COVID-19: GBV Services and Public Health Issues

Emerging evidence suggests there are several ways in which the COVID-19 pandemic may impact on violence against women and girls.

1. Key issues and evidence

Key issues and evidence and recommendations for potential action to mitigate additional impact and continuing protection and provision are set out in an international study:


(This includes evidence for China and Italy of increased risk/impact on services and some recommendations so worth reading the introduction to this Jackie – I will send cut and paste and send separately as want to get this to you now)

Women’s specialist support services within GGC have highlighted issues as a result of current crisis their service users are many as result of the intersection of GBV and Poverty and wider social inequalities and discrimination;

Domestic Abuse

Women can’t get out with young children to trail around shops looking for food (especially when any of them are in a shielded group). Supermarkets are not taking delivery orders at the moment. Many of the women being supported on DA have no family or friend support which makes it even more challenging – often cos being rehoused away from abuser

- Women can’t afford to stock up on essential items
- Can’t afford adhere to Scottish Power advice to put extra credit in their pre-paid meters etc
- Picking up prescriptions challenging when people are unwell and in isolation (not heard how well the pharmacy deliveries are working but the women so far haven’t even known that is a possibility) PS will older people still get pharmacy deliveries of medicine
- Women more vulnerable to being targeted by ex partner now that he knows they are in the home all day (may be mitigated by social isolation but perps can say they are caring for vulnerable person to police if asked)
- There have been a couple of reports of perpetrators angry that contact has been suspended and this likely to escalate poss through social media abuse – I imagine that will escalate the longer this goes on
- A key concern is that services unable to contact the women who we know are living with or still in a relationship with the perpetrator and now probably at home all day with him. Some of these will be visited by HVs this could heighten risk to HVs and others working alone.

Migrant, refugee and asylum-seeking women who are socially isolated and have experienced violence or abuse (info from Rights & Choices: Glasgow based project provided by WSP)

- Rise in contact from existing service users, some with general concerns / needing reassurance re virus / language barriers to accessing NHS guidance etc.
- Urgent situations, where women are destitute, including women with children in the household. Same issues around difficulties accessing help / language
barriers / lack of written English to complete online applications / lack of knowledge of where to get help or what is available/ no home computer or Wi-Fi and no access via libraries

- Increased need for advocacy which is challenging in the circumstances (homeworking / communications difficulties)
- Small number of new referrals via our volunteers but we expect this to increase.

Nature of enquiries

- Child contact and residency in domestic abuse cases. Child contact centre closed. Support services unable to offer face-to-face support / accompany women. Potential increased threat to women at handover or women not able to see their children if partner has residency
- Women with EU nationality. A number of our service users initially claimed asylum in Europe and have EU nationality. These women tend not to have recourse to benefits since they don’t meet the threshold for residency and earnings. Many of these women were in low paid jobs which they have lost because of the crisis. These women are now destitute and obviously unable to return to Europe at present (Many could not afford to do so either)
- Letters of eviction & support ending being sent out from Home Office for women whose asylum claim has been refused. For example, a woman with 3 children, received notice of support stopping and told to leave accommodation – because she doesn’t speak English, she thought she had to leave immediately and was very distressed – eviction date is 6th April

Increased demand for advocacy

Underlying issues which increase women’s vulnerability:

- Challenges re language and interpreters
- Cultural attitudes may mean that some women are unable to make decisions around their own health / kids’ health, e.g. in terms of social distancing or seeking health advice
- Incredibly socially isolated / not linked with services/ not knowing who to contact for food if they have no self-isolate
- Fear of authority / concerns re immigration /visa status
- Women with no recourse to public funds are struggling to access money and supplies.

Anticipated issues

- Increased food poverty especially where there are several children at home and not getting school lunches / need to ensure women know how to access help
- More women being laid off from work and not knowing what help is available (if any)
- Further barriers to escaping domestic abuse
- Risk of sexual exploitation where women are destitute

3. Women involved in prostitution

The coronavirus (COVID-19) outbreak is having a significant impact on the lives of women who sell and exchange sex in many different aspects such as:
- relying on selling or exchanging sex to survive for basics like food and accommodation
- trafficked for sexual exploitation
- involved in street prostitution
- controlled by boyfriends / a pimp
- paying off debts to loan sharks / dealers
- registered to escort agencies
- saunas / brothels
- operating independently
- in lap dancing clubs
- involved in pornography or exchanging images for money / gifts

The WSP has conducted a rapid needs assessment engaging with key organisations including sexual health services and mental health orgs as well as support forums and articles / blogs and key issue are:
Women living with traffickers and pimps in brothels.
Women who are controlled by pimps and traffickers often have very little access to services, including health services, as it is. Under pressure to continue to have sex with punters to pay pimps who continue to facilitate sex with the women by punters.
Women entrapped by others may not receive the care they need should they contract the virus nor even be aware of services out there.

**Public health issue regarding men continuing to purchase sex and then become transmitters to women/ family/ communities / work colleagues.**

**Sexual health**
- As yet, there is only developing evidence on the risks of Covid 19 being spread sexually but potential risks as the virus is present in faecal matter and could be spread through anal sex / anal play. There are concerns from women that they will not be able to access condoms and lubricant and may have to disclose to services why they need a larger quantity.

**1/ Financial impact –**
- **Women are not able to make any money.** Women do not have savings and so have no safety net to fall back on.

- **Women not entitled to some forms of financial support**

**2/ Access to essential supplies in the short term**
- Women do not know how to link with in with the system and are uncertain how to register to get emergency supplies

**Recommendations:**

women involved in prostitution
What is needed?

1/ information
A central point for clear and up to date information covering what help is available, what services can offer and how to access them. This information should be available in several languages and pictorial form to ensure women are able to understand it.

2/ Rapid access to finance and resources

3/ support and advocacy
Women need access to support in as many different forms to take consideration of a range of needs. This should be via telephone, email, text or chat facilities such as facetime / SKYPE etc.

4/ Partnership working and co-ordinated approaches
There is a need to build a support network around the women, with new approaches and models considered.