

# Discussion Paper on the Impact of COVID-19 on Violence against Women and Girls (VAWG) Services across Northumbria

## Summary

This paper, and recommendations, have been developed from conversation and research with a broad range of specialist Violence Against Women and Girls (VAWG) service providers<sup>1</sup> across Northumbria in response to the current COVID-19 crisis, examining its specific impact on the sector. Evidence on the impact of COVID-19 remains at an early stage and we are reliant on news articles and anecdotal reports from the sector. This is the first consultation paper seeking to gather evidence and information specific to Northumbria.

Lockdown is a relatively new concept in modern pandemic management, it is largely untested, and its implications and unintended negative consequences unplanned for. It is the view across the sector in Northumbria that the impact of the lockdown for women and children trapped in abusive situations has been catastrophic. Services fear the levels of abuse, trauma, rape and sexual exploitation will be unprecedented, they are braced for impact without the resources in place to respond.

This report details a number of recommendations that span from immediate risk management to supporting longer term recovery. All services however were united in the view that we need to now focus and prepare for the surge in safeguarding that will come when lockdown ends. Exit from abuse is the time of greatest risk and we should plan for the future with this in mind.

## Recommendations: For Immediate Action

- 1. Messaging** The biggest challenge right now is ensuring that women and children are provided with information, support and messaging that helps keep them socially connected and able to access help when they can. There is no easy solution to this as any public messages going out will also be heard by perpetrators. We believe a local Northumbria wide campaign that is targeted specifically to local services will strike resonance with communities and increase take up of services. All available communication avenues should be utilised to get meaningful support messages out, this should include:
  - using the Local Authority COVID19 helpline staff and the newly established Mutual Aid Groups, alongside the existing infrastructure of support through the Champions network
  - radio campaigns, increased local press coverage and information in pharmacies and shops should be prioritised focusing on friend and family mobilization, safety planning advice and third-party reporting. Accelerated progress in digitising services, ensuring text/ chat support lines, social media messaging etc are established should run in parallel.N.B. Messaging needs further exploration and is currently being tested on a refuge population to ensure those with a lived experience provide expert advice. It is also imperative consideration is given to support around sexual violence as this has been forgotten on the national platform.
- 2. Call to Action** Northumbria has significant human capital and extensive networks through the Champions Network and Ask Me Ambassadors, thousands of professionals and volunteers who are trained to recognise and respond to signs of domestic abuse, a huge 'call to action' could be put in out establishing pathways and community hubs.
- 3. Focus on perpetrators** We strongly recommend reinforcement of the use of DVPO/DVPNs to remove perpetrators from the home wherever possible. This is a multi-agency response which requires housing options for perpetrators being made available. We ask Northumbria Police and the six Local Authorities to commit to the policy position that no victim and child should be required to leave their home or community unless this is genuinely the last resort.

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<sup>1</sup> The services involved include Refuges, Independent Domestic Violence Advisors (IDVAs), Independent Sexual Violence Advisors (ISVAs), Community Outreach Services, Black and Minoritised Women's Services and Children's Services.

This policy and its impact should be monitored and reviewed regularly through the lockdown and beyond.

- 4. Housing Options** Cross authority agreements and protocols should be strengthened ensuring refuges/accommodation providers are able to refer freely across boundaries and critically ensuring re-housing applications are accepted out of area. This is not happening and is leading to blockages in the system. Move on from refuge should be given the highest priority during lockdown and beyond to ensure refuge space is continually available.
- 5. Flexible Funding Pot** All services have used reserves or reshaped existing funding pots to respond to the crisis. Immediate safety needs and in many cases basic needs such as food have had to be provided for. This alongside increased demand for remote working equipment and increased staffing levels has resulted in significant costs to all the services. It is envisaged this will continue and the needs is currently unknown and often urgent. A flexible unrestricted pot of money that services can utilise is urgently needed.
- 6. No Recourse to Public Funds** In a time of National emergency, no woman should fall outside any society's basic safety net. We call for the urgent ending of 'no recourse to public funds' conditions so that all women experiencing, or at risk of, VAWG have immediate access to financial and housing support to escape violence We ask you join with us to raise this issue with Government and do whatever is in your gift at a local level to ensure no woman is turned away.
- 7. Contingency planning** Ensure all domestic abuse professionals are considered as part of contingency planning, helping local domestic abuse services to replace loss of capacity as staff find themselves ill or in isolation
- 8. Public health measures in accommodation projects** Refuges and accommodation projects to have access to: testing kits to help identify the virus early, so that they can isolate those who tested positive; PPE to use in essential 121 sessions; technology to remotely support women (e.g. mobiles phones and laptops with cameras for video calls).
- 9. Health** Ensure the recently developed guidance for GP's which directs them to ask if it's safe to talk and ask 'closed' question<sup>2</sup> is promoted throughout Northumbria .We also recommend existing projects and sites of good practice in relation to VAWAG continue to be delivered.

These actions are aimed at dealing with the immediate situation. We would also ask that, as planning begins for dealing with the aftermath of the crisis, frontline specialist VAWG services are included in those discussions.

### **Recommendations: Medium to longer- term**

- 10. Equal representation, monitoring and action:** women are set to be disproportionately impacted by COVID 19. Women are over-represented in the care sector, and more likely to be in precarious and low paid work, more reliant on social security and worst impacted by poverty. Understanding how the pandemic affects women's economic independence – and how this impact on women's safety and experiences of VAWG - will be critical to ensure the right action is taken in response. We ask that a cross authority steering group is established and measures of both immediate safety alongside longer term recovery including economic recovery are considered.
- 11. Trauma Informed Therapeutic Support:** The coronavirus has affected every aspect of all our lives and there is growing recognition that the harm to mental health will be exponential. The trauma many victims of abuse are experiencing cannot be overstated and specialised

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<sup>2</sup> GUIDANCE FOR GENERAL PRACTICE TEAMS, Responding to Domestic Abuse during telephone or video conferencing IRIS April 2020

trauma therapy will be a vital recovery measure. Demand far outstrips supply currently and we therefore request urgent consideration is given to this issue. We are happy to provide a more detailed report with costed recommendations for consideration.

**12. Support for Children:** We know that there will be significant impacts on children and young people and additional interventions will need to be resourced. We are happy to provide a more detailed report with costed recommendations for consideration.

**13. Interpretation of available data:** In the current state of flux the most recent data may not reflect a true picture and pattern of the prevalence and severity of abuse being perpetrated. National data seems to indicate a clear trend in increased reporting however local data may not mirror this. Regional data feedback from National helplines would inform a more accurate picture. International data suggests variations in trends across isolation periods and lower recording may suggest greater need not less need as victims are cut off from support.<sup>3</sup> We recommend therefore commissioners involve services in data analysis and include anecdotal evidence and case studies highlighting impacts alongside hard data highlighting prevalence.

**14. Procurement:** The Cabinet Office issued a procurement briefing to all Local Authorities on 19<sup>th</sup> March 2020, allowing a relax of current procurement guidance to ensure authorities were able to focus on the current crisis in relation to COVID-19. Cabinet recognised this was not the time to run “traditional procurement exercises”. We ask that all commissioners consider the current crisis, recognise its impact on both service users and staff in the sector and enable our focus on risk management and safety at this time. We recommend that all commissioning exercises are paused, and that the status quo is retained on all currently commissioned or grant aided services until such time as demand levels off and a period of stability endures.

## Intelligence from Services

The information provided by services across Northumbria is rich in depth and anecdotal detail however key evidence gaps are significant, and we recommend the following caveats are applied

- (1) limited data—currently there is no robust data on the extent and impact of the pandemic on VAWG, the National picture suggests increases in demand the local data suggests an overall drop in demand
- (2) lack of disaggregated data particularly for vulnerable groups such as adolescent girls, older women, women and girls with disabilities, and refugee/migrant women, survival sex workers
- (3) limited research examining how pandemics exacerbate different forms of violence against women and girls and no UK specific research, we are in uncharted territory
- (4) few documented examples of good practice in preventing and responding to violence against women and girls during a pandemic and no UK specific examples, we are literally making this up as we go

## Introduction

Emerging evidence suggests there are multiple ways in which the COVID-19 pandemic reinforces inequality and increases the incidence and impact of Violence against Women and Girls (VAWG).

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<sup>3</sup> The data made public from [Telefono Rosa](#)—an Italian organisation that provides a range of support and help for women and children victims of domestic violence and sexual violence—shows that compared to the same period last year, in the first two weeks of March the calls to their help-centre have dropped by 55.1 per cent: from an approximative 1,104 calls to 496

Evidence gathered National and locally suggests we may see increases in reporting of all forms of VAWAG by between 25-50%. In China, for example police reports show domestic violence reports tripled during the epidemic. Previous crises suggest that this is not a new pattern.<sup>4</sup>

Home is not likely to be a safe place for victims of VAWG and we anticipate abuse in all its forms- sexual abuse and rape, coercive control, economic abuse and physical harm will form part of the daily pattern of life for many women and children. We have seen a concerning spike in domestic homicides with reports that at least fifteen women and children have been killed in the last few weeks where men have been charged with or suspected of murder or murder-suicides. Increased household tension, forced coexistence, economic stress, and fears about the virus have been used to explain this leap in reporting and increase in homicide. We refute this victim blaming style of narrative and promote the evidence-based position that abuse is a purposeful intentional choice. Any interventions and awareness raising messages delivered across Northumbria should reflect this position and we commend recent communications from Northumbria Police for reinforcing this message.

It is evident that social distancing and self-isolation, recommended protective public health measures are being used deliberately and systematically as a tool of coercive and control by perpetrators. Traditional routes to safety like schools and health centres are closed or operating remotely therefore access to support services for survivors, particularly in the health, police and justice sector has been blocked. Routes to safety have been carefully set out through over a decade of intensive partnership working and collaboration, there has been no time to establish new methods or routes to exit abuse. Furthermore, at the foundation of all effective multiagency partnership interventions are the stories of survivors telling us what works and what is needed. The COVID-19 crisis has rendered collaboration and co-production with survivors virtually impossible due to the rapid pace of developments.

## **Emerging Issues**

Conflict over child contact or perpetrators keeping their children away from the non-abusing parent to minimise risk of contracting COVID 19 is a developing theme and services are spending more time than usual providing advice on this issue.

Calls for support around welfare issues, access to food and food banks and fear of poverty and economic hardship are constant themes. The Angelou Centre and West End Women and Girls have reported existing poverty has become further exacerbated by the crisis and they have responded by repurposing elements of their services becoming food banks and delivering parcels and meals into communities.

We also note that women who face existing barriers accessing support, Black and minoritised women, women with No Recourse to Public Funds (NRPF), migrant women, women with disabilities and those with complex mental health issues or substance misuse problems, life has become even more difficult and additional support is required.

We are particularly concerned however that what we are now experiencing is the calm before the storm as many women try to weather the current crisis either unable to seek help or too afraid to leave their homes<sup>5</sup>. This will create deep seated trauma for many women and children and the specialist support needed to help them recover is insufficient. An immediate concern is the

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<sup>4</sup> the Deepwater Horizon oil spill in the Gulf of Mexico, saw a 13% increase in calls to the National Domestic Violence Hotline from the Gulf area from April to June 2010. New Orleans and Lafayette, two of the largest communities affected by the spill, saw increases to their hotlines of 81% and 116%, respectively, during that same period. Reported in the same article, Hurricane Katrina saw domestic assaults against women nearly double, and both men and women reported increases of psychological abuse.

<sup>5</sup> Some services, e.g. Newcastle Women's Aid are experiencing a lower level of calls than usual suggesting either a lack of awareness of support options available or lack of freedom to make contact

emerging evidence that referrals to Children Social Care have fallen by as much as 50% in some areas of the country.<sup>6</sup>

## **Sexual Violence**

Services supporting survivors of rape /sexual violence and sexual exploitation are also seeing a worrying trend emerging of considerable decreases in demand and referrals. We do not believe less sexual violence is taking place rather there are several lines of enquiry that may explain why reporting and referrals are lower. Media and campaigns have focused on domestic abuse specifically and messaging has not been specific to sexual violence.

Changing Lives reported they are witnessing an escalation of sexual violence and assaults at home and are deeply concerned that more women will experience significant harm, or even death. They are seeing early indications that women are struggling to access support during the pandemic, which is evidenced through a reduction in referrals to some sexual violence services in recent weeks even though women tell staff incidents are increasing. Equally, they report finding that safeguarding services are struggling to respond even when a referral is made, which is creating a significant barrier to the collaboration and consistent communication that is essential to keep women safe.

There appears to be a withdrawal of support of support for women experiencing sexual violence or sexual exploitation. For example, this includes a reduction in the availability of police officers trained to respond to sexual offences. We know from experience that this will lead to fewer women reporting crimes. We have also seen sexual exploitation investigations placed on hold during this pandemic, meaning that women who are currently experiencing exploitation are further delayed from accessing support and justice.

Waiting lists for therapeutic services were very long prior to the crisis, Rape Crisis Tyneside and Northumbria reporting upwards of 80 clients. In response to social distancing they have reshaped elements of the service to provide online and telephone counselling and they report for some clients, specifically young women this has been received positively. Therapists have also indicated trauma therapy seems to be accelerated with clients accessing emotions and memories and processing these more quickly than conventional face to face therapy .This is anecdotal and should be treated with caution however it is worthy of further exploration and research.

## **Professionals support**

We are also concerned that staffing levels in our existing services could fall below safe operational levels, the staff are almost entirely women, and many are also carers of elderly parents, children or have health needs themselves. Support for our existing services ensuring they continue to function at a time where great demand will be placed on them is essential and requires cooperation and may require additional funding to ensure safety in service provision continues. Staff support and supervision may need to be enhanced as demand for services increases.

VAWG happens to anyone and we know our key workers predominantly women out on the front line will also be experiencing abuse in their homes or workplaces. They will not only have experienced the lockdown restrictions but will have endured prolonged stress and trauma, this cohort could potentially amount to a significant number of women needing services.

## **Economic Impact**

Pandemics have both significant immediate economic effects, as well as potentially long-term effects on economic activity. We anticipate economic abuse will increase in both levels and risk and we expect to hear many stories from women and children of being kept without basic essential items including food and warmth. Services are trying to ensure basic needs are being met however this is only possible for those families who are engaged with services now.

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<sup>6</sup>Guardian Wed 8<sup>th</sup> April, Fears for child welfare as protection referrals plummet in England.

Many services we consulted told us they were extremely concerned about their future abilities to raise funding from activities such as social events and sporting events like The Great North Run, fundraising from these sources raised much needed unrestricted income and it is from these pots innovation and flexibility to respond to need is derived.

Austerity measures have placed a strain on families and limit options for victims trying to escape violence for close to 10 years. Resulting cuts to services and reduced funding for charities have reduced access points for victims seeking support over that time. The impact of COVID19 on families, both financially and emotionally will exacerbate this situation.

We anticipate significant increased demand for services across the spectrum of risk and need in coming months as families come out of isolation and spaces to negotiate freedom and exit from abuse became more available. There is grave concern that many services will not be able to cope with the demand and some services will have closed due to the financial impact of COVID19 leaving victims and their children with further reduced options for support. We must prepare now to prevent this from happening.

Year on year over the past decade, we have continued to see an increase in reports of all forms of VAWG, in particular sexual offences but without any significant investment in the sector. We anticipate this demand will increase further without the resource to meet the need.

### **Support for Children**

Specialist support for children is the most chronically underfunded part of both our statutory mental health services but also our specialist service provision. It is likely that many children will not be identified as needing support until they return to school, or when the non-abusing carer returns to the workplace, due to the challenge's families are facing with seeking help during the lock down. This will lead to a spike in demand for support, when services are already trying to manage longer waiting lists created by social distancing requirements and restrictions to normal activity. Trauma informed, responsive and flexible ways of working will need to be prioritised, from short term crisis responses to longer term therapeutic interventions.

### **Conclusion**

We are experiencing a rapidly developing situation and the impacts on survivors and services are changing day by day. There is immediate need for both survivors and their children and our services and needs that we have identified that can be further considered as we move from the crisis of lockdown back into a new normality. A strategy will be needed to ensure this transition happens safely and the needs of survivors continue to be recognised.

In April 2021, local authorities will have a new legal duty to

- provide support for victims of domestic abuse, including safe accommodation/ refuge provision.
- develop and publish strategies detailing the range of support available for victims in our area.
- Set up a Local Partnership Board to oversee and advise on commissioning of DVA services.
- Produce a local Domestic Abuse Needs Assessment and Strategy.

Depending on the detail of the statutory duty (which has not yet been published) local authorities may need to increase or adjust their offer to victims to meet the new requirements, which may have significant financial implications. Most authorities commission a range of services for victims/survivors and have in place a VAWG or DVA partnerships which can be adapted into a Local Partnership Board. Other areas will need to set up new structures and develop or improve their provision to meet the new duty.

There has been no indication as yet from government about any increase in funding for authorities to meet the duty including for administration and staffing support of the new Statutory Partnership Board and here is potential for a post code lottery in terms of provision for victims.

The new statutory duty provides an opportunity for the government to get this right from the start. Set out clear details about expectations on local authorities, requiring them to work with the specialist women's sector and ensure the duty is adequately and appropriately funded and that services and supports are guaranteed longer term funding, rather than relying on 1-2 year short term project funds.

We believe that improved partnership working arrangements undertaken now will ensure a step change to meet the challenges of not only the current crisis but beyond to recovery and compliance with the new statutory duty.