it is not possible to make comparisons, and part of the purpose of the project is to enable comparisons for these categories in future years. The report notes:

“Whilst this project has not found evidence of a substantial rise, these numbers do confirm that domestic homicides and suspected victim suicides in England and Wales are an entrenched and enduring problem. Each one of these deaths is a tragedy for family and friends, and each one is a death too many.” (Source, [64])

Thematic analysis in the report further found that Covid-19 had acted as an escalator and intensifier of abuse and created additional barriers to accessing support. The highest percentage of deaths were intimate partner homicide (49%), followed by adult family homicide (18%), suspected victim suicide (18%), child death (12%) and other (3%). The report noted the gendered nature of abuse, with most victims being female, particularly in intimate partner homicide and suspected victim suicide cases, and most suspects were male for all homicide types except child deaths. The report suggests that victims facing additional forms of discrimination and barriers to support have been disproportionately impacted. Victims from Black and minoritised communities were less likely to be known to the police and other agencies, and there was an increase in the number of older victims killed.

Another study by Katrin Hohl and Kelly Johnson exploring police data found that the pandemic

exposed, rather than created the domestic abuse crisis, with long-term trends accounting for the increase in domestic abuse reporting [2]. However the study found that as lockdown eased there was a rise in first-time domestic incidents being reported to the police and data from the Office for National Statistics found that the largest month-on-month increase of domestic abuse related offences was between April and May 2020, again which coincided with lockdown easing. Hohl and Johnson (2021) found that the data also suggests that victim-survivors delay separations until restrictions are eased, keeping victim-survivors trapped in abusive relationships for longer. Since separation is a known trigger for domestic abuse escalation, the research suggests that police forces and domestic abuse services prepare for a surge in high-risk and high-harm reports at points when restrictions are eased [65].

6.3 CHILD AND ADOLESCENT TO PARENT VIOLENCE AND ABUSE

Child and adolescent to parent violence and abuse changed since the start of the pandemic with data from three police forces showing high levels of variances across the year. 19 out of 31 forces responded to a Freedom of Information request providing partial or full data with some forces having no recorded information. The experiences of families varied throughout the pandemic with some sharing an increase of violence within the home and others noticing a decrease as children no longer had to follow commitments such as attending school. Overall fears remain of increased violence and abuse when restrictions are lifted, with further research needed to understand the risk and support needs for children and families [66].

Child and Adolescent to Parent Violence and Abuse (CAPVA) comes under the current definition of domestic abuse, however despite growing research into this area, CAPVA remains on the periphery of the domestic abuse and VAWG policy. Responses have developed in a piecemeal fashion, despite a broad range of social and health support workers encountering CAPVA in their work. Inadequate support for families requires further discussions to consider a variety of responses based on need that supports both the child and parent from a holistic viewpoint [66].

“I think there needs to be an awareness that people are stuck at home with their abusers. I often think that it would have been better to just let the virus run its course. I do not think anybody realises what happens when everything is shut down. All coping measures of the abuser and the abused are unavailable. I used to be able to go work out, go to the Y, or the park, or work. He was at school or work or with friends. Anger is multiplied out of fear and frustration. People are anxious, there was a problem with food for a while. People are losing jobs and income. There is no human to human contact anymore. Nobody sees a smile behind a mask. Humans need each other.”
(Parent 94; Source, [66])

Parents completing surveys highlighted mothers and women in caring roles for children to be the highest risk group experiencing CAPVA. The relationship of the women caring for children varied with a combination of mothers, adoptive-mothers, stepmothers, and aunts. This highlights gender being significant when understanding CAPVA as the highest group of children being violent were male at 72% and female at 28%. A feminist framework is helpful in understanding the root causes of CAPVA as gender becomes significant in the data revealed. The ethnicity of parents remained unclear as some parents had selected ‘British, English and Welsh’ but the overall impression was

that the vast majority of parents were of White heritage. This ties in with fears expressed by Black and minoritised families experiencing CAPVA who fed back the additional barriers faced by parents from Black and minoritised communities. Black Caribbean and Black African parents stated that reporting to the police was not a viable option due to institutional racism and fears of their children facing harm from the police and being criminalised with longer-term consequences, particularly for Black boys [66]. A strong theme from parents in the research found that the impact of experiencing CAPVA during lockdown centred upon the welfare of other children living in the home who, due to the lack of school, other childcare or respite options, were being exposed to CAPVA and at greater risk. A whole family centred approach is vital to meet the needs of all family members including siblings.

“Our youngest son is chased by and set upon by our son and we have needed to teach him to flee from the situation and/or call for us to shield him. He has said in the past “I wish I didn’t have a brother with problems” (Parent 29; Source, [66])

Many parents felt unable to seek support from family and friends with other sources of support being withdrawn, limited, or suspended leading families to feel isolated. Frontline workers adjusted their practices to meet government guidelines but felt the measures impeded the quality of service offered with lack of face-to-face support being the main barrier. In summing up the impact that lockdown has had on the support available to their family, a parent highlighted: “[I am] totally overwhelmed. We have lost all support and scaffolding.” (Source, [66])

Child and Adolescent to Parent Violence and Abuse (CAPVA) outlines the tension between the recognition of parents as victims of abuse, who need their experiences to be taken seriously and safeguarding measures put in place, and the simultaneous recognition of the vulnerabilities and age of children who engage in violence towards their parents. This makes responding to CAPVA difficult in ‘normal’ circumstances, but many of these problems are magnified in a pandemic. There is a need to prioritise funding and resources for both frontline workers and service users, provide access to digital technology, and improve multi-agency working particularly with the Youth Offending Service as violence within the home and violence outside the home often intersect [66].

6.4 CHALLENGES AND RESPONSES OF FRONTLINE PERPETRATOR SERVICES DURING THE PANDEMIC

From the start of the first lockdown, the ability to deliver face-to-face interventions and the development of online programmes has been one of the most significant areas of change for the Respect membership during the pandemic. The initial approach of one-to-one programmes changed over time to online groups. Anecdotal evidence has seen an increase in the levels of engagement and participation with fewer clients failing to attend sessions. The emergence of digital and technological poverty created challenges for perpetrators who do not have the necessary device or access to a data plan or Wi-Fi. Some local authorities have provided tablets and smartphones; however, this remains an area of need [67].

When asked about the biggest challenge, the Drive report’ found nearly two-thirds (63%) of responses included issues on technology and the lack of face-to-face appointments. Other

concerns centred on the lack of privacy at home, internet or phone signal and some perpetrators not owning essential technology for communication. We know anecdotally that initial expectations to rely on video calls were not actualised because many clients did not have adequate data or technology to support this [67].

Soon after the first wave of Covid-19 restrictions in March 2020, it became clear that, alongside the increasing demand, the nature of perpetrators' help-seeking was changing and the abuse they were perpetrating was more frequent and more severe. Three key themes arising were:

1. As tension and conflict in relationships increased during lockdown, the violence and abuse perpetrators used exacerbated.
2. The reality of lockdown had another consequence for perpetrators: they were faced with the violence and abuse they perpetrated.
3. A key factor that contributed to perpetrators feeling desperate and anxious was the closure of many services in the community, including Domestic Abuse Prevention Programmes [52].

From the start of the national lockdown in March 2020, domestic abuse perpetrator services almost exclusively closed their offices and practitioners moved to remote home working. Where home had previously been an escape from work, practitioners found this was lost and there was no separation in their home and work life. In June 2020 Respect surveyed its accredited members with 63% reporting that the lockdown had impacted negatively on their mental wellbeing [67]. The most common challenges faced were their own access to the internet, challenges supporting perpetrators who themselves were in crisis, the balance of childcare needs, increased workload, and isolation from colleagues.

The change in service delivery of programmes led to phone contact being the best way to receive support, the second preference of text/instant messages followed by video group sessions and lastly face-to-face. Email was not selected as a preferred method of support by anyone. Prior to the pandemic, most people (75%) reported face-to-face as the preferred way to receive support, four chose phone calls, four face-to-face group work and four chose text/instant messages [62]. In comparison, 53% of practitioners delivering perpetrator programmes were more likely to use video calls and twice as likely to have used text/instant messages. This new way of working has led to engagement levels being higher in comparison to face-to-face appointments in the past.

Frontline practitioners referenced the influx of new cases, increased workload, and limited staffing, with this being the third most common answer when asked about their biggest challenges. Although the majority of frontline workers and services increased support to perpetrators, 2% of survey responses reported that, because of the circumstances, they had decreased their support to clients. Regular sector support meetings with member organisations enabled perpetrator services to feel they were part of a collective that was working together to jointly respond to the challenges created by the pandemic exploring new opportunities to engage with perpetrators. One interviewee reflects that this shared space for support had a positive impact on their performance:

“It does feel like a family environment, you don’t feel as isolated because you’re chatting a lot more with people who are doing this kind of work. Once you get to see someone there is more of a connection because there’s less guess work.” (Source, [61])

The financial impact on the sector has been stark, with initial waiting lists on accredited services and the extra resource required to deliver individual programmes where group work had previously been in place required significant investment. Whilst commissioning structures may vary, organisations whose income was more dependent on individual referrals as opposed to a bulk funded contract were the most impacted. This saw one accredited organisation in the North West close and another provider seeing as many as 70% of their workforce furloughed.

Moving into the future the focus in the sector is on developing blended approaches with the delivery of some sessions in person and some online. Respect recognises that in addressing barriers to participation the offer of an online programme has value although balancing this against the safety of victims/survivors and children through joint working with the Integrated Support Service for Partners is vital.



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7. SYSTEM RESPONSES TO VICTIM-SURVIVOR NEEDS

7.1 LEARNINGS ABOUT THE SYSTEM RESPONSE TO DOMESTIC ABUSE ACROSS KEY SECTORS AND AGENCIES

The findings in relation to the system response reflect the existing inequalities outlined above. This includes a strong theme of institutional racism, with discrimination towards Black, Asian and racially minoritised women a prominent feature, and in particular migrant women with NRPF. Whilst there have been examples of good practice, the pandemic has exposed existing issues with the system response to domestic abuse, such as move on accommodation for those in refuges, the backlog in the courts and issues for victim-survivors with NRPF. The impact has been most starkly felt by women, and in particular women living in poverty, Black and minoritised women, deaf and disabled women, children and young people, older women and LGBT+ people. Particular groups of minoritised people within these categories, and those people experiencing multiple inequalities have been affected even further.

7.1.1 Benefits and Child Maintenance

There has been an overall reported increase in applications for Universal Credit, a system which has already been criticised for leaving people in debt, rent arrears and dependent on food banks, as well as for being difficult to access for victim-survivors, refugees and rough sleepers [7]. The

system has also been criticised for enabling economic abuse, and disproportionately impacting women, who are more likely to rely on social security and to receive more of their individual and household income from social security than men and generally having lower earnings from employment [27]. This means that policies such as the five weeks wait for Universal Credit, two child limit (which is also more likely to affect Black, Asian and ethnic minority families, who are more likely to have more than two children) and low levels of Universal Credit have a greater impact on women than men, and this will worsen even further if more women than men are unemployed after the pandemic. These issues are also heightened for Black, Asian and racially minoritised women, disabled women and women with NRPF. As well as this, the single-payment of means-tested benefits once a month to a single bank account increases the risk of economic abuse, and WBG argue a 'genuine social security safety net' is crucial to ensuring victim-survivors can escape abuse and to ending violence against women and girls [27].

During the pandemic, there has been a lack of government support for priority and FastTrack applications for vulnerable people during lockdown, leaving women unable to make appointments and be assessed, and this is linked to perpetrators controlling bank accounts or forms of ID, which are required for applying for Universal Credit [7]. Organisations therefore shared issues such as clients having lost work due to the pandemic but being unable to access Universal Credit and issues with ID verification: "ID verification didn't work and one woman was told that she had to put a partner on her application so it was refused." (Source, [7]). SEA also heard from women whose ex-partners had falsely reported them for benefit fraud: 'My ex contacted [Universal Credit service] to advise that I have a partner living with me – which is not correct' [24]. Imkaan also argue that the lack of resources during the outbreak is being used to justify and reinforce existing forms of discrimination. Calls to Universal Credit are also taking significantly more time [50]. Similarly, Shelter and Women's Aid have raised concerns that the benefit cap contributes to difficulty for women moving on from refuge accommodation as, whilst the benefit cap does not apply whilst a woman is living in a refuge, it applies when they leave, making it difficult for services to find affordable housing for victim-survivors. This therefore contributes to 'bed blocking' and a lack of refuge spaces, with challenges with move-on accommodation having been compounded by the restrictions brought in around Covid-19 [68].

With regards to child maintenance, women have reported being unable to contact the Child Maintenance Service (CMS), alongside issues with enforcement action and reports perpetrators have been able to reduce or halt payments without providing evidence, with one professional commenting there have been long-standing concerns about CMS, but that the pandemic has 'shown how faulty it is' [24]. Women experiencing economic abuse have reported that the CMS are only taking calls from the paying parent, that they have had to spend hours on hold to speak to the CMS, only for the perpetrator to immediately be able to query the claim, leading to further delays, or are facing delays of 12 weeks to hear back from the CMS, impacting on their well-being.

"I've been on the phone for hours waiting to get through. And sometimes I just can't afford to do that I've either got to be working or home-schooling the kids or dealing with them or making them dinner or something. I did get through eventually. And he immediately queried it, which then put a 12-week delay on it." (Source, [24])

Others reported being told to contact the perpetrator by CMS regarding reduced or missing payments with one woman saying:

“Because he told them he was no longer working – they haven’t asked for proof – they put me back on to direct pay and told me I had to contact him. I said, I don’t know where he is, I have no contact details for him. I don’t want to contact him.” (Source, [24])

This highlights the importance of relevant agencies working with families, across local authorities, being trained in recognising and responding to economic abuse and signposting to specialist services as required.

7.1.2 Courts or CPS

The pandemic and the need for social distancing have had a notable impact on the work of courts. The move to remote hearings has limited the support available for victim-survivors, both from formal support workers and informal support networks. Domestic abuse services have not been able to be present for remote hearings and therefore only being able to offer support before and after a hearing. The increased need for support whilst cases are delayed also has implications for services that offer support whilst waiting for or going through trial. Similarly, with short notice for cancellation of cases (including the day before or day of the trial) and dates for new trials being set arbitrarily, some victim-survivors will be left attending court alone and without support. This not only has a huge impact on the victim-survivor, including their ability to attend at all, but also impacts the evidence they can provide, therefore having ramifications for the outcomes of trials [21].

Some agencies also reported a reduction in multi-agency working with criminal justice agencies during the pandemic with emergency measures not being developed or implemented with sufficient consultation with local services, leading to issues such as a lack of information about early releases of women from prison, putting them at further risk of homelessness and abuse by perpetrators [47].

Closures and delays to family court cases have led to concerns of escalated risk and emotional strain for victim-survivors, with a quarter of practitioners worried about clients not having access to support services like the courts [63]. Whilst some proceedings in the family courts have continued, some have also been adjourned and there is a huge existing backlog, adding further delays to an already underfunded family justice system [21]. Plans for social distancing in family courts will impact the number of cases that can be heard and more may be heard remotely in the future, though EAW suggest proposed plans for the family court (with proper resourcing) offers an opportunity to rebuild, clear the backlog and improve the safety of women and children. Section 7.1.9 on findings in relation to policymakers outlines concerns that have been raised around guidance on child contact arrangements [21].

Within the criminal courts, there were an estimated 500,000 cases awaiting hearing at Magistrate and Crown Courts in May 2020, meaning there are huge delays for victim-survivors who were awaiting trial before lockdown, and, for those cases that have been heard, there are reports that these are being listed without consulting the victim-survivor (for example, to see if she feels safe to travel and attend during the pandemic, or can access childcare) or that judges are not receiving the required paperwork, particularly in family courts [21]. Examples shared include one woman whose case was discontinued shortly after she did not feel comfortable attending a magistrate’s court during lockdown, and one client whose case had been adjourned four times. However, one service shared that, positively, they were seeing more cases being finalised before they got into the courtroom [21], [63].

“Hearing via phone. Judge did not understand what I was trying to say. Limited number of people able to be on the phone, my solicitor wasn’t able to be added to the call.”
(Source, [24])

However, whilst the backlog needs immediate action, this must be managed in a way that is sensitive to victim-survivors and decisions must not be made wholly on the basis of reducing the backlog. For example, EAW and Bracewell *et al.* have shared concerns raised about prosecutors being more likely to accept guilty pleas for lesser crimes without consulting the victim-survivor and delays in trials for breaches of restraining and non-molestation orders [21], [44]. Similarly, there have been proposals for increased use of out-of-court disposals, including in rape and sexual offence cases, as well as a reduction in the number of prisoners remanded in custody awaiting a trial, which poses additional risks of re-victimisation and mental health impacts for victim-survivors. There is also a reported reduction in the use of DVPOs and DVPNs during the pandemic, particularly where there are concerns about making a perpetrator homeless, as well as reports that perpetrators are claiming to be ill with Covid-19 in order to avoid custody or orders being made against them [21].

As pointed out by EAW, the Covid-19 outbreak cannot be allowed to mask systemic failings that were already present in the criminal justice system. These include a hostile environment for migrant women with NRPF, cuts to legal aid, low prosecution rates for rape, victim-blaming attitudes throughout the system and post-separation abuse facilitated and enabled by the family and criminal courts. These discriminate against women and make it harder to access safely. The pandemic cannot be used to excuse the deficiencies that were already present prior to the pandemic.

As well as criminal and family courts, the pandemic has also impacted inquests. Guidance issued by the Chief Coroner in August 2020 clarified that coroners must be physically present for inquests to take place, and that what takes place is ‘*urgent or essential court business only*’.¹¹ Provisional data on suicide figures in England and Wales suggest a fall in the recorded number of suicides in the second quarter of 2020 before increasing in the third and fourth quarters, which the ONS suggest ‘*likely reflects delays to coroner inquests because of the impact of the coronavirus pandemic*’.¹² The impact of delays to inquests on domestic abuse related deaths remains to be seen. AAFDA has also reported that for those inquests that have gone ahead, these have often been remote and over video, meaning that advocates have been able to offer limited support. For inquests that have taken place in person, there have been significant restrictions, causing significant distress for families [49].

In May 2020, the Ministry of Justice announced £25 million in Covid-19 funding for domestic and sexual abuse support services in England and Wales, as part of a £76 million package from government. The funding was distributed through Police and Crime Commissioners (PCCs), with £5m available for sexual violence services (whether or not they had existing PCC funding), £10 million for domestic abuse services already funded by PCCs and £5 million for domestic abuse services who were not currently funded by their local PCC. A further £5 million was available

¹¹ HHJ Mark Lucraft QC, [Chief Coroner Guidance – Hearings During The Pandemic](#), August 2020. [Last accessed: 09.10.2021]

¹² ONS, 2021: [Quarterly suicide death registrations in England: 2001 to 2019 registrations and Quarter 1 \(Jan to Mar\) to Quarter 4 \(Oct to Dec\) 2020 provisional data](#). [Last accessed: 09.10.2021]

through the Rape Support Fund (RSF). The funding lasted between 24th March and 31st October, and was to cover the costs that charities had incurred 'adapting their services during the pandemic, and to cope with demand increases'.¹³

7.1.3 Health

Whilst data from hospitals shows a 'huge rise' in admissions for domestic and sexual violence compared to previous years during the pandemic, and data on adult safeguarding shows an increase in reported domestic abuse for women with NRPF, access to healthcare remains restricted during the pandemic due to the hostile environment [7],[11],[69],[70].

Whilst there is a moratorium for women with NRPF to have free access to healthcare if they have Covid-19 symptoms (though this has been poorly communicated), data-sharing practices between the health sector and the Home Office continue, meaning that women will be deterred from accessing healthcare services [7],[11]. 'By and for' specialist women's services have also noted that referrals from GPs are variable during lockdown, with a reduction in third-party disclosures from sources such as health services. As well as this, Imkaan note that health information was mostly provided in English, which is not accessible for many women [50].

Sisters of Frida also point out the impact of Covid-19 on disabled women, for example concerns about rationing of treatments for disabled people, and the impact of shielding on treatments [41].

Meanwhile, evidence from Agenda and SafeLives highlighted that whilst some services reported an increase in multi-agency working with some statutory services, participants felt that collaboration with hospitals had been reduced during the pandemic, occurring at a time when it has been argued to be more important than ever that healthcare workers 'remain curious' about patients' physical and mental health, and the causes behind any issues [47], [71]. For 27% of 73 surveyed practitioners, the biggest concern they raised was the delay and unavailability of other services to support their clients, including housing, substance misuse services, mental health and courts [9]. Similarly, with a rise in sexual abuse, there will be a rise in unwanted pregnancies and in women unable to access reproductive services, and therefore health services must be alert to this [48]. However, the introduction of telemedical abortion during the pandemic has allowed women to access abortion at earlier stages, as well as reducing waiting times at a time when waiting lists for other health services have increased¹⁴ and increasing access for victim-survivors of domestic abuse and other vulnerable groups.¹⁵

The role of IDVAs in health is also important, with only one in ten services having an IDVA based in a health setting [9]. The Pathfinder project led by Standing Together Against Domestic Abuse has evidenced that co-locating IDVAs alongside other components (such as embedding domestic abuse in governance and policies and prioritising survivor voices for all components) within health

¹³ Ministry of Justice (2020): [COVID-19 funding for domestic abuse and sexual violence support services](#). [Last accessed: 09.10.2021]

¹⁴ BPAS comment (2020): [Comment on DHSC Abortion Statistics: Telemedical abortion service results in significant drop in gestation at which women can access care - protecting their health during the pandemic](#). [Last accessed: 09.10.2021]

¹⁵ BPAS comment (2021): [Coalition of charities call on the Health Secretary to permanently legalise at-home early medical abortion care ahead of anticipated announcement](#). [Last accessed: 09.10.2021]

services helped to reach domestic abuse victim-survivors that may have otherwise been missed by services [72]. For this reason, it is important that Clinical Commissioning Groups, and soon to be Integrated Care Systems, continue to commission health-based Idvas in acute and mental health settings, as well as IRIS in primary care settings. There may also be key lessons to learn from IDVA services in hospitals that were able to continue operating during the pandemic.

Organisations from across the VAWG sector produced guidance for health professionals to safely ask patients about domestic abuse in virtual settings. This demonstrates best practice for enquiry during the pandemic, including asking closed questions to ensure a patient is alone before asking about abuse. Similarly, the NHS have also recently been encouraged to remind staff about domestic abuse and women's safety during Covid-19 [73], [74].

Families bereaved by domestic abuse have also shared that they have been unable to access mental health services during the pandemic [49].

7.1.4 Home Office

Women have shared that they have felt 'simply forgotten' by the Home Office Immigration Enforcement during the outbreak, with one stating "this is the experience of lockdown; they have shown us that they just do not care whether we live or die." (Source, [11])

Imkaan members have reported delays in Home Office Immigration Enforcement regulations and processes, meaning decisions are taking longer and adding to the trauma women are experiencing [50]. Delays to asylum claims (with no online replacement procedure put in place) have left women eligible only for emergency support in destitution, staying in hostels (which they were told would be on a short-term basis) during the outbreak and relying on organisations for cash.

For example, Safety4Sisters shared the case of Aesha who, four months on from claiming asylum, was still in the initial assessment accommodation of a large mixed hostel where families would normally be moved after two to three weeks. Similarly, Fatima needed cash payments from Safety4Sisters when her asylum interview was delayed during the outbreak, leaving her ineligible for emergency support leading her to accumulate debt to get by. Fatima therefore needed financial support from Safety4Sisters, as well as advocacy support when her biometric card was delayed. One woman in Safety4Sisters reported being diagnosed with depression, and shared how stressful it was that the Home Office Immigration Enforcement were not responding to her application, saying "I would rather bear the violence of my husband than go through this", whilst another stated she questioned if she had done the right thing and that she had fought thoughts of returning to the perpetrator. Women reported queues of 70 callers to speak to the Home Office Immigration Enforcement [11].

Conversely, for some, coronavirus has meant that they have not had to worry about the Home Office Immigration Enforcement removing them and one woman described how she had "had some peace at last... lockdown is a blessing for me." (Source, [11])

In May 2020, the Home Office announced details of £2million in funding for non-local domestic abuse charities (such as national services, second-tier and umbrella organisations, or those geographically dispersed over multiple PCC areas) based in England and Wales who had been

impacted by the pandemic and who were not covered by other funding streams (such as funding from the Ministry of Justice discussed previously). This funding was available to address short-term income disruption, meet essential costs of sustaining current activities (such as the purchasing of equipment) and address increased demand [75].

7.1.5 Housing

Covid-19 has had a negative impact on women's housing situation. For many women living with their perpetrator, the introduction of lockdown would have meant being trapped at home, almost 24 hours a day with their perpetrator. A Women's Aid survey investigating the impact of the Covid-19 pandemic with women victim/survivors found that perpetrators used Covid-19 as a tool for abuse in connection to their housing situation, refusing to take precautions to stop the spread of the virus and/or forcing their household to live under unnecessarily strict measures and making it harder to flee [13].

Perpetrators' use of economic abuse further destabilised women's housing situation during the pandemic. This may include restricting, exploiting and/or sabotaging housing and accommodation. A survey carried out by Surviving Economic Abuse found that over a third of women's housing situations had worsened because of perpetrators' actions since the start of the pandemic. This same survey found that prior to the pandemic, 14% of women were in rent or mortgage arrears because of perpetrators' economic abuse and that this had increased to 25% since the start of the pandemic.

The pandemic also had a negative impact on housing options and restricted women's ability to move and seek safety. The same Women's Aid survey mentioned earlier found that women were unsure of the options available during lockdown and indicated that negative experiences with housing professionals during this period affected their ability to access safe, suitable and more stable accommodation [75].

In June 2020, the Department for Levelling Up, Housing and Communities (DLUHC) awarded £8.1 million of funding to over 100 frontline domestic abuse charities in England, to support safe accommodation services.¹⁶ Evidence shows that refuges have high numbers of women who are ready to move on but are unable to find somewhere else to go, and that local authorities are failing to meet public duty around housing, viewing move-on as a non-priority [7], [13]. For example, 57.1% of 28 refuge providers said they had women ready and waiting to move on from refuge, whilst 42.9% said over a third of their current residents were ready and waiting to move on from refuge. One provider shared that their refuge was at full capacity, with all the residents ready to move on but there was not suitable housing for them to go to [13].

Findings from Women's Aid's No Woman Turned Away project found that of the 128 women supported between the 30th April and 31st December 2020, 16.4% were prevented from accessing a refuge or other safe accommodation specifically as a result of the pandemic (for example, due to reduced staff or due to women in the refuge quarantining), with one woman sharing the perpetrator had been delayed in leaving the property due to the pandemic. Those who stayed in temporary accommodation whilst waiting for a refuge space sofa surfed (26.5%), stayed in

¹⁶ MHCLG press release (2020): [Over 100 frontline domestic abuse charities given government funding](#). [Last accessed: 09.10.2021]

emergency accommodation (22.3% in the same local authority, and 10.2% in a different local authority), paid to stay in a hostel, hotel or B&B (6%) and slept rough (4.8%). Almost a third experienced further abuse from the perpetrator whilst waiting for a refuge space, and 15.1% did not have enough money to pay for essentials, such as food or transportation [76].

Women's Aid and DAHA reported that move-on became 'an increasing problem' during the early months of the pandemic, with some local services saying that move-on completely stopped during this time. Women's Aid and DAHA identified some good practice in relation to move-on accommodation during the pandemic, including one local authority operating a temporary emergency housing panel which enabled supported housing providers (including refuges) to send applications for clients to be matched to vacant properties, and the panel also offered an essential housing package, which included a bed for each bedroom, a kettle and a microwave. Other local authority areas saw housing associations offer properties directly to refuge providers during the pandemic, whilst another refuge provider working across 10 local authority areas had worked closely with a housing provider to establish second stage accommodation connected to their refuges, which allowed women to leave refuge whilst applying for longer-term accommodation. They had also been funded by one of the local authorities to run 18 flats as move-on accommodation for a year, in response to the challenges caused by the pandemic [77].

Women vulnerable to sexual exploitation and street prostitution were housed by the government early in the response to the virus, but there is a lack of women-only housing, leaving vulnerable women in mixed accommodation and living with people that may cause them distress or put them at risk of exploitation [45].

"Women accommodated in an area that they don't know, in a single room with what we will call 'risky males', so people that they know that could be previous pimps, drug dealers, all the rest of it. So, they are in really vulnerable situations." (Service Manager, Source [45])

Women in temporary accommodation have not had access to wraparound support including drug and alcohol rehabilitation work, sexual health support and contraception. Additionally, the report found that for those undergoing methadone drug substitution services, many were provided with two-week supplies, leaving them vulnerable to exploitation and overdose. The lack of drug and alcohol support during the pandemic has led to concerns that women could be put at risk and debt trying to fund substance abuse [45].

Imkaan's members reported that during lockdown "move on from refuges has been blocked" and local authorities were difficult to engage causing "delays in women's independence and recovery." This has also caused 25% of bed spaces in refuges for Black and racially minoritised survivors to be unavailable and as a result means that "other women are trapped in an abusive context or access temporary B&B or other insecure situations where there is no support". Imkaan and Safety4Sisters reported that finding safe and secure housing for migrant women with NRPF has "been the most persistent and exhausting challenge". Imkaan outlined that one member had to go through Head of Housing for sign offs and that working with all-white housing teams made it "luck of the draw if the housing officer understands" [50].

Meanwhile, migrant women face ‘insurmountable barriers’ to access refuge spaces, with only 4% of refuge vacancies in England even considering accepting women with NRPF [6]. Refuges may be reluctant to accept women with NRPF without knowing if social services will agree to pay the costs, therefore putting the onus onto ‘by and for’ services [11]. In March 2020, the Minister for Local Government and Homelessness wrote to local authorities asking them to urgently accommodate and provide adequate facilities for all rough sleepers, and to utilise alternative powers and funding to house those with NRPF¹⁷ but later confirmed in May 2020 that NRPF still applied and that local authorities should use their own judgement in assessing what support they could lawfully provide on an individual basis.¹⁸ Housing responses during the pandemic did not always publicise their remit – for example, many frontline public services were unaware that women with NRPF could be accommodated by a specialist Covid-19 hostel opened by Greater Manchester Combined Authority, leaving women at risk of rough sleeping. Women may also be more likely to be moved around different bed and breakfast accommodation, including across different local authority boundaries [11]. Move-on accommodation has become more complex due to the lack of appropriate housing and women also report being moved to unsafe neighbourhoods. In one example, two South Asian women with DDVC were placed by Council Safe Housing in a neighbourhood where there was a risk of racist incidents. They didn’t leave the building for three months and when they did were intimidated. During this time, one was given food parcels containing pasta, ham, sausages. One of the women developed such anxiety she was hospitalised. Another member said women are ‘being placed anywhere [even racist neighbourhoods] and being moved from one traumatic situation to another’ [50].

These concerns therefore have required a higher level of advocacy from specialist services in order for women to access the right to housing, with an estimate that ‘by and for’ staffs’ caseload hours have increased by 50% due to a lack of support from statutory services [7].

Meanwhile, one in three victim-survivors (including those who were currently in a relationship with the perpetrator and those who were post-separation) reported that their housing situation had either significantly or slightly worsened during the pandemic as a result of the perpetrator’s actions, with evidence that perpetrators were denying women access to their own homes or using restrictions to regain access [50].

“He is allowed to reside at the address until the government makes a specific explicit announcement that people can stay in other people’s homes... and he has now basically gained control of the [home] by that means and I’ve only got access to my own home once a fortnight.” (Source, [50])

“I was living with the perpetrator. He owned the house and we were not married. He kicked us [out] (myself and baby) so we are sofa surfing, essentially homeless.” (Source, [50])

17 Luke Hall MP, 26th March 2020: [Letter to all local authorities in England to update them on plans to protect rough sleepers during the Covid-19 pandemic](#). [Last accessed: 09.10.2021]

18 Luke Hall MP, 28th May, 2020: [Moving onto the next phase of accommodating rough sleepers](#). [Last accessed: 09.10.2021]

7.1.6 For-profit providers delivering domestic abuse services/support

Concerns have been raised about what appears to be a significant increase in exempt accommodation providers without expertise, experience or quality assurance processes housing women and children experiencing domestic abuse. Concerns include that providers are claiming enhanced Housing Benefit for exempt accommodation and, in some cases, private property companies are establishing CICs with the purpose of delivering financial return to investors. There are also issues with the accommodation being provided, in that it is often inappropriate in terms of the location, size and scale (examples include a 60-bed 'refuge', or locations with high-risks of anti-social and criminal behaviour). It has also been noted that because the 'business model' of such providers relies on claiming enhanced Housing Benefit, there is no incentive to move women onto affordable housing. As well as this, there are also serious questions about the domestic abuse expertise of these providers, including reports of a lack of awareness of safety planning and structures for domestic abuse (such as MARAC) and, in some cases, no domestic abuse support being offered at all. The longer-term impact of such provision is that victim-survivors' confidence and ability to recover will be severely undermined, and there will be additional pressure on specialist services and statutory services. During the pandemic, it also appears that emergency funding has been used by these providers to provide capital and support costs funding. For example, a faith-based organisation who primarily work to tackle poverty and have no clear evidence in providing domestic abuse services were awarded £113,000 from the DLUHC £10 million Covid-19 emergency funding for safe accommodation for victim-survivors. Emergency funding for supporting victim-survivors must go to specialist services and not those without this key specialist background, or those claiming enhanced Housing Benefit to run 'refuges' [78].

7.1.7 MARAC

Analysis of MARAC data from January 2020 to December 2020 highlights fluctuations that appear to be related to the restrictions imposed in response to Covid-19. In an average year, national cases usually decrease in October – December (likely due to the festive period impacting meetings). However, in 2020, this decrease was larger than usual – 10% compared to 3% in 2019. SafeLives attributes this to a higher number of cases in July – September 2020 after the first lockdown eased, as well as suggesting it could be linked to the impact of local and national lockdowns towards the end of 2020. Further data from SafeLives indicates a 37% increase in the number of cases heard at MARAC in 2020 compared to 2016, which indicates a requirement for increased IDVA provision [79].

Some Imkaan members raised concerns that abuse was not being picked up by MARAC during the pandemic.

“One member states that despite trying to refer the case to the appropriate MARAC – the lack of response meant that ‘due to lack of assistance from the LA she is returning to her husband, the perpetrator. She is pregnant and has a 15-month old baby.’ (Source, [7])

“Women have had poor police/statutory agency responses and are being excluded from MARAC based on lack of ‘threshold’, which is informed by either a poor analysis / risk assessment or flagrantly minimising their risks because they are no longer following equalities duties – especially wider concerns such as destitution and harmful practices.” (Source, [7])



Photo by Gabriella Clare Marino on Unsplash

MARACs had to totally overhaul their working practices in response to the pandemic with many implications. STADV's report considered these implications and the different ways that MARACs in London adapted their practice [80]. It notes that there are large variations in practice across MARACs in usual times, resulting in a 'postcode lottery' in terms of service provision. The pandemic presented huge operational challenges for MARACs in terms of moving to virtual delivery and the implications of that such as in terms of confidentiality and agency participation. Whilst many adapted practices brought benefits to agencies with limited resources, the report concludes survivor voice was not always at the centre of these changes. Consistency in agency attendance at MARACs is an issue which pre-exists the pandemic but which the report notes was a large factor throughout. The use of technology to facilitate virtual MARAC meetings has had some positive effects, but ongoing changes to the format of meetings after the pandemic need to be monitored for their effectiveness.

7.1.8 Police

Reports from across the sector highlight that existing problems in relation to policing of domestic abuse have been amplified during the pandemic, whilst a report looking at policing in Greater Manchester found missed opportunities to secure evidence and safeguard victims at the scene [65], [81]. Evidence from Women's Aid highlights that just under 1 in 5 (17.6%) of 74 women currently experiencing domestic abuse had reported one or more incidents to the police during lockdown, whilst SafeLives found that 8% of 125 respondents who had concerns about their safety felt that the police were not responding quickly enough during the pandemic [13], [43]. Evidence also highlights that, in one police force, there has been a decrease in ex-partner abuse and this has masked an

increase in current partner abuse, which gives the appearance of no impact at all by lockdown at the aggregate level [65]. A survey of frontline professionals found that a third had noticed a change in the local police response to domestic abuse, including a reduction in police referrals or less involvement with breaches of child contact orders, though some professionals noted improved partnership working with the police, a quicker or more proactive police response and more sensitivity when interacting with victim-survivors [25]. Organisations supporting women experiencing stalking have described long delays in applying for protection orders and downloading evidence from electronic devices, though some reported an improved response which they attributed to a reduction in other forms of crime freeing up police time [44]. Poor responses towards Black and minoritised women included interviewing the perpetrator and survivor in same room, advising survivors not to leave the home due to Covid-19 and survivors not being asked if they wanted to make a statement. In better responses survivors were removed from the home, housed in temporary B&B and advised well [11].

There is evidence that third-party reporting during lockdown increased by an average of 416 calls per week compared to 2019 levels, though there does not appear to have been an increase in the number of victim-survivors reporting to the police. This can be explained by victim-survivors having potentially limited safe opportunities to contact the police, whilst those in close physical proximity (such as neighbours) were home more to be able to witness and then report abuse [10]. In some police force areas, there have been fewer reports from victims with a history of domestic abuse, indicating that lockdown is making it harder to report for those most at risk. Whilst there is evidence that police officers are aware of the additional risk and barriers to reporting for victim-survivors, there is also evidence that officers have felt they were attending more 'lower-level domestic incidents' precipitated by the stresses of lockdown and the pandemic, which is concerning when considered alongside evidence that frontline officers may miss patterns of abuse [65].

EVAW have highlighted a number of reasons that women may not report abuse or seek help during coronavirus. In addition to barriers that exist outside of the pandemic (such as victim-blaming attitudes), additional barriers were present such as fear of catching the virus when reporting, the abuse having occurred whilst not following lockdown restrictions, and racialised policing and disproportionate fines for Black, Asian and racially minoritised people not adhering to lockdown rules. Literature also highlighted that Black, Asian and racially minoritised women do not feel able to report to the police due to racist over-policing of Black, Asian and racially minoritised men, racism towards Black and minoritised women such as the cases of Bibaa Henry and Nicole Smallman, and migrant women being treated as offenders and criminals [21].

Evidence from Glitch highlights that 83% of 484 people reporting online abuse during the pandemic felt their complaint was not properly addressed, and this rose to 94% for Black, Asian and racially minoritised women and non-binary people [46]. In regard to LGBT+ survivors feeling able to disclose abuse, Galop experience suggest that when a survivor presents with what are termed 'complex' or 'multiple' needs that may include a history of substance abuse or mental health issues police may decide they're unable to help [8]. Stonewall also found, almost 80% of gay, lesbian and bisexual survivors do not report incidents to the police, and in a London-based study, 68% of respondents did not try to find advice, support, or protection from organisations/services [82], [83].

Women may also have to prioritise coping and meeting their immediate needs (such as housing, food, childcare or caring responsibilities) throughout the pandemic rather than reporting or seeking support for themselves, particularly at a time they will be aware systems are under increased strain. Whilst campaigns from police forces have reassured victim-survivors that they can

continue to report and receive the same level of police support, this has not always been the case, with police workforce reduced due to illness and self-isolation. A reduced police workforce poses significant danger in the context of a pandemic, as any sense that the police are less available, and less likely to attend an incident or to take a call seriously, will feed perpetrators' sense of impunity and having no onlookers or sanction [21].

“Police failed to arrest him for weeks after assault. They made excuses for him assaulting me. Every service was delayed massively by Covid-19.” (Source, [24])

It is unclear from the literature reviewed whether police allocated more or less time to domestic abuse during 2020. Anecdotally, partners within this learning initiative reported that the drop off in issues like street robbery, burglary and anti-social behaviour enabled some increased police focus on domestic abuse, such as proactive targeting of prolific domestic abuse perpetrators, proactive sifting of 'right to know' lists, and welfare checks as activities not always available in normal times.

Women's organisations have also raised concerns about Achieving Best Evidence interviews not being carried out when reporting sexual violence, as well as a lack of available female translators and BSL interpreters, with the result being that women are left to arrange their own translator or are told to come back on another day. Similarly, women's organisations have shared concerns that investigations are not occurring properly during the pandemic, which will impact case outcomes at a later stage [21].

There are also reports from organisations that there has been an increase in the use of the No Further Action (NFA) outcome, whilst Imkaan and Safety4Sisters report that police are advising the use of 'cool down spaces', or responses are being reframed as 'family support', and victim-survivors concerns about this are ignored or dismissed. Sisters4Safety share an example where a perpetrator was removed from the property by police but was released without warning to the woman the following day [7], [11], [21].

An interim report by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) has found that there is a 'need for immediate, radical and cross system action to respond with greater pace and urgency to an epidemic of offending against women and girls'. The report also comments that there needs to be a 'seamless' approach across the full criminal justice system to ensure victim-survivors are supported, which is not always the case currently and with evidence of 'ineffective' working between the police and CPS. The current response to VAWG is therefore described as 'unsustainable' [84].

7.1.9 Policy makers

The pandemic has highlighted the importance of local leaders, including those working in housing, health, and social services, establishing effective pathways for assessment, referral and support in collaboration with specialist providers working with Black and racially minoritised survivors. Safety4Sisters describe attempting to alert local and regional policymakers to the dangers facing migrant women and their children, particularly those with NRPF, but this was largely ignored [11]. They therefore point to the more compassionate 'Build Back Better' policies (such as the housing of homeless people), but describe this compassion as brief and argue that, unless future policies centre the concerns and experiences of women with NRPF, responses will be incomplete. More

broadly, it is vital that organisations supporting women and girls are given an equal voice for decision-making at both a local and national level.

Similarly, those working with men to build gender equality felt that there was not enough recognition by policy-makers about how abusers' control and violence in the home could be exacerbated by the pandemic, with inconsistent responses from policy makers [85]. We also know that the Home Office and Ministry of Justice recognised the heightened risk during Covid-19, but leadership and engagement from Department of Health or its Ministers was lacking. Meanwhile, members from across the VAWG sector wrote a paper and a series of recommendations, arguing that the response to VAWG during the pandemic has been 'piecemeal, fragmented and unequal', with emergency funding taking two months and four different funding streams to be delivered and that responses have not been coordinated across government [86]. As discussed previously, funding for local domestic and sexual abuse services was available through the Ministry of Justice whilst funding for national and geographically dispersed services was available through the Home Office, as well as funding from the DLUHC, requiring separate applications for each stream, making the process particularly 'difficult and exclusionary' for frontline services as they navigated the crisis. For example, EAW note that it took a month for details of funding to reach VAWG services, but initially had a deadline of four or five working days to apply, as well as a failure to ring-fence funding for 'by and for' services [86].

As well as funding, the Home Office also launched the #YouAreNotAlone campaign in April 2020 in order to reassure victim-survivors that support services remained open during lockdown.¹⁹ EAW have pointed out weaknesses of the campaign, particularly that materials had not been published in different languages (including government communications not being available in British Sign Language), and that many victim-survivors would not identify with the campaign [86].

Concerns have also been raised about the clarity and assurances for victim-survivors of domestic abuse in the guidance released on child contact arrangements during the pandemic, with parents encouraged to adopt a 'pragmatic approach'.²⁰ Rights of Women report that for some victim-survivors of domestic abuse, perpetrators have used child contact during the pandemic to continue their abuse 'by placing children at risk intentionally, insisting on arrangements continuing contrary to guidance, issuing enforcement applications unreasonably and keeping children' [87].

7.1.10 Private sector retail

Sisters of Frida (2020) report that supermarkets are facing mass legal action from disabled people who were unable to buy food and other essentials during the pandemic, creating anxiety and distress, as one woman shared:

'Trying to access food online was impossible for [the] first few weeks till [the] government organised slots for some of us deemed 'extremely vulnerable', yet joining that list is so worrying due to data sharing and concern that it means I will be classed as DNR if admitted to hospital... Nightmares, panic attacks have arisen as each day goes by, tension increasing chronic pain I already have.' (Source, [41])

¹⁹ Home Office, 2020: [Home Secretary announces support for domestic abuse victims](#). [Last accessed: 09.10.2021]

²⁰ Family proceedings: Coronavirus (2020): [Question for Ministry of Justice](#). [Last accessed: 09.10.2021]

Private sector retailers that provide pharmacy services have responded to domestic abuse during the pandemic through the Government's 'Ask for ANI' (Action Needed Immediately) scheme, with over 4,000 pharmacies across the UK taking part. The scheme allows victim-survivors to ask staff for ANI, whereby a trained member of pharmaceutical staff will 'offer a private and safe space where the individual can ask to speak to the police or to access support services', and is being evaluated, though data in March 2021 evidenced it had been used more than 35 times since its launch in January 2021 [88]. This scheme complements the Safe Spaces initiative launched by Hestia's UK Says No More, which provides safe spaces in participating pharmacies (including in supermarkets) and banks.²¹

As well as schemes such as this, Tesco have provided the National Domestic Violence Helpline phone number, as well as information on the Bright Sky app, on store receipts, whilst 400 off-licences and supermarkets in Croydon displayed information on domestic abuse services and some stores also saw police officers present to hand out leaflets and talk to staff and customers [89], [90].

Women's Aid has raised concerns that whilst a community response is essential, there are critical considerations around safeguarding, training and inclusion that must be addressed, and reported that survivors have been deeply concerned about how such schemes have been publicised and whether they have the necessary processes in place to support them safely. Women's Aid has also raised concerns about survivors being criticised for exemptions from Covid-19 regulations, including mask-wearing.²²

Private sector financial services such as banks have also responded to abuse during the pandemic. For example, Surviving Economic Abuse is working with Lloyds Banking Group, seconding a SEA Banking Specialist to the Financial and Domestic Abuse team at Lloyds in order to support both customers and staff experiencing economic abuse.²³ Other work in this area includes a £1m fund for victim-survivors of economic abuse launched by NatWest and SafeLives, building on an existing partnership between NatWest and SafeLives, which also involved training for teams in the bank developed alongside Surviving Economic Abuse [91]. TSB also announced in 2021 that they would be the first bank to offer join Hestia's safe spaces scheme for victim-survivors, with 290 branches across the UK taking part.²⁴

As well as the above, the Rail to Refuge scheme was introduced, which allows a refuge service to book a free train ticket for a victim-survivor who needs support to reach a refuge which has a confirmed vacancy for them. The scheme was originally introduced by two rail operators, Southeastern and GWR, but launched nationwide in April 2020 following the rise of reports of domestic abuse at the beginning of the pandemic and has since helped 1 348 victim-survivors get to safety [92].

²¹ UK Says No More (2021): [Safe Spaces Locations](#). [Last accessed: 09.10.2021]

²² Women's Aid (2021): [Women's Aid responds to Ask for Ani codeword launch](#). [Last accessed: 09.10.2021]

²³ Surviving Economic Abuse (2020): [Lloyds Banking Group pilots pioneering new tool to identify economic abuse](#). [Last accessed: 09.10.2021]

²⁴ TSB (2021): [TSB becomes first bank to offer Safe Spaces for victims of domestic abuse](#). [Last accessed: 09.10.2021]

7.1.11 Social Services or LAs

The evidence highlights that the pandemic has led local authorities to not meeting their duty of care. For example, Women's Budget Group point out that the Coronavirus Act suspended the duties of council social care to meet the essential care needs of disabled people [38]. For disabled women wanting to leave a perpetrator, local authorities may be unable to refer to refuges with access needs as well as concerns about meeting needs around personal care and daily living [43], [93]. Sisters of Frida have called for more flexibility and portability of care packages for disabled women in danger from domestic abuse [41]. Stay Safe East have also highlighted that disabled people seeking asylum or with irregular or uncertain immigration status may face additional and particular problems if subjected to domestic abuse [93].

Imkaan members have also pointed out that local authorities are failing to meet public duty as housing and move-on accommodation was not viewed as priority during the early days of the pandemic. Similarly, Imkaan member organisations have shared concerns that the pandemic is being used by local authorities to minimise their duty of care, thereby reproducing existing discrimination and inequalities. This is alongside issues such as no moratorium on NRPF housing restrictions, a lack of funding for specialist services and further exclusion from specialist services for Black and minority women which is justified by a lack of resources combined with the pandemic, as well as an inconsistent response leading to a lack of confidence in social services [7]. Survivors in one survey reported that they were looking for support from:

"People who understand...not to be blamed by social services because they don't understand." (Source, [43])

This response from local authorities has therefore impacted upon the level of advocacy 'by and for' domestic abuse services have needed to provide, requiring higher levels of support to ensure women can access basic rights from local authorities. 'By and for' services report statutory and generic agencies telling women 'to get the BME specialist to fulfil the tasks they should be doing'. Services have indicated that women are being refused support, are told the abuse they are experiencing is not serious enough, that they are not priority need for housing or that the local authority did not have the responsibility to house them as they were NRPF. Imkaan members report that at least one local authority has waived limitations around NRPF, this applies only to placements within the borough [7], [11].

Services have also shared that social services or the police have tried to persuade fleeing victim-survivors to stay with friends or family, and, unsure of their rights and with no other choice, women have been forced to agree. Around a third of the women referred to Safety4Sisters during the pandemic were entitled to local authority support, but were initially refused accommodation. Women's ability to access public services is therefore restricted by the 'triple threat' of reporting, detention and deportation. Sisters4Safety also report that migrant women have been told to 'humour' the perpetrator, rather than risk homelessness during the pandemic [7], [11].

Anecdotal evidence from AAFDA also highlights the impact of the pandemic on Domestic Homicide Reviews (DHRs), with evidence that Community Safety Partnerships have re-deployed staff to focus on the pandemic, therefore 'pausing' ongoing DHRs and decisions to commission new DHRs. Whilst some DHRs continued virtually throughout 2020, others did not resume until 2021, causing further delays and distress for families [49].

7.1.12 Children's services

Women's Aid's found that 23.7% of 215 victim-survivors reported that children have reduced access to support services, and around a third (31.2%) reported that their children have felt isolated [13]. In calls with frontline services, SafeLives found that services felt less able to do recovery work or follow on sessions with children in school because of the restrictions in place for after school activities and one organisation who commissions youth groups to work with teenagers reported that there is nowhere for these young people to go after initial support [54].

Meanwhile, the NSPCC reported an increase between March and May 2020 in the number of callers contacting their helpline with concerns about domestic abuse, as well as an increase in the number of counselling sessions they have delivered about domestic abuse since, since the stay at home guidance was issued [23]. Children experiencing domestic abuse shared that sources of support usually available to them, including health visitors, sports clubs, school counsellors and teachers, were reduced or unavailable. For example, a 15 year old girl shared "My CAMHS appointments are now online, but it's not the same. I don't feel like I can talk to anyone." (Source, [23])

Local authorities have also reported an increase in the complexity of cases in children's social work services between September 2020 and March 2021, as well as a 'common and consistent theme' of rising numbers of domestic abuse cases [94]. The Children's Commissioner has shared concerns that despite data indicating domestic abuse has increased during the pandemic, referrals to children's services are down compared to previous years [95].

7.1.13 Employers

SEA's Cost of Covid-19 research found that 45% of victim-survivors of economic abuse reported that their employment or education situation had worsened since the start of the outbreak as a result of the perpetrator's actions. Of the women who responded who were living with the perpetrator, just under 40% were working from home during the outbreak when they had not done so previously, whilst 11% of all of those responding shared they had concerns about their safety whilst working at home. Women reported that the perpetrator was able to sabotage their ability to work, including through disrupting the time and space needed to work, explicitly telling or threatening them not to work, refusing to contribute to childcare, contacting a victim-survivors' employer to interfere with their employment stability, and denying access to the resources (such as computers and internet access) needed. However, some shared that the flexibility that came with working from home during the pandemic had been incredibly helpful, and others shared examples of their employer supporting them, such as by being flexible with leave, allowing work equipment for personal use, or providing legal advice and counselling [24]. These findings therefore highlight the key role that employers can play in supporting victim-survivors.

"With both people working from home, the perpetrator has been able to disrupt and control my work and time and ability to work and study in an unprecedented way than if we were both physically going to an office." (Source, [24])

"He just made it impossible for me to work really, really difficult just disrupted non-stop. Non-stop abuse really absolutely unending, sort of verbal abuse or physical abuse as well and he would also just, you know, demand that I look after him all the time and fly off the handle if I didn't." (Source, [24])

In September 2020, Hestia launched a specialist advice line for employers supporting victim-survivors experiencing domestic abuse, supporting employers in how to respond to disclosures. With the launch of the adviceline, Hestia commented that lockdown meant that more victim-survivors were not physically at work, therefore in isolation with the perpetrator.²⁵

In recognition of the impact of lockdown, in April 2020, the government launched a pack for employers as part of the #YouAreNotAlone campaign, including information around how employers can support victim-survivors [96]. As well as this, the Employer's Initiative on Domestic Abuse (EIDA) compiled their own advice for employers, such as staying in touch with employees who may be suspected or known to be experiencing domestic abuse, and taking action to reinstate any lost contact,²⁶ as well as resources developed by member organisations, such as the Local Government Association and the TUC.²⁷

In early 2021, the Department for Business, Energy & Industrial Strategy (BEIS) launched the findings of a review into workplace support for victim-survivors of domestic abuse undertaken between July and November 2020. Whilst not focused on the impact of the pandemic, the report highlighted that lockdown had seen a loss of access to work as a safe space for victim-survivors [97].

In early 2020, Universities UK published two briefings to address national concerns on the impact of lockdown on domestic abuse in the higher education sector [98], [99]. In 2021, the HARM network produced guidance for universities implementing domestic abuse policies, building on a review of domestic abuse policies in universities which found that only nine out of 133 UK universities had a specific domestic abuse policy, with a further 18 having a combined policy that covered domestic abuse [100].

Whilst a number of resources have been produced for employers during the pandemic, further data is needed on how many employers across different sectors have accessed these resources, developed and implemented policies, engaged with domestic abuse services and taken action to support employees. Further information is also needed on how practices have changed, with more employees working remotely for example.

Domestic abuse services have continued to offer support to survivors around employment, including advice on safety planning or advocacy work, for example liaising with the court to ensure job locations are not named on non-molestation orders to try to prevent the perpetrator abusing the survivor at work. They will also support women who are currently in employment including access to training, help with job applications and helping develop interview skills. Specialist services led 'by and for' Black and minoritised women also deliver tailored employability and training support to survivors including to access and attend ESOL classes, meet language and communication needs, and redress survivors' experiences of poverty and destitution as a result of structural inequalities. Many domestic abuse services offer training for employers to ensure that employer initiatives safely and appropriately meet the needs of survivors.

²⁵ Hestia (2020): [Hestia launches free domestic abuse advice line for businesses](#). [Last accessed: 09.10.2021]

²⁶ EIDA (2020): [Covid-19 Help for employees when home is not a safe place](#). [Last accessed: 09.10.2021]

²⁷ EIDA (2020): [Covid-19 Employer-developed resources](#). [Last accessed: 09.10.2021]

7.2 SYSTEM RESPONSE TO STRUCTURAL INEQUALITIES AND BARRIERS FACING MARGINALISED GROUPS

As evidenced throughout this report, responses to migrant women or women with NRPF during the pandemic have highlighted the gaps in services which have been left to 'by and for' services to fill. This includes statutory services failing to house women, even where they were eligible for support. For example, of the 35 women referred to Safety4Sisters during the pandemic, 11 had children or were pregnant and were therefore entitled to support under the Children Act 1989, but seven had been initially refused accommodation by social services, whilst a further two single women had additional care needs that meant they were eligible for social services support [11]. Similarly, women supported by the Women's Aid No Woman Turned Away project, found that 37.3% had contacted a local housing team, 32.3% were prevented from making a valid homelessness application, and 34.2% of the 38 women who had contacted social services had been failed in terms of safeguarding [76].

Imkaan also raise concerns that the pandemic is being used as an excuse to minimise statutory services' duty of care to migrant women, therefore reproducing systems of inequality, exclusion and discrimination [7]. For example, Imkaan argue that the restrictive measures under the Coronavirus Covid-19 220 Act threaten rights-based protections and reduce the equalities narrative necessary for shaping public policy and practice going forward. Women's Aid reported that over a third of women supported by the No Woman Turned Away project were Black and minoritised ethnic women and one in five were disabled [76]. Short-term responses such as those explored here are therefore needed to ensure migrant women can access statutory and non-statutory services (including specialist domestic abuse support) but this is in addition to long-term policy changes. Most significantly, this includes the lifting of the NRPF condition in order to ensure all women can be treated with respect and dignity, but also includes other recommendations of 'by and for' sector organisation experts.

Women's Budget Group has also highlighted concerns around the effectiveness of the Government's financial support package and the impact that this may have on different groups of people. For example, they cite evidence that 48% of mothers were concerned about making ends meet in the following months, but 38% of disabled mothers reported that they were already struggling to feed their children [27]. Additionally, 20% of disabled women reported losing support from the Government, and 43% had lost support from others during the pandemic [38].

One response to SafeLives' Safe At Home research also highlighted that disabled victim-survivors will be dependent on perpetrators to provide care for them and this respondent shared they were in a home that was not adapted for their needs and had been told by the Local Authority that there were no refuges suitable for them: "Home is unsafe. I'm disabled & dependent on perp to provide care (meds, food, personal care, etc) ...Home is not adapted for my needs so causes more dependence on perp to safely use our home. Have asked Local Authority for help but there are no Refuge's for people with complex care/support/medical needs. It feels like I am trapped with no way out" [43] Similarly, another victim-survivor said "I am reliant upon my abuser to get food and medication as shielding for 12 weeks. This is being used against me." [13] This takes place within a context where disabled women are more likely to experience domestic abuse than non-disabled women.

For LGBT+ people, a lack of service provision is a significant barrier. A 2021 report highlighted that there are only six LGBT+ 'by and for' domestic abuse services in England, with most being victim support services based in London and none existing in the South West and North East of England. There is a lack of emergency accommodation and housing services for LGBT+ people and, in May 2021, there were only 3.5 FTE IDVAs for LGBT+ people in England based across four services. There are also no LGBT+ perpetrator specific services or perpetrator programmes in England [3].

7.3 SYSTEM RESPONSE TO DOMESTIC ABUSE WITHIN THE WIDER CONTEXT OF VAWG.

Some evidence indicates that other forms of VAWG may have increased during the pandemic including stalking, sexual violence, sexual exploitation and 'honour'-based abuse, and online abuse [44], [46], [48].

During major public health pandemics, VAWG becomes more severe as women's insecurities and vulnerabilities increase. The restrictive measures put in place such as lockdowns may increase exposure to forms of VAWG such as sexual violence, sexual harassment, racial discrimination and impact Black, Asian and racially minoritised women and girls disproportionately due to existing inequalities. For example, with stalking, lockdowns can make victims more accessible, can support surveillance tactics and the increase in use of digital technology can provide perpetrators with more opportunities [7], [44].

The gaps in the system response to domestic abuse are reflected across the VAWG context more broadly. Restrictive measures such as lockdowns affect women's ability to report crime such as sexual violence which can lead to a drop in reported incidents [101]. Closure of services and schools, alongside the suspension of assessment duties in the Care Act, narrows support networks and can lead to women and girls becoming more vulnerable to violence, exposed at home to criminal activity or trapped with perpetrators of abuse.

A hostile immigration environment means access to justice for migrant and refugee women is especially fraught, and where they do seek help, they are often unable to access support because of No Recourse to Public Funds [21]. Women working in prostitution / sex work are also unable to access support schemes and social security as they are generally working informally or for exploitative bosses [45]. All of this equates to a system that makes it hard for migrant and refugee women to access safety and justice.

7.4 COMMUNITY RESPONSES

"I think the awareness of DA [domestic abuse] and the impact on victims has been raised significantly during the pandemic and public awareness has increased which can only be positive." (Survivor responding to Women's Aid survey; source [13])

Regarding responses from the community to the London Metropolitan Police Service, lockdown saw an increase in third party reporting of around 416 calls per week compared to the number of third-party reporting in 2019 in Greater London. This is in contrast to a reported lack of

increase in reports from victims, and could be explained by the fact that victim-survivors have had reduced opportunities for reporting and help-seeking, whereas, conversely, neighbours and those physically close to the victim have had greater awareness of abuse taking place and increased opportunity for reporting [10], [23]. This increased opportunity for neighbours is recognised by DAHA, who issued guidance for housing providers during the pandemic, which included materials with information on domestic abuse support services for housing providers to share with all tenants [102].

Similarly, the ONS report an increase in third party calls relating to domestic abuse for the London Metropolitan Police Service between 25th March and 10th June 2020, and suggest that the #YouAreNotAlone campaign launched in April 2020 may have contributed to increased awareness of domestic abuse.²⁸ Whilst further work would be needed in order to identify if there is an increased awareness of domestic abuse during the pandemic and what the nature and impact of this may be, a rise in third party reports may be in part due to more awareness among the general public.

Women's Aid's community response, 'Ask Me' trains people to become Community Ambassadors who raise awareness of domestic abuse in their communities and appropriately share information and signpost survivors to access support, with a network of 1,164 ambassadors trained across the country to date. A survey of ambassadors in April 2020 found that they felt that it was harder at the time for survivors to reach out, but still two thirds (out of 32 respondents) had shared information or signposted survivors to get support since the lockdown was introduced, and a majority also felt that they were having more conversations in their community about abuse [103].

There are also reports of community responses to create networks of support for disabled people who cannot rely on other informal networks (such as family or friends), but, as the Women's Budget Group point out, this is in a context of reduced statutory support [38]. Similarly, some disabled women will rely on a perpetrator for care, whilst 'by and for' specialist women's services have reported a reduction in informal, family and community support networks, leading to an increase in demand for services, as well as the closure of community centres and places of worship meaning that women's pathways to services have been impacted [43], [50].

²⁸ ONS, 2020: [Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales: November 2020](#)



Photo by Edward Howell on Unsplash

8. IMPACT ON THE DOMESTIC ABUSE SECTOR

8.1 IMPACT ON ORGANISATIONS

8.1.1 Demand for services

A clear impact on the sector has been changes in demand for domestic abuse support during the pandemic. Agenda reported that out of women's sector organisations they consulted with, services supporting victims of domestic abuse experienced the greatest increase in demand [47]. Various sources of data from across the sector highlight this increase:

- Refuge reported a 61% increase in helpline contacts compared to the pre-pandemic baseline [104].
- Women's Aid's 2020 survey of frontline services found an increase in demand across different settings, including refuge and community-based services [13].
- In the first three months of lockdown, calls to the National LGBT+ helpline increased by 50% with use of the web chat increasing by 30%; Galop also reported increase in contacts to their website, specifically the domestic abuse webpage (+50%) [15].
- Imkaan members reported increases in referrals between 60% and 300% during the first lockdown [50].

- SafeLives' annual practitioner survey found nine in ten domestic abuse services said demand for their service had increased since Covid-19 broke out [9].
- AAFDA have seen an increase in referrals of 92% highlighting a marked interest in support.
- Surviving Economic Abuse reported an 85% increase in traffic to their website at the start of the pandemic, and a 65% increase in calls to the national financial advice line service run in partnership with Money Advice Plus [24].
- Women's Aid reported a 41% increase in users visiting their Live Chat site during the first lockdown.²⁹

The increase in demand, however, has not been a constant with many local services experiencing changes in demand across the year. The picture is complex with fluctuations affected by restrictions aimed at curbing the spread of the virus. Lockdowns may have impacted survivors' ability to seek support leading to a decrease in demand at points in the year, followed by an increase as restrictions eased. A year of MARAC data for 2020 shows decreases in cases heard during lockdown periods, followed by sharp increases during the following quarter, demonstrating the potential impact of restrictions on support provision processes [79]. Some changes in demand may also have been due to increased publicity or availability of particular services.

The pandemic has also had an impact on the availability of refuge spaces. During the first lockdown, there was a 40.6% decrease in the number of spaces posted compared to the same period in 2019 [13]. Two fifths (38%) of frontline service respondents to a SafeLives survey shared concerns about housing/refuge provision [25]. Refuges had to reduce the number of referrals they could take in order to comply with guidance around shared accommodation [13]. Around two-thirds of refuge providers said they had seen a reduction in spaces during the pandemic, with reasons for this including a lack of suitable move-on accommodation (66.7% of those with reduced availability) and concerns over managing the spread of the virus in communal accommodation (61.1% of those with reduced availability). Concerns about move-on housing are outlined above under the housing system response. The number of refuge vacancies remained low until September 2020 when vacancies rose to be in line with the same period in 2019. This is likely to be in part due to additional bed spaces being made available. However, there remains an overall shortfall in provision [6]. The 'by and for' sector self-funded an additional 25 refuge bed spaces in London, with 35 further spaces planned in the North of England [50].

Alongside changes in demand, the needs of survivors have intensified and case complexity has increased leading to longer cases and larger caseloads for practitioners [13]. A fifth (18%) of services surveyed by Women's Aid reported exacerbated isolation and mental health issues amongst survivors, and increased need for a range of support [6]. Services told SafeLives that survivors needed support for longer, partially as a result of gaps in responses from other sectors, such as delays in court proceedings [9]. Imkaan reported increased isolation, abuse, self-harm, and mental health issues including increased anxiety and fear amongst clients, with most member staff carrying larger caseloads due to the inability to close complex cases, while Surviving Economic Abuse also describes more complex financial situations for victim-survivors of economic abuse [24], [50].

²⁹ Women's Aid (2020): [Women's Aid celebrates one year of Live Chat](#). [Last accessed: 09.10.2021]

AAFDA have also raised concerns about an increasing complexity in cases. They note an increase in domestic abuse related suicide referrals, which is ‘a *noticeable and concerning trend*’, and also note that this has also seen families approaching AAFDA for support much earlier than normal (including weeks or even days after the death) and cases being considerably more complex. Similarly, with delays in the DHR process, this has led to a backlog for AAFDA staff, requiring careful management in order to ensure safe caseloads for advocates [49].

Most services anticipate that demand will increase as restrictions ease and the cumulative impacts of the pandemic build:

“We believe that we will see a massive increase after lockdown as people are struggling to access us at the moment – we have seen a 50% increase in traffic to our website so we know people want support...” (Source, [63])

8.1.2 Funding

At the outset of the pandemic, VAWG sector services were starting from a position of consistent underfunding with substantial drops in funding over the past decade [45]. Lack of long-term sustainable funding was identified as the biggest challenge they faced by two fifths (41%) of services answering the SafeLives annual survey in 2020. Recruiting staff when funding is unknown and contracts are very short-term is highly challenging for services [63].

Services by and for Black, Asian, and racially minoritised survivors have experienced disproportionate underfunding due to structural inequality and the disproportionate impact of austerity on these services [21]. Imkaan’s membership had a pre-existing funding shortfall of 39% prior to Covid-19 [50].

Despite pre-pandemic evidence that demand for LGBT+ services was growing substantially, commissioning processes that favour larger, generic services with more resources have excluded LGBT+ specialists, and other ‘by and for’ services, from funding frameworks [8]. In their recent mapping study, Galop found that on average LGBT+ domestic abuse services are small, employing just one or two staff members and there are currently only three full-time equivalent LGBT+ Idvas in the country, based in four services. Most LGBT+ services have no main source of funding and the management of multiple funders brings an extra set of pressures for the LGBT+ domestic abuse sector. These organisations spend more time fundraising and due to the fragility of their funding, therefore have less time to spend on development work including awareness-raising [3].

“[Long term funding] would allow managers to look forward more at service developments as they know the service will still exist. Less wasted time applying more funds annually.” (Source, [9])

Many services in the sector are running part of their offer without dedicated funding or with commissioned funds not covering support staff costs. LGBT+ ‘by and for’ domestic abuse services often work outside of their geographical remit and beyond their capacity in order to meet demand [3].

Over half (55%) of respondents to Women's Aid's annual survey were running part of their domestic abuse service without dedicated funding in 2019-20 [6]. A third (32%) of respondents to SafeLives' annual practitioner survey said they did not have the necessary resources to run their services [63]. Some services are reliant on volunteers in order to be able to deliver service provision that is not fully funded. Specialist organisations working to support survivors with No Recourse to Public Funds are driven in some cases to set up their own provision due to the lack of funding available within mainstream services. As noted above, the refuge sector is currently heavily subsidised by non-commissioned services, in particular those services run by and for Black and minoritised women [6], [11].

The precariousness of funding and concerns for the future is a clear theme across all sector research completed during the pandemic. Over half of women's sector organisations in London surveyed were concerned about their organisations' ability to survive the crisis financially; the decreased availability of personal, private sector, trust, and foundation donations over the course of the crisis intensified funding challenges [42]. Alongside direct engagement work, some organisations reported reduced capacity to undertake other crucial activities with economic consequences, including network-building and fundraising [45], [85]. In July 2020, research by Imkaan found that 25% of their member organisations would not survive another six months without additional funding; at the same time, services supporting Black and minoritised survivors were six times less likely to succeed in funding applications compared to generic services [50].

Anticipated surges in demand, along with the need to modify delivery, for example to make workplaces Covid-19 secure when lockdown eases, has added additional financial pressures to services [42], [45]. While staff have worked from home, services continue to pay core costs such as rent, with many additional costs arising for adapted frontline delivery or IT, including digital resources to help staff to work remotely. For some specialist services working with Black and minoritised survivors, pre-existing digital inequality has meant disproportionate costs to set up remote working [7].

Emergency funding was announced by the Government in May 2020. A total of £25 million was secured by the Ministry of Justice; £10 million was earmarked for commissioned DA services and £5 million for non-commissioned DA services.³⁰ For organisations that received emergency funds, from national sources or otherwise, this allowed them to keep at least some of their usual services going and make some of the immediate adaptations required to reshape delivery. However, the fund announced was criticised from the outset for a substantial shortfall in what was needed [45]. Complications in applying for the funding led to long delays in specialist services receiving grants, and for some, an unrealistically short timeframe in which to spend the funds [21]. Examples of challenges include lack of time or capacity to write bids or to find suitable funds to apply to, already an issue for smaller specialist organisations such as in the LGBT+ domestic abuse sector [42], [47], [105].

The majority of services consulted by Women's Aid had received crisis funding but despite this, less than half had seen an overall increase over the year due to loss of other income sources [13]. Four in five services answering the SafeLives annual survey had received emergency funding [9]. However, smaller organisations with smaller annual turnover and limited internal resources for

³⁰ Home Office, 2020: [COVID-19 funding for domestic abuse and sexual violence support services](#). [Last accessed: 09.10.2021]

bid writing have had less success with emergency funding from various sources. Some Imkaan members have reported poor and inconsistent communication from funders and local authorities during the crisis [7], [47].

Core funding and flexibility in terms of monitoring and targets is vital in order for services to survive the pandemic. Delays in PCC allocations of the two-year MoJ Idva funds as of April 2021 created additional strain on services. Due to these delays services were “unable to make staffing decisions for people employed with last year’s extra money, cannot recruit, cannot cope with demand, and are having to use other parts of the budget to pay for Idvas.” (Source, [42])

After a period of significant disruption alongside increased demand and complexity of support required, looking ahead to a period of sustained and comprehensive funding for the sector is vital. Women’s Aid estimates that £393 million is required per year to fund domestic abuse support for every survivor, providing that there was ring-fenced funding within this for the ‘by and for’ sector, that there was a full range of service types available within this, that the wider support sector was well resourced, there was provision for women with no recourse to public funds, housing benefit was available to cover the cost of refuge provision, and there was funded coordination and oversight [106]. SafeLives estimate that £2.2bn is required per annum to cover the costs of a comprehensive response to domestic abuse, including awareness raising and the response to perpetrator programmes. This includes an estimate of £30 million per annum for regional specialist ‘by and for’ services for Black and racially minoritised, LGBT+ and disabled survivors [107]. Ring-fenced long-term funding for specialist services by and for marginalised groups of survivors is particularly key in light of the state of underfunding prior to the crisis [7], [11].

8.1.3 New ways of working and relationships

As a result of the unprecedented restrictions on service delivery, frontline organisations have had to rapidly reshape delivery in order to meet need. In Dual Pandemics, Imkaan outlined the types of activity intensively undertaken by their member services to reshape delivery from face-to-face and community-based models: adapting health & safety and risk assessment policies, setting up home working infrastructure, establishing remote support formats, altering supervision processes, managing staff shortages and liaising with funders on targets and contracts. Organisations responded with adaptability and creativity to move services to remote/online delivery, ensure an emergency response to service users’ needs, halting activities and closing office space [7], [42].

Reducing face-to-face support was part of reshaping delivery for many domestic abuse services. Women’s Aid found that two in five (39%) respondents to their annual survey had reduced face-to-face support over the year, whilst in June 2020 four in five (79%) SafeLives survey respondents said they had reduced face-to-face contact in response to the lockdown [6], [25]. Many services have taken a mixed approach, with some work from sites continuing whilst remote forms of support via phone and online have increased. The delivery of services was inevitably limited by social distancing and staff absence. In June 2020, SafeLives found that 13% of domestic abuse services reported having unsafe staffing levels, with 38% of these saying this would impact their ability to deliver a safe service. Just under a third of services reported not feeling able to safely support children experiencing domestic abuse, whilst 52% of services said they had to reduce service delivery during Covid-19 restrictions, with 79% reducing face-to-face work, 39% reducing group work and 22% saying services had been replaced by phone or online calls [25].

A drive to offer replacements to restricted community-based and peer-support work has resulted in creativity and innovation across the sector. Use of new technologies has played a part in the reshaping of service formats with some improvements to accessibility and survivor engagement, as outlined in section 5.5 of this report. Many organisations have moved to offer online support groups, workshops, counselling, events, and recreational activities for continuation of support and to enable social connectedness and counteract isolation [7], [13], [42], [85].

“We have been making changes in the way we work, such as adapting our advice to make it more relevant to Covid-19, increasing hours to enable service users to access support at times it suits them, providing coordinated advice and support to our members and starting to make our training available online.” (Source, [85])

Respondents to Women’s Aid’s 2020 survey reported benefits to this digital service delivery, such as the way it can alleviate barriers for survivors who have found it difficult to travel for face-to-face support in the past. Remote working has brought some benefits such as increased flexibility for staff [13].

Some services have thrived in their adapted formatted, for example AAFDA report that peer-to-peer support services have become significantly more accessible during the pandemic, with feedback from clients including the relief of being able to share experiences with others during lockdown and sharing that they looked forward to the sessions, becoming part of their routine even as restrictions lifted [49]. Other benefits, as discussed in section 5.5 of this report, include reduced anxiety attending groups and meetings for some survivors, more consistent attendance at groups, service adoption of a new range of engagement tools with positive feedback from survivors (e.g. Mentimeter for group discussion, WhatsApp for video calls with workers).

Remote delivery has been challenging in other ways. For some it led to cessation of contact for various reasons including lack of technology or lack of privacy to access online support safely [42].

“There’s always going to be a cohort of people where it’s just not suitable to offer anything other than face-to-face; whether it’s their situation at home, they may have children, they might not have a private area, they may just not want the potential of anything triggering in their home setting. And they may not have the equipment or skills to access services in that way.” (CRASAC Manager, source [45])

“Delivery of 1:1 programme can sometimes be challenging with connection issues or because service users don’t have technology.” (Source, [25])

It can be difficult to build trust with clients over the phone and digital inequalities see 40% – 60% of women in some services surveyed by Imkaan with no access to safe phones, credit or the internet. Digital technologies also bring a set of unique risks for victims of stalking and more needs to be done to understand and mitigate these. It can also be more challenging to identify indicators of abuse remotely or respond to crisis [7], [44], [50].

“Over the phone counselling became really upsetting, the wound [was] opened, [I] talk for one hour and then I was just left [alone]. I ended up wanting to end my life; I called the ambulance, and they took me to the hospital during [a] panic attack.” (Source, [11])

Chayn, a fully remote and digital organisation, supported 600 survivors with remote trauma support following the outbreak of the pandemic in March 2020. Their report on the success of the 'Bloom' courses aims to provide a blueprint for other services in the sector, answering some concerns and addressing some perceived challenges around safe and effective digital provision. The courses maintained a strong focus on online security with simple technology enabling end-to-end encryption. Accessibility and usability are ensured through functions such as video tasks to build understanding and catch-up for users who joined late to provide flexibility. The online format enabled hundreds of participants to benefit from the same course at the same time, and allowed users to sign-up for multiple courses to suit their individual journey. User satisfaction levels with the domestic abuse courses were very high [53].

As well as reshaping existing services, completely new services were launched across the sector and wider community to meet survivor need and fill gaps in the systemic response. Southall Black Sisters and Solace launched a crisis accommodation service for women fleeing domestic abuse during the pandemic with NRPF. The scheme was funded by the Mayors' Office of Policing and Crime and the Julia and Hans Rausing Trust, coordinated by Southall Black Sisters, and support provided by specialist VAWG organisations. Another housing innovation was the opening of STAR refuge, a domestic abuse refuge for London's LGBT+ community in response to the Covid-19 pandemic.

Domestic abuse organisations have also found new ways of working with non-traditional stakeholders. In 2021, Surviving Economic Abuse launched a pilot of the Economic Abuse Evidence Form, funded by the Money and Pensions Service, which aims to reduce the number of interactions a victim-survivor faces when dealing with creditors after experiencing economic abuse, following a recommendation made by the Challenge Group Chairs advising on the Implementation of the UK Financial Wellbeing Strategy in light of the pandemic. As well as this, SEA has also chaired the first meeting of the National Banking Policy and Practice Group in 2021 to coordinate work undertaken by charities and banks to support victim-survivors [108].

Inter-agency relationships have developed out of the sector to fill gaps in provision brought by pandemic-related restrictions. Respondents to the Women's Aid annual survey were most proud of successful partnership working in the year 2019-20, alongside their response to Covid-19 [6]. Drive's survey of perpetrator services also found positives around the strength of new relationships – a third of services reported overcoming Covid-19 related challenges by increasing communication with other services [62]. At a national level, multi-agency and strategic forums have thrived in response to the pandemic, such as through the Ministry of Justice's regular 'Silver Command' meeting involving various agencies from the victim and witness support sector.

There have also been challenges with multi-agency working. In the same survey by Drive, one third (35%) of respondents reported challenges working with other agencies during the pandemic, particularly mental health, policing, housing, and probation [62]. Imkaan found members needed to intensify their advocacy to ensure women affected by VAWG had their rights realised during the pandemic [7].

MARACs have had to adapt to remote delivery over the last year, managing the complexities of a remote format involving multiple partners. Standing Together's examination of virtual MARACs in London considers examples of different innovations and the challenges of adapting to remote work in a multi-agency context. Whether full day meetings with full case discussions, or daily meetings

and case screening, adapting confidentiality protocols to the virtual setting has been key. Some MARACs have altered agency attendance, and some have seen improved attendance in the remote setting. Some challenges to navigate have included rapport-building amongst agencies, maintaining attendees' attention and risk of loss of thorough case discussion in some formats [80].

Whilst many services increased the breadth of support options offered whilst working remotely, Women's Aid's annual audit found almost two thirds (64%) of services that expanded their provision in the year up to May 2020 did so with no increase in staffing [6]. Many services have experienced staffing shortages across the year. Combined with the additional complexity of casework and longer case lengths, this has seen larger caseloads for staff remaining in work and groupwork has often been replaced with one-to-one contact, which is more time intensive [9], [25].

8.2 IMPACT ON THE WORKFORCE

8.2.1 Governance, staffing and practitioner wellbeing

Staff capacity concerns, though an issue for services prior to the pandemic, have been a huge concern throughout the pandemic. Along with increased demand, this has been influenced by the additional work involved in adapting services, as well as staff shortages as a result of sickness and furlough [47]. Women's Aid found that of 40 respondents, 15 had used government support schemes such as the furlough scheme during the pandemic. Reasons for use of such schemes included the inability to run particular services, such as group programmes [13].

For staff remaining at work, many took on different responsibilities and roles. As reported by Imkaan, workloads increased for all non-furloughed staff in the organisations they surveyed; management resource was overstretched due to the need to deliver and enhance frontline support [50].

Key and interrelated themes in the literature related to frontline workers were capacity and caseloads, mental health, and the erosion of work-life boundaries. Capacity was perhaps the biggest issue noted by services. SafeLives' practitioner survey found that over one in ten services (13%) reported unsafe staffing levels during the first lockdown (up from 9% pre-lockdown). Over a third (38%) of those said that this would impact their ability to deliver a safe service. Referrals to IDVA services rose by 35% in some cases, and with increasingly complex cases and frontline staff having to work without their usual support network, staff burnout was a concern. Some frontline workers described the first few weeks of lockdown restrictions as quieter than usual in terms of the volume of calls they were receiving before an increase set in [63].

"Then it was like a tsunami. There was a massive wave. A small reduction and then a huge increase. It was very stressful and overwhelming. Normally we have a gap between calls, but then it was non-stop all day, every day." (Source, [12])

In some cases, staff shortages were remedied by recruiting and training additional practitioners to 'share the load' although the complexity and volume of work meant that this was not always possible. On top of increased – in some cases doubled – caseloads as a result of a higher number of referrals, staff absence due to the virus meant that fewer workers were shouldering more of the

work [11], [12].

One organisation reported that staff working hours increased on average by four hours per day, with managers taking on casework and working 50% extra hours at the start of the pandemic. Workloads in specialist 'by and for' services for Black and minoritised women were found to be 25% higher due to underfunding and under resourcing. Given the increased caseloads, it's understandable that, for some organisations, there was limited scope for strategic planning during this period [50].

It's worth noting that frontline workers' decreased capacity and increased caseloads, as well as the issues which arise out of this (such as mental health issues, burnout and an erosion of work life balance) is not unique to the pandemic. The *Eight Day Week* report provides a (pre-pandemic) insight into how working in a precariously funded sector affects frontline practitioners – in particular, those working in specialist services where financial sustainability is a reality faced by practitioners every day. With a particular focus on LGBT+ domestic abuse services, the report highlights the work that specialist organisations do to build and re-establish the credibility of the sector with funders, statutory and voluntary agencies and other stakeholders as well as within LGBT+ communities. Concerns have been raised that the lack of public focus on LGBT+ victim-survivors of domestic abuse influences national and local policy and funding decisions, impacts LGBT+ people's ability to recognise their experiences as domestic abuse, and affects the services they use and availability of appropriate services [105].

All of this adds an additional weight to frontline practitioners' day to day workload, which became further exacerbated in the context of the pandemic. With 'by and for' services already few and far between it's crucial that measures are taken to avoid burnout and the resulting loss of specialist expertise.

During the pandemic, services expressed concern around the emotional burden frontline workers were experiencing in bearing the responsibility for multiple women's safety during a volatile and unpredictable time. In *A Perfect Storm*, Woman's Aid echoed other organisations in discussing challenges faced by homeworking frontline staff, including a lack of support, the potential for vicarious trauma and unsustainable hours – 'living at work rather than working from home' [13]. Staff wellbeing and burnout was the biggest concern identified for 17% of practitioners answering SafeLives' annual practitioner survey [63]. Feedback from services was that there was a significant deterioration in staff wellbeing by the end of the second wave of the pandemic. At this point it had been nearly 12 months without the usual peer support from colleagues and managing additional complexity and crisis amongst clients whilst homeworking. A scarcity of mental health support for clients took its toll on staff too:

"Staff can't go home for the weekend and relax when they know that a client might try and take their life. Everyone is impacted – client and then staff and the service."

(Source, [54])

As women are statistically more likely to be low paid key workers in insecure employment, they were more likely to have been unemployed or furloughed during the pandemic. This increases the risk of economic dependency, in turn putting women more at risk of economic and other forms of domestic abuse. Turn2Us estimated a 15% increase in the gender pay gap in April 2020 alone, as increased unpaid work reduced time for paid work [27]. With women also less likely to earn enough to qualify for statutory sick pay, they may feel they have no choice but to carry on working despite alerts to self-isolate – as doing so could lead themselves and their children into poverty.

This intersects with other protected characteristics. As well as the effects of sexism, Black, Asian, and other racially minoritised women face further discrimination in the labour market as a whole as a result of race and ethnicity, with the result that they are at a greater risk of redundancy. Issues with the social security system such as the five weeks wait, benefits cap, two child limit and low levels of Universal Credit disproportionately affect Black, Asian and ethnic minority families as women in these families are more likely to be the carers for others and more likely to have more than two children. The Government's response to the crisis has not adequately considered the specific impacts on the female workforce in terms of caring responsibilities and pre-existing issues of low pay, insecure employment, and poverty [27]. This is relevant for the largely female workforce in the domestic abuse sector and important context when considering the impact on the workforce during the pandemic.

Domestic abuse services have recognised the burden of the pandemic on their staff. Respondents to Women's Aid's annual survey shared a sense of pride in their frontline staff. Despite the additional '*stress and sense of threat*' that they were experiencing, they recognised the '*expertise and dedication of staff teams*' and their '*ability to work together under difficult circumstances*.' [6] Though there are minimal examples of changes in governance and HR policies to review in the literature, there are many examples of services working to support staff wellbeing, for example in offering flexible working patterns and time off, and encouraging workers to use their annual leave.

There are also examples from across the partnership of work undertaken to support frontline staff. As part of the emergency Covid-19 Funding secured from the Home Office, SafeLives were asked to provide clinical supervision to the staff of domestic abuse organisations and to address the heightened wellbeing and mental health needs of those staff as a result of the pandemic. A total of 57 support and wellbeing group sessions were delivered to 325 frontline workers from 121 organisations between January and March 2021. The majority of participants answering a feedback survey felt that the sessions would have a positive impact on their morale (94%), wellbeing (93%) and resilience (90%). The popularity of these sessions within a short period of time and the positive outcomes highlight the need for wellbeing support across the sector [109].

"I found the session really helpful – it can be difficult to address feelings of being overwhelmed in a role that requires you to be the logical/calming person for the victims we support. Today's session showed the importance of seeking resilience and practicing self-care to enable us to continue to provide effective support and acknowledge our own needs." (Source, [109])



Photo by Thabang on Unsplash

9. WHAT DOES THE FUTURE HOLD?

9.1 WHAT DOES THE POST-COVID-19 FUTURE LOOK LIKE FOR VICTIM-SURVIVORS, AND THE SECTORS AND SYSTEMS THAT SUPPORT THEM?

“As a disability and human rights activist and researcher I have been constantly monitoring briefs, reports, open letters regarding strategies on how to deal with Covid-19 that are issued by national and transnational think tanks, agencies, institutions, influential civil society organizations etc. More often than not even those documents which were meant to specifically focus on ‘vulnerable’ marginalised populations and were promoted as intersectional in their approach overlooked disabled women and their situation. As much as this negligence is disappointing and cruel because it might and does cost lives... it is far from being the ‘new normal’ caused by the pandemic. It is the old, so-called, normal ways of discriminating and disposing of disabled women. That is why I am alarmed every time I hear that “we should go back to normal asap” because this innocently sounding ‘normality’ from the perspective of disabled women is underpinned by systemic and daily violations of human rights. Do not resuscitate... this version of the world”. (Magda Szarota; Source, [41])

9.1.1 Victim-Survivors

Research tells us that over half of survivors feel that things will not improve for them when lockdown has ended, including some for whom abuse worsened during lockdown. We know that many women will continue to seek support after lockdown – there will be future and further spikes in demand for support [13]. Women’s Aid research tells us that the average length of abuse experienced before accessing a domestic abuse support service is six years, and this varies greatly with some women experiencing abuse for far longer, so women affected by abuse during the Covid-19 pandemic could be reaching out for help well into next decade. Rates of VAWG will continue to increase as safety nets and public services are reduced to deal with the Covid-19 crisis and its longer-term impact. VAWG support work is being conducted in an environment where poverty and destitution-based issues and needs have become more entrenched. Women who are already experiencing intersecting inequalities and / or multiple forms of discrimination are going to be even more at risk, with the impacts of these inequalities and domestic violence both exacerbated by the post pandemic funding and service delivery context. This is only likely to continue given the socioeconomic context post Covid-19 with a rise in homelessness, increased food scarcity and reduction in refuge availability all already being seen [7].

9.1.2 The domestic abuse sector

Almost 70% of domestic abuse support service providers are concerned about future fundraising as a result of Covid-19, especially ‘by and for’ organisations. A quarter (25%) of organisations said they would not survive another six months without additional funding. No providers expect to see decreasing demand or no change to demand in the coming year, and the sector will need to continue building a picture of how restrictions and easing of restrictions impacts on demand for services. Many providers express concern about short term funding, which will dry up when long term impact will be felt further down the line, and which will result in staff redundancies in the meantime [13], [50].

There are concerns about how to manage and respond to the increases in demand, for example in specialist support for Black and racially minoritised survivors given the existing capacity of ‘by and for’ services. There is increasing danger of a backlash against the sector and ‘othered’ social groups including feminists, LGBT+ communities and minority ethnic groups, which could further diminish funding and other support to essential domestic abuse services [110]. Concerns continue to be raised about the lack of focus on domestic violence experienced by LGBT+ people.

For the domestic abuse workforce, working conditions have become more difficult since Covid-19 hit, due to changes in funding availability and structure. The long-term impact of carrying out trauma-informed work from home, and the impact of working longer and more flexible hours with more complex caseloads, is unknown. More needs to be done at a strategic level to build on initiatives that have happened across the sector and address burnout and promote wellbeing among practitioners. More work is also needed to continue and reinforce the work that has taken place to build links and partnerships across the sector whilst responding to the Covid-19 pandemic and domestic abuse. Covid-19 has necessitated new ways of working and resulted in new relationships forged both within the sector and between sectors. Building on multi-agency forums, such as the Victim and Witness Silver Command Group (established as a Covid-19 crisis management group) and other cross sector initiatives, will be an important way to continue to provide coordinated responses to domestic abuse.

Covid-19 places existing intersectional funding inequities in sharp focus. The pandemic has created more instability and insecurity for a number of organisations, particularly those offering important lifelines to women but who are not part of the mainstream commissioning pathways. “Local councils will only give money to their existing providers, not small independent organisations like us.” [50] The impact of systematic under and de-investment, including specifically for specialist provision for Black and minoritised survivors, has been seen during the pandemic and will continue to be seen – services for Black and minoritised survivors are having to turn women away because they don’t have the resources to support them. Nine out of ten small ‘by and for’ organisations were expecting to close in the next three months including vital organisations that provide safe spaces for Black and minoritised women/girls [7].

“Systemic racism shapes how Black and minoritised women experience violence and abuse, and their access to safety, support and justice. Structural inequality is reproduced within our sector through inequitable funding, unequal power and partnerships, the appropriation of specialist services developed by Black and minoritised women, and continued failures to ensure that Black and minoritised women are treated equally within organisations and represented in leadership and governance structures.”³¹

During 2020, a group of women from various VAWG sector organisations worked together to produce The Call to Action for the VAWG sector and an anti-racism Charter. This work happened before and separately to this strategic learning partnership, and the authorship of the Charter must remain with the women who worked on its development. It is discussed here due to its strategic importance for the sector and as a key development that occurred during the Covid-19 pandemic. The values underpinning this work are centring anti-racism, representative leadership and governance, ending funding inequality, disrupting power and influence. As well as highlighting how racism impacts survivors’ access to justice and support, the goal is to examine racism within the sector, challenging existing power dynamics. Anti-racism initiatives have largely been taken at the national level so far, because frontline voluntary sector organisations have been so heavily engaged in survival during the pandemic. There is more for the sector, and particularly tier two organisations, to do to link up what has been happening and also learn from frontline experiences.

9.1.3 Domestic abuse services and funding within the post Covid-19 context

We know that public finances have been stretched, partly due to the pandemic response, at UK and local Government level. There’s also no doubt that once Covid-19 is deemed to be ‘over’, funders, including private and philanthropic givers, may deem the needs to be receding, the crisis facing domestic abuse services over. Reducing funding for domestic abuse services is simply not an option – greater sustainability and stability are needed, rather than a return to short-term, piecemeal funding arrangements. Addressing the huge need and systemic problems across domestic abuse services is a task for all those who deliver public services, including healthcare, housing, justice and social care policy makers, funders and practitioners.

³¹ End Violence Against Women Anti-Racism Working Group (2020): [Call to Action](#).

9.2 RECOMMENDATIONS

“A transformative social justice response based on the urgent and elevated need for rights, protections and resources is required in response to the dual pandemic. Systems should be based on the equitable distribution of resources and should address the structural inequalities embedded in existing systems.” (Source, [7])

Based on the findings and data analysed for this report, the DA sector learning partnership has identified the following things that need to happen, now, to ensure a better future for victim-survivors and the sectors and systems that support them:

- All victim-survivors who are migrant women, Black and minoritised women, women with disabilities, older women, and LGBT+ groups need to be able to access and receive specialist, accessible, timely and responsive support services.
- The national network of specialist services run by and for Black and minoritised women, LGBT+ survivors, those with disability and other marginalised groups, must be secured.
- The upcoming Comprehensive Spending Review needs to increase funding levels to make up for years of underfunding and defunding, in particular for ‘by and for’ services. There is a need to build on the statutory duty for safe accommodation under the Domestic Abuse Act, to implement a funding solution that is long-term, sustainable and intersectional, including ring-fenced funding for ‘by and for’ services and ensuring appropriate and equitable staff salaries. Investment in the sector will lead to substantial savings in the estimated £66 billion that domestic abuse costs society each year.
- There is an urgent need to tackle sexism, misogyny, racism, homophobia and transphobia and other forms of discrimination and structural inequality, including economic inequality, that enable abuse and prevent victim-survivors from getting help when they need it. The Covid-19 crisis has brought into sharp focus the myriad forms of oppression facing minoritised people, such as the unequal impact of welfare reforms on women, the criminalisation of Black and minoritised children and young people, and the concerns around data protection facing disabled people.
- All children and young people must be heard and receive the support they need, and child poverty must be addressed as a priority.
- Better data collection, analysis and use is needed to improve funding decisions, service delivery and understanding and awareness of need. This applies to national monitoring systems, data collection within the CJS including the police, and across the domestic abuse sector. New data methods of data collection and analysis must learn from best practice and existing data sources within the VAWG sector, and must be developed in collaboration with specialist organisations.
- Partnerships at national and local level are needed to join up and improve support and services available to victim-survivors and their children. The Cabinet Office must steer a whole system approach across Whitehall to ensure alignment across different government

departments (e.g. Home Office, DHSC, DWP and DLUHC) and local authority departments doing the same (e.g. housing, social services, local NHS providers, and the police).

- The domestic abuse sector needs to collaborate more, building on successful collective action during the pandemic response, delivering partnerships, programmes and campaigns that prioritise anti-racism and address inequalities within and beyond the sector, sharing skills and expertise, and taking collective action to make change happen.
- Domestic abuse services, other sectors, policy makers and practitioners need to learn from the experience of lockdowns and Covid-19 more broadly, to ensure they are better prepared for surges in DA, including high risk and high harm reports. This includes exploring and understanding what new elements of service provision that improve accessibility are sustainable and beneficial. It also involves assessing existing and emerging virtual provision and processes to identify what digital service support should be continued, enhanced, or removed.

9.3 DETAILED RECOMMENDATIONS – AUDIENCE FOCUSED

In order to ensure that these changes take place, we make the recommendations below.

We particularly recommend that relevant audiences consider the specific recommendations outlined in the following reports which centre the voices of minoritised survivors (links in references section of this report):

- Safety4Sisters (2020): Locked in abuse, locked out of safety: The Pandemic Experiences of Migrant Women.
- Imkaan (2020), The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls'. Position Paper
- Sisters of Frida (2020): The Impact of COVID19 on Disabled Women from Sisters of Frida: Voices of Disabled women in the pandemic
- Stay Safe East (2020): Response to Women and Equalities Committee consultation: impact of Covid-19 on people with protected characteristics

9.3.1 Domestic Abuse Sector

1. Address structural inequalities within existing systems in order to better meet and respond to the diverse needs of survivors. This can be done through:

- Implementing the Anti-Racism Charter, specifically its pledges on: accountability to Black and racially minoritised women, fairness in relation to funding and power imbalances, genuine collaboration, representation of Black and racially minoritised women and 'by and for' organisations across the sector, and intersectionality.

- Work to ensure an intersectional approach within the sector which centres the needs of women facing multiple forms of oppression – including due to race, class, faith, immigration status, disability, sexual orientation and gender identity.
- Mainstream and specialist women’s DA organisations offer and participate in opportunities for awareness raising, skills and knowledge sharing, and training. They should engage in this a long-term process for professional improvement (rather than a one-off training session) about, for example, lesbian, bisexual and/or trans survivors of domestic abuse, or other intersecting forms of oppression.
- Civil society organisations which are working to end violence against women and structural racism working in partnership to implement programmes and responses together.
- DA organisations prioritising work to understand the specific risks faced by minoritised communities, and the most suitable ways to address these.
- Campaign for equitable distribution amongst larger and smaller service providers and ringfenced funding for ‘by and for’ services and the Black and racially minoritised women’s sector; explore an ‘Intersectional social funding model’.
- Campaigning on domestic abuse issues that specifically impact on women experiencing intersecting oppressions
- Improved local partnership working with non-domestic abuse voluntary organisations encouraged to cooperate and work together to support women in a holistic way.

2. Support all Black and racially minoritised women, lesbian and bisexual women, migrant women, Deaf and disabled women, trans people and others who experience multiple forms of oppression, in culturally relevant and respectful ways. All service providers should:

- Apply a person-centred approach, recognising the different and intersectional needs of survivors.
- Review monitoring standards and include questions about all protected characteristics. Training on how and when to ask these questions should be included in tailored training packages which should be delivered by specialists and experts, including equality act specialists and LGBT+ domestic abuse services.
- Be explicit about provision of support to survivors experiencing intersecting oppression.
- Recognise the additional barriers in access to services, and increase accessibility for young and elderly LGBT+ survivors, those with a Black or racially minoritised background and those with no recourse to public funds.
- Establish close links with specialist ‘by and for’ services, and be able to signpost and make informed referrals to these services.

- Access to interpreters or interpretation services must be available across all services for victim-survivors.
3. **Collectively address the exclusion of migrant survivors from state and non-state services and ensure the frontline has the training and support to work with survivors with immigration issues, with interpreting costs included in bids.**
 4. **Ensure that the immediate needs and financial pressures facing survivors are addressed.**
 5. **Ensure that work is integrated within wider VAWG provision.**
 - The Covid-19 crisis has demonstrated that increased awareness of the link between stalking and DVA, and more understanding of this link, would be valuable to the sector, victims and survivors.
 6. **Support the wellbeing of a largely female workforce.**
 - The sector should push for immediate funding injections for social care and childcare sectors to ensure they survive and can provide care to those who need it, ensuring women can return to work and avoid widening the gender pay gap.
 - Full-time carers need a guarantee that they will not be made redundant if they cannot get full time childcare and therefore cannot return to work
 7. **Harness learning from the pandemic:**
 - Training, on digital platforms and culture shift in organisations to manage and adapt to demand and different ways of offering services, is needed to support organisations through future surges. This will also ensure services can advocate strongly for the *right* changes to service delivery with funders/commissioners, rather than having inappropriate changes imposed that don't work for their service users.
 - Explore what new elements of service provision that appear to improve accessibility, e.g. longer helpline openings, are sustainable and beneficial, and explore the pros and cons of digital service delivery. National 'anchor'/membership organisations should support frontline services to advocate for the changes to funding or training this might require.
 - Continued development of specialist perpetrator interventions including online, in-person and early help tools to manage risk reduction. Consider developing local partnerships, for example with local technology firms who could provide both equipment and training to local services.
 - Working together to keep victims/survivors safe and reducing risks through specialist interventions for perpetrators alongside the support offered to survivors and children as a whole system approach.

9.3.2 Researchers and research funding bodies

Further research is needed on:

- The experiences of older women, younger women and Black and minoritised children, as well as on how children's experiences of domestic abuse have been gendered, and girls' experiences of VAWG.
- Child/adolescent to parent violence, with a particular focus on minoritised survivors. Emerging research shows that women in caring roles are the largest group experiencing this form of abuse and there are particular barriers for Black and minoritised parents and carers on reporting and seeking help due to structural racism and the fear of Black and minoritised children being criminalised and harmed by the system. Research is also needed to explore the links between C/APV, young people's use of violence outside the home, and criminal exploitation to better understand the safeguarding needs of young people who use violence contextually and to see their vulnerabilities to various forms of exploitation.
- Research development of how violence in the home intersects with structural inequalities, help seeking, and the services received by families and young people.
- Expansion of existing policy guidance on how to respond to C/APVA, diverting from criminal prosecution and following the principles of youth justice response.
- Research to inform an awareness-raising prevention campaign on male victims' experiences of domestic abuse and how this connects to gendered social expectations and male identity.
- The perspectives of lower paid and frontline staff on the governance and HR arrangements of organisations.
- Survivor-centred evaluations of awareness-raising campaigns, community responses and initiatives, and other innovative schemes that have been developed during the pandemic.
- Data on the impact of Covid-19 on domestic abuse and the legal system, including within family courts.
- The effectiveness of multi-agency response models to domestic abuse – including MASH, MARAC, MATAAC – in relation to the needs of migrant women with children.
- Given the growing prevalence of tech-enabled abuse, and the acceleration of those forms of technology, research should further explore the prevalence of stalkerware technology, detection solutions and victim/survivor experiences.
- Research is required to better understand and be informed by grass roots organisations working with Black and minoritised communities that will shape and create specialist culturally appropriate interventions for Black and minoritised perpetrators.
 - The development of specialist perpetrator interventions with blended approaches that include online, in-person and early help tools to manage risk reduction and increase safety.

- Further research on the impact of perpetrator intervention work, highlighting opportunities and challenges that inform current practice and developments.

Other research recommendations:

- The lack of disaggregated data means Black and racially minoritised women, LGBT+ people and disabled women, are not recognised in government responses, exacerbating the existing systemic inequalities.
- Data on the impact of covid-19 should be disaggregated across all protected characteristics and collection of this information needs to be improved.
- Reporting of domestic abuse during the pandemic should consider research which shows that reporting the average change in domestic abuse is not helpful, because it can be misleading due to the diverging trends between current partners and ex-partners and family members. Further exploration of reporting patterns would be beneficial following evidence which shows a relationship between third party reporting and population density which suggests there could be under-reporting, driven by the lockdown, in less population dense areas.
- If survivors are being asked to share their stories, partnerships and agencies should honour this experience by using it to implement meaningful, lasting changes.
- Compare national data with global data to analyse trends and suggest prevention programmes.
- All research in the field of domestic abuse should be survivor-centred, located within VAWG, and carried out by researchers with expertise in the field. The Research Integrity Framework on Domestic Violence and Abuse provides a tool to assess and demonstrate the quality of research in this field: <https://www.womensaid.org.uk/evidence-hub/research-and-publications/research-integrity-framework/>
- Research about the experiences of minoritised people should be carried out by researchers with lived experience and expertise in intersectional research, and this work should be prioritised by research funding bodies.
- Steps taken by academics to routinely share information about their work with each other and minimise overlap and duplication are welcome and should be continued, along with recognition of the value of the time and the expertise held by organisations in the sector. This is particularly true for smaller and more specialist organisations, who are likely to hold particularly valuable expertise, whilst also being less likely to be resourced to meaningfully collaborate in research. Already overstretched services have had even less capacity than usual to respond to surveys and take part in research, although many have still participated in work on the impact of Covid-19, including taking part in or leading much of the work cited in this report. At the same time, legislative changes, for example those brought about by the Domestic Abuse Act, are requiring services to respond to multiple requests for information.

- Research is needed that explores the differences in experiences and support needs of male and female victims, and there is a particular need to further explore the experiences of Black and minoritised men.

9.3.3 Local authorities, commissioners and local government associations

- Funding for integrated specialist support across women's services should be ring-fenced so no woman is turned away due to language barriers or other additional needs
- In line with the Domestic Abuse Act 2021, local authorities must meet their duty to consider all victims of domestic abuse as in priority need for rehousing, and offer appropriate homelessness assistance and accommodation.
- Ensure that definitions of safe accommodation and support are robust and reflective of the gendered nature of domestic abuse, which requires local authorities to fund women-only safe accommodation and support for women survivors of domestic abuse. Provide a clear description of the differences between non-specialist, specialist and specialist 'by and for' services.
- Under the Domestic Abuse Act, the statutory guidance underpinning the duty on local authorities to provide safe accommodation, must set out the risks of poor procurement and commissioning practices for the provision of specialist domestic abuse services, particularly specialist 'by and for' led services, and require local authorities to follow best practice in funding and commissioning, as outlined in existing government guidance such as the Home Office VAWG Commissioning Toolkit.
- Emergency grants and hardship schemes provided by local authorities should be flexible to meet the needs of victim-survivors, and frontline services, during times of crisis. Commissioners should review processes to provide more streamlined funding and grants application processes in future emergency situations.
- MARACs should consider how technology can be used in the future following developments made during the pandemic. Any changes should be made based on local reviews and should be monitored closely to ensure they are still responsive to the needs of survivors and aren't reducing the effectiveness of joint safety planning and safeguarding.
- Local VAWG strategies must work with and include Black, racially minoritised and migrant women's safety and protection needs. These must be integrated with other local strategies including housing and education to ensure a coordinated response.
- Every local authority should have a specific programme for families experiencing C/APV, as part of a co-ordinated strategic approach at national and local government level, with training for practitioners including guidelines on how to respond to C/APV. Local authorities need to consider the provision of safe spaces for families in crisis.
- Local authorities should ensure commissioned providers of family advice and support, as well as welfare and housing, are trained to recognise and respond to all forms of abuse, including economic abuse.

- Funding should be available for male victim domestic abuse services that is informed by the help seeking behaviours and presenting needs of men.

9.3.4 Funders

The following practical recommendations for funders are taken from the Women's Resource Centre report, 'The COVID-19 Crisis and the London's Women's Sector'. They reflect what we have learnt through this report about practical difficulties accessing funds, especially for smaller organisations, and the need for a long-term and recovery-focussed view on funding for the sector following the pandemic.

- Provide dedicated funds for the protection of the women's sector.
- Make additional funding available specific to addressing the short and long-term mental health impacts of the coronavirus crisis.
- Adopt flexible approaches (both in the short-term and the long-term), in relation to:
 - Repurposing current funds and grants (e.g. content of project/programme proposals, diverting funds to unrestricted/core)
 - Deliverables
 - Monitoring and evaluation requirements (e.g. targets, funder reports)
 - Funding core costs
- Listen to your grantees: ask them about their needs and adapt your approach accordingly.
- Make funding applications shorter and easier.
- Provide resources/help, e.g. help in identifying additional funds.
- Adopt a long-term view on funding. While flexibility is appreciated for the short-term emergency responses, an understanding of the long-term needs of organisations is also vital.

9.3.5 Government – central / cross cutting

Domestic abuse needs to be seen as a priority across government in order to break the silence that still hampers those in need of support, and those delivering it. The UK government should:

- National government emergency pandemic responses, including forward-focused 'Build Back Better' remedies should include Black and racially minoritised women and migrant women's organisations and clearly communicate this publicly.
- There is a need for a national needs assessment, particularly for refuge services which operate as a national network, to ensure that all survivors are able to access support where and when they need it.

- National VAWG strategies and implementation plans must work with and include Black, racially minoritised and migrant women's safety and protection needs. This includes meaningful consultation with Black and minoritised and migrant women and the 'by and for' services supporting them, including ensuring adequate representation of 'by and for' services on advisory groups.
- The government must address the recommendations outlined by Imkaan and other 'by and for' sector experts looking at the impact of Covid-19 on the experiences of Black and racially minoritised women, migrant women, Deaf and disabled women and other marginalised groups.
- The government must ensure equal protection and support for migrant women.
- The Government needs to recognise the additional pressures caused by Covid-19 (e.g. case complexity / larger caseloads / change in practitioner role) and ensure funding for training and support for those on the frontline (e.g. clinical supervision, worker mental health / resilience, therapy and counselling available to frontline staff). Training should be guided by best practice from the sector.
- The Government's 'You're Not Alone' awareness raising campaign alongside the Ask for ANI code word initiative need to be evaluated and the findings built into a long-term awareness raising campaign, including informing the upcoming campaign on the VAWG strategy. This should build on learning from existing community awareness raising initiatives, including those at grassroots level.

To improve the response to migrant women who are victims of VAWG, the Government must:

- Immediately end NRPF and secure migrant women's rights to safety and protection. This includes in relation to statutory housing duty and safe reporting mechanisms. Excluding migrant women from support risks exposing them to the virus, which threatens the public health response; and fails to recognise the vital role many migrant workers are playing in combating the pandemic.
- Issue appropriate guidance under the Public Sector Equality duty to councils to ensure that all women, including migrant women, are treated equally under the new rule prioritising housing for women fleeing domestic violence.
- Remove the restrictive measures under the Coronavirus COVID-19 2020 Act, which already threaten rights-based protections and reduce the equalities' narrative that are necessary to shape public policy and practice moving forward.
- Statutory services must uphold their existing legal obligations and duties to protect the welfare and safety of vulnerable children and adults and investigate when this does not take place.

9.3.6 Government departments

9.3.6.1 Treasury

Equitable and sustainable funding that ensures all those who need support can get it, requires the Treasury to collaborate across departments to implement the following:

- Building on the statutory duty for safe accommodation under the Domestic Abuse Act, and introducing a new funding settlement that is long-term, sustainable and intersectional, including ring-fenced funding for Black and minoritised women's services. This needs to be addressed in both the Victim's Funding Strategy and this year's Comprehensive Spending Review.
- The needs of victim-survivors of economic abuse must be met by ensuring essential services accept cash as payment both during and outside of pandemics so that victim-survivors reliant on it for safety and/or budgeting are able to continue using it. There is a need to reform consumer law so that coerced debt is recognised, and funding local authorities should provide local hardship funds and emergency grant schemes to victim-survivors which are flexible to their needs.
- Funding for specialist therapy for VAWG survivors, including sexual abuse survivors, even if there is no active police investigation.
- Incentivise Ministry of Justice and the Department of Health and Social care to collaborate on funding for mental health support across the NHS and private / public sector as a priority to manage the aftermath of the pandemic and ensure that interventions are targeted to vulnerable communities, specifically migrant women, and disabled women.
- To plan and provide for future pandemics and lockdowns, funding and training to install and use digital platforms is needed to ensure specialist services are able to provide services in those circumstances.
- Through collaborative work across relevant departments, including DCMS, create a dedicated tech innovation fund – with resources for hardware, software, training of staff and IT tech support, online development e.g. webchats/making online resources more accessible – to support services.
- Up to 75% of the DA sector entered the pandemic with less than three months reserves. Across the sector there is concern around the lack of available resources beyond the funding 'cliff edge' of October 31st 2021. The Government should provide long term and sustainable funding which ensures that existing inequalities in funding distribution, and therefore access to services, are not replicated.
- The joint VAWG sector recommendations note the importance of listening to sector expertise, in particular around preparing for the anticipated increase in demand for support over the coming months, which is unlikely to be predictable or uniform. It further notes the extensive work already done by the sector to estimate the level of investment needed.

9.3.6.2 Home Office, including immigration

- Remove No Recourse to Public Funds and recognise and redress the ways in which policies, including the Nationality and Borders Bill, foster a hostile environment for migrant women.
- The Government must prioritise and fast track applications for asylum for survivors of domestic abuse.
- Improve and better understand the nature and components of domestic homicide in order to better prevent them from taking place, linked to the plans to develop a national repository of DHRs.
- We recommend the Home Office, UK police forces, other agencies and organisations involved in responding to domestic abuse plan and prepare for a surge in high-risk reports as lockdown restrictions ease in 2021.
- Home Office guidance on adolescent to parent violence should be updated in consultation with specialist domestic abuse sector and children's sector organisations, in partnership with the Departments for Education, and Health and Social Care, to combat the increase in adolescent to parent violence seen during the COVID crisis.

9.3.6.3 The Department of Health and Social Care, NHS England, CCGs/ICS'

- Survivors of abuse need swift access to appropriate therapeutic support in the NHS.
- Commissioned support for victims and survivors should be end-to-end including support through the criminal justice process, particularly since so many cases have been delayed. CPS Best Practice guidance suggests that all victims of domestic abuse going to court should receive support from an Idva.
- The Women's Health Strategy must address trauma and abuse and explicitly recognise the role of domestic abuse and VAWG as fundamental drivers of women's physical and mental health problems.
- The Department of Health and Social Care, NHS England, CQC and other key bodies need to work with emerging Integrated Care Systems to ensure the health inequalities women face because of domestic abuse and VAWG, which have been exacerbated by Covid-19, are fully and appropriately recognised as their priorities for the new ICS are set.

9.3.6.4 Ministry of Justice

- Pressure should not be put on the Criminal Justice System to reduce the backlog of cases using methods that increase risk to adult and child domestic abuse survivors. Responses to perpetrators of abuse (such as No Further Action, DV Prevention Notices, DV Prevention Orders, out of court disposals, use of remand, and acceptance of guilty pleas for lesser crimes) must not be chosen solely for reducing the backlog, and victim-survivors must be central in these decisions.

Family Court System

- Ministers, and Family Court systems leaders, should make a stated public commitment to ensuring women and children are not further harmed by family court proceedings despite the extra pressures created by Covid-19.
- The vulnerable children Coronavirus Regulations 2020 should be annulled immediately because they violate human rights and put children at risk.
- Data on the impact of Covid-19 on domestic abuse and the legal system is needed, including within family courts.

The Criminal Justice agencies- Police, CPS, Courts, Prisons and Probation

- Police services will need to develop effective intervention strategies for future lockdown / lockdown 'like' conditions. Separation is a known trigger for DA escalation so police forces and other providers should prepare for a surge in high-risk and harm reports after any future lockdowns.
- Responses to perpetrators (such as No Further Action, DV Prevention Notices, DV Prevention Orders, out of court disposals, use of remand, and acceptance of guilty pleas for lesser crimes) must not be chosen solely for reducing the backlog of cases, and victim-survivors must be central in these decisions.
- The use of remote hearings must be done in consultation with women's organisations and lawyers.
- Police focus on domestic abuse must continue beyond the pandemic and forces must be equipped for this.
- Push for 'end-to-end' support through CJS processes:
- Use of alternatives to pre-charge bail, and postal requisitions should be monitored closely by senior management and a clear message to officers that in DA cases such measures should be used in exceptional circumstances only. Women's childcare needs should be assessed in good time as criminal hearings approach.
- Out-of-court disposals are not appropriate in VAWG cases, there is an even greater danger of domestic abuse offending being minimised so that out-of-court disposals appear attractive. Remand in custody is a fundamental security tool where other measures, such as stringent bail conditions, have been ineffective. It must remain available in all cases where risk demands such a step. It was never suggested that prisoners who pose a risk to victims should be part of the early release scheme, and the same approach should be applied to remands.

9.3.6.5 Department for Work and Pensions

- Benefit services must be accessible to victim-survivors of domestic abuse.
- Roll out an emergency grant scheme which survivors unable to escape due to a lack of money could access.
- All staff providing services and support on child maintenance and benefits must have training to identify domestic abuse and economic abuse, and to respond appropriately and safely

9.3.6.6 Department for Education and Education Settings

- Ensure structures, research, training and funding for addressing adolescent to parent violence is adequately considered.

9.3.6.7 Other support for children and young people

- Community and youth workers, as well as those in early years settings such as nurseries, CAMHS and school nurses should receive enhanced specialist training to ensure they understand the impact of domestic abuse on children, how this is likely to have been exaggerated during Covid-19, and how to refer them into specialist support.

9.3.7 Employers

- Employers and businesses should learn about the best practice models, including those which started to emerge or develop during Covid-19, and work out the best approach to replicate those useful models in their own organisations, ensuring working with specialist DA organisations.

9.3.8 The wider private sector

- Innovations created during the Covid-19 pandemic – for example printing helpline numbers on till receipts, showcasing local support contact details, providing safe spaces and free phone calls, providing equipment to specialist services, or delivery staff checking on vulnerable people – should all be delivered in consultation with domestic abuse specialists to ensure they safely meet the needs of survivors.
- Training on economic abuse should extend to bank workers and creditors.
- Mortgage providers, banks and creditors must ensure that policies and processes account for the needs of customers experiencing domestic abuse, including economic abuse.

9.3.9 Individual citizens

- Covid-19 has highlighted again the role of friends, family, neighbours, colleagues, in being the first responder of choice for most people living with domestic abuse. Individual citizens should be encouraged to develop their knowledge and confidence to act in this role, and their awareness of where and what kinds of specialist support is available.

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