

WAVE COVID-19 Report

Impact of the pandemic on women's specialist support services and women and girls survivors of violence

Survey from WAVE Member organisations

(March – May 2020)

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Introduction

It has been almost two years since the COVID-19 pandemic broke out, unleashing major, unforeseen consequences on daily life around the world. Within this global crisis, women and girls have been disproportionately affected, as the virus and the fight against it have negatively impacted many different aspects of their lives. From economic participation to political empowerment, the pandemic has significantly increased the gender inequality gap worldwide.¹

Another repercussion has been the heightened risk and vulnerability of women and girls to violence. As the world tried to battle the virus with periods of lockdown, weeks or months during which people could not leave their homes without a valid reason, many women and girls faced abusive treatment in what was meant to be a safe space. This risk of violence was furthermore exacerbated by factors such as lost income and unemployment² – thereby, an intersection of the different consequences women and girls faced, made the situation especially difficult. At the same time, restrictions made it harder for women and girls in unsafe situations to reach out for help or report violent behaviour.

Overall, research has shown a worrying increase in violence against women, with the most commonly occurring form being intimate partner violence (IPV).³ Alongside that, it became more challenging for women's support services to provide their usual standards of support, as in-person contact was restricted by social distancing measures and COVID-19 infections affected staff levels.

The present report will look deeper into the impact of the COVID-19 pandemic on women and girls survivors of violence, the impact on women's specialist support services, and how women's specialist support services continued to provide their services throughout periods of confinement.

The report is based on the data provided by WAVE members through a survey distributed to WAVE members, as well as relevant desk research. The survey was prepared by the WAVE office in June 2020 and was distributed among WAVE members with the intention of tracking changes in the prevalence and type of violence reported during the pandemic, covering the period March – May 2020. The present report will furthermore highlight two case studies, namely Ireland and France, based on information provided by WAVE members for the 2021 WAVE Country Report questionnaire. The case studies will focus on the particular response identified in these two countries when it comes to the support offered to women victims of violence throughout the COVID-19 pandemic. These case studies will serve as a bridge to the formulation of a number of recommendations, which will reiterate the

¹ "Global Gender Gap Report 2021," World Economic Forum, March 2021: 6.

² "Violence Against Women and Children During COVID-19— One Year On and 100 Papers In A Fourth Research Round Up," Shelby Bourgault, Amber Peterman, and Megan O'Donnell, Center for Global Development, April 2021: 1.

³ "Impact of COVID-19 on Violence Against Women and Girls through the Lens of Civil Society and Women's Rights Organizations," Majumdar, S., Wood, UN Trust Fund to end Violence Against Women, May 2020: 6, [impact of covid-19 v08 single page-compressed.pdf \(unwomen.org\)](#).

outcomes of the survey and provide suggestions for policymakers to make data-driven decisions, and for women's specialist support services to gain an insight into effective methods of providing support in unforeseen crisis situations.

1. Background

1.1. The impact of COVID-19 on women victims of violence

Violence against women and girls has been a pressing issue since long before the outbreak of the COVID-19 pandemic; research shows that one in three women have experienced physical or sexual violence in their lifetime.⁴ It has also been shown that cases of domestic and sexual violence tend to rise during or after large-scale crises, so when the virus began to spread, speculation on the extent to which women and girls would be affected also began to be voiced.⁵ It soon became clear that this speculation was well-founded, as reports of huge increases in the number of calls and messages to women's or victim support helplines started to come in from around the world.⁶

The COVID-19 crisis turned out to be an especially harmful crisis regarding violence against women, which was declared a 'shadow pandemic' by the United Nations.⁷ As governments announced national lockdowns, people were obligated to stay at home, avoiding all social contact beyond their own household. Women in abusive situations were forced to spend every minute of their day with their perpetrator, having limited access to social contact and resources outside of their household.⁸ Reports of 'technological surveillance,' referring to the tight control of the perpetrator over the use of devices and technology by the victim, were widespread throughout the COVID-19 outbreak.⁹ In doing so, perpetrators were able to cut off the victim's access to support from family or friends, to help from specialist support services, and to information about the virus or measures in place to tackle the virus. In some cases, perpetrators also denied victims' basic needs, such as restricting access to medication or to personal hygiene products that were necessary to avoid contracting the virus, for example masks, cleaning products, sanitiser, etc.¹⁰

⁴ "A Double Pandemic: Domestic Violence in the Age of COVID-19," Caroline Bettinger-Lopez and Alexandra Bro, *Council on Foreign Relations*, May 2020: 2.

⁵ "The pandemic paradox: The consequences of COVID-19 on domestic violence," Caroline Bradbury-Jones and Louise Isham, *Journal of Clinical Nursing*, 2020: 2047.

⁶ "Lockdowns around the world bring rise in domestic violence," Emma Graham-Harrison, Angela Giuffrida, Helena Smith and Liz Ford, *The Guardian*, March 28, 2020.

⁷ "The Shadow Pandemic: Violence against women during COVID-19," UN Women, [The Shadow Pandemic: Violence against women during COVID-19 | UN Women](#).

⁸ "COVID-19 and violence against women: What the health sector/system can do," World Health Organization, March 2020.

⁹ "The Role of Service Providers, Technology, and Mass Media When Home Isn't Safe for Intimate Partner Violence Victims: Best Practices and Recommendations in the Era of COVID-19 and Beyond," Danielle C. Slakof, Wendy Aujla, and Eva Penzey Moog, *Archives of Sexual Behavior* 49, August 2020: 2781.

¹⁰ Ibid.

Throughout the periods of national lockdown, women also faced a number of negative consequences regarding their working life. On the one hand, women are overrepresented in essential services, which largely remained open throughout the pandemic, meaning they were widely exposed to the virus and were therefore more vulnerable to contract it. On the other hand, many women are employed in the service sector in general, which was hit especially hard by the pandemic and faced big job losses,¹¹ meaning economic struggles followed for many. Women's unemployment and economic insecurity in the household have both been identified as risk factors for violence to occur.¹²

Alongside intimate partner violence and domestic violence, another form of violence that increased significantly as a by-product of the COVID-19 crisis is online violence against women. Digital methods of communication were used more than ever as people tried to maintain social contacts while staying inside to curb the spread of the virus. While this has been helpful for the mental health of many as the only safe alternative to physical meetings, it has also led to a heightened risk of online harassment and the spread of misogynist narratives.¹³

1.2 The impacts of COVID-19 on women's specialist support services

The COVID-19 pandemic meant that women's specialist support services were unable to continue functioning as they did in normal times, as providing physical support to survivors became difficult due to social distancing measures and lockdown orders. While specialist services fall under the category of essential services and were therefore often allowed to remain open, there were still constraints on the amount of staff that could be in the office at the same time or the amount of survivors that could be in the shelter at the same time. Additionally, extra hygiene procedures had to be followed, such as the use of Personal Protective Equipment (PPE), which was not always readily available for example due to a lack of funding.¹⁴ Women's shelters remained open in most cases, but survivors would need to undergo frequent COVID-19 testing, which gave rise to complications such as added costs and time issues. In other cases, shelters closed completely, meaning a vital resource for women and children was cut off.¹⁵

Face to face counselling sessions had to be cancelled or moved to a remote setting but moving these online was not possible everywhere due to a lack of resources and/or funding. Another issue with such digitalisation is the limited (independent) access of some survivors to devices, described earlier as

¹¹ *Understanding Covid-19's impact on women*, European Parliament, March 2021, <https://www.europarl.europa.eu/news/en/headlines/priorities/international-women-s-day-2021/20210225STO98702/understanding-the-impact-of-covid-19-on-women-infographics>.

¹² "Violence Against Women and Children During COVID-19— One Year On and 100 Papers in A Fourth Research Round Up," Bourgault, Peterman, and O'Donnell, 1.

¹³ "2021 report on gender equality in the EU," European Commission, European Union, 2021: 9.

¹⁴ "Briefing for WAVE event 'Responding to domestic abuse in the context of Covid-19'," Fiona Morrison, Lily Greenan, David Morran and Heather Coady, supported by WAVE, March 2021: 6.

¹⁵ Ibid.

'technological surveillance,' as well as sometimes limited access to a stable internet connection or to a private space in which to conduct such online meetings.¹⁶ It also became more difficult to make women aware of the services that exist and to support women to reach out to such services, as some survivors were quite invisible within their home and at the same time, services were operating at reduced capacity. The same goes for women that were accessing services before the pandemic hit, but then could not be contacted once restrictions were in place.¹⁷ Women living in rural areas became especially harder to reach and were therefore put into a more vulnerable position. This was also the case for women who face multiple forms of discrimination and are therefore already classed as more vulnerable; women with disabilities, migrant and refugee women, elderly women, etc.¹⁸

After having outlined some of the challenges that specialist support service providers faced during the COVID-19 pandemic, it is also important to stress that women's support services have in some cases expanded their services so that they can offer victims of violence around-the-clock support. The lack of clear guidance from some governments on how service provision should continue in these circumstances, as well as the fragmented and unreliable response of state agencies, such as police, have created significant challenges for specialised services for women in responding to the enormous increased demand for their services. Lockdowns showed the importance of 24/7 helplines for survivors of violence against women and, in many countries, prompted the opening of other digital services, such as telephone apps, SMS messaging or online support groups.¹⁹ While such services were the main form of support during peaks of COVID-19 infections and were crucial in maintaining contact with women in vulnerable situations, they should, when possible, only serve as an alternative and as a complement to regular services.²⁰ As a result of such efforts, specialised services for women survivors of violence in some countries were and still are at a breaking point, with some WAVE members emphasising that a working day for staff members had increased by 4 hours a day, and that organisations, even in publicly funded countries, faced a 30% funding gap.

1.3 The impact of COVID-19 in numbers

It is clear that the COVID-19 pandemic had major impacts both on victims of violence as well as on the services providing support to them. But what do the numbers tell us?

¹⁶ "Briefing for WAVE event 'Responding to domestic abuse in the context of Covid-19'," Fiona Morrison, Lily Greenan, David Morran and Heather Coady, supported by WAVE, March 2021: 6-7.

¹⁷ *Ibid.*, 6.

¹⁸ "Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings," UN Women, May 2020: 3.

¹⁹ "Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19," Chuka Emezue, *Jmir Public Health and Surveillance* 6, vol. 3, 2020: 3.

²⁰ "Remote support to victims of violence against women and domestic violence during the COVID-19 pandemic," Sonia Maria Martins Caridade, Rosa Saavedra, Rita Ribeiro, Ana Cristina Oliveira, Manuela Santos, Iris Sofia Almeida and Cristina Soeiro, *The Journal of Adult Protection* 5, vol. 23: 305.

In some countries, calls and messages to helplines significantly increased in the first weeks of the pandemic. For example, in Italy, one of the first countries to impose national lockdown measures, data collected by the national helpline shows a dramatic increase in the number of calls; compared with data from the weeks before the lockdown and from the same period in the year before, the number of calls was around four times higher in spring 2020.²¹ The Czech Republic recorded a 50% increase in demand for some women's services in comparison with the same period, one year earlier.²² In France, reports of domestic violence rose by 32% in just the first week of the national lockdown.²³ Similarly, Lithuania saw an increase of 20% in reports of violence in the first three weeks of its lockdown.²⁴ However, the available data and reports most likely do not even comprise the full extent of the total increases of violence against women because, as mentioned before, the circumstances many women found themselves in made it difficult to report violence and seek help.²⁵

In other countries, for example in Scotland and in Serbia, an initial decrease was observed in the number of women accessing help services.²⁶ This could be explained by women's restricted access to help services due to being stuck at home with the perpetrator for so much of the day. As the pandemic evolved and once lockdown measures were slowly eased, this demand increased.²⁷ This trend was noticed in other European countries as well; many countries saw the demand for women's services increase once most restrictions started to be lifted.²⁸

2. Methodology

In order to assess the impact of COVID-19 on women's specialist support services, WAVE compiled a survey that investigated the initial months during which the pandemic unfolded in Europe, March-May 2020. It was distributed to all WAVE members in spring 2020 and the following chapter is based on the qualitative and quantitative data obtained from this survey. WAVE member organisations directly provide specialist support to women survivors of violence. The survey was comprised of 32 questions comparing the contacts made to women's specialist support services in the same time period (March and April) in 2019 and 2020. The questions concerned changes in channels of communication, the

²¹ "Research brief: What crime and helpline data say about the impact of the COVID-19 pandemic on reported violence against women and girls," United Nations Office on Drugs and Crime, November 2020: 9.

²² "The impact of COVID-19," WAVE Country Report draft, accessed 1 December 2021.

²³ "2021 report on gender equality in the EU," European Commission, 5.

²⁴ Ibid.

²⁵ "Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings," UN Women, May 2020: 9.

²⁶ "Crisis and Resilience: the impact of a global pandemic on domestic abuse survivors and service providers in Scotland," Scottish Women's Aid, September 2020: 13; "The impact of COVID-19," WAVE Country Report draft, accessed 1 December 2021.

²⁷ "Crisis and Resilience: the impact of a global pandemic on domestic abuse survivors and service providers in Scotland," Scottish Women's Aid, 13.

²⁸ "The Covid-19 pandemic and intimate partner violence against women in the EU," European Institute for Gender Equality (EIGE), European Union, 2021: 16.

accessibility of helplines and shelters, and the type of support provided by WAVE members. The survey was filled out by 16 members from 15 countries; specifically, 6 EU countries and 10 non-EU countries, as listed in the table below.

EU Countries	Organisations
Belgium	Garance ASBL
Croatia	Women's Room – Centre for Sexual Rights (<i>Ženska Soba – Centar za Seksualna Prava</i>) and B.a.B.e. Be active. Be emancipated (<i>Budi aktivna. Budi emancipiran</i>)
Czech Republic	proFem – Centre for Victims of Domestic and Sexual Violence (<i>Centrum pro Oběti Domácího a Sexuálního Násilí</i>)
Germany	Women's Refuge Coordination (<i>Frauenhauskoordinierung e.V.</i>)
Ireland	Rape Crisis Network Ireland
Portugal	Association of Women against Violence (<i>AMCV – Associação de Mulheres contra a Violência</i>)
Non-EU Countries	Organisations
Albania	Women's Forum Elbasan (<i>Forumi i Gruas Elbasan</i>)
Belarus	International Public Association "Gender Perspectives" (<i>Международное общественное объединение «Гендерные перспективы»</i>)
Bosnia and Herzegovina	Foundation "United Women" Banja Luka (<i>"Udružene žene" Banja Luka</i>)
Iceland	Stígamót – Counseling and Information Centre on Sexual Violence (<i>Stígamót</i>)
Ireland	Rape Crisis Network Ireland
Kosovo	Women's Wellness Centre (WWC) (<i>Qendra për Mirëqenien e Gruas (QMG)</i>)
Moldova, Transnistria Region	Centre for support and development of civic initiatives "Resonance" (<i>Центр развития и поддержки гражданских инициатив «РЕЗОНАНС»</i>)
Montenegro	Woman's Safe House (<i>Sigurna Ženska Kuća</i>)
Turkey	Mor Çatı Women's Shelter Foundation (<i>Mor Çatı Kadın Sığınağı Vakfı</i>)
Ukraine	Civil Society Organization "La Strada-Ukraine" (<i>Ла Страда-Україна</i>)

Table 1. List of WAVE members who filled in the survey and form the report's sample group.

3. Results

The results of the survey will be summarised and presented in the following chapter, divided into six subsections, and will inform the concluding policy recommendations found at the end of this report.

3.1 Number of contacts

The responses received from WAVE members indicate that WSS received more contacts for support in March and May 2019 compared to data from **March and May 2020**. However, Figure 1 presents a slight increase in contacts made in April 2020, with the difference between 2019 and 2020 being 4%. A reason for the lower number of contacts in 2020 likely stemmed from women being in physical proximity to their abusers due to lockdown measures, making it increasingly difficult for women

experiencing violence to seek external help. Research suggests that while contacts to WSS initially fell with the start of the pandemic, in later months contacts regarding VAW significantly increased. As the data collected only looked at the period of March-May 2020, it is therefore likely not representative of the entire period of the pandemic.



Figure 1. Total number of contacts to the member's organisation services regarding VAW.

Furthermore, Figure 2 highlights that while women were less likely to contact women's support services in 2020 than in 2019, of all contacts, the ones made in 2020 were more likely to reflect new cases. This may indicate new instances of violence prompted by the series of lockdowns in Europe.

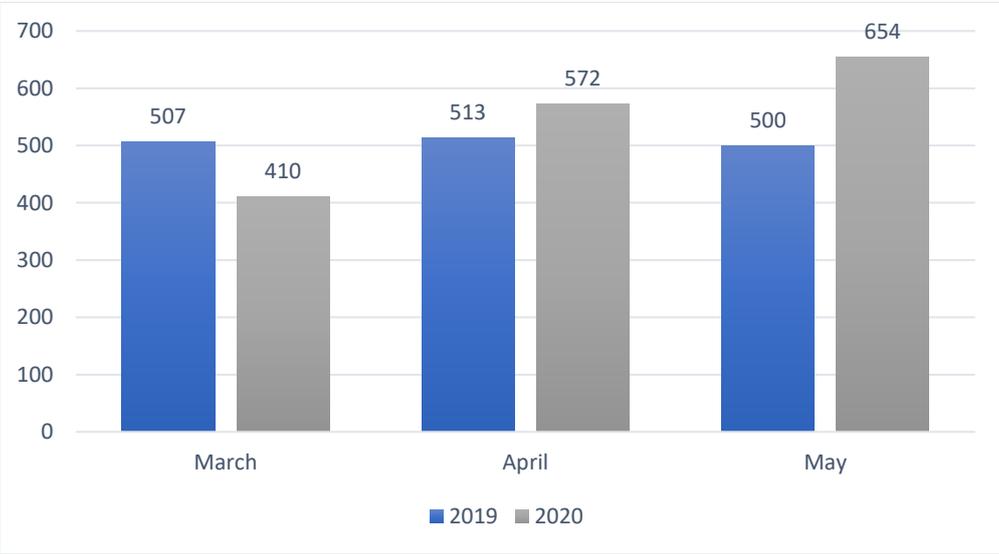


Figure 2. The number of new cases out of the total incoming contacts.

Members were also asked whether awareness-raising campaigns on VAW during the lockdown contributed to the increase in the number of new contacts made in 2020. 63% of respondents confirmed it did. Some of the organisations mentioned; "Campaigns to raise awareness of violence against women influenced an increase in the number of calls to our centre in March-May 2020" and

"We believe that it was the campaign that contributed to the increase in the number of persons who turned to us for help." WAVE members were also asked about the difference in channels used by victims to contact their organisation in 2019 and 2020, respectively. There was a notable 6% increase in calls and in-person contacts in 2020, as well as 30% increase in texts messages and 36% in e-mails. Thus, it can be noted that written methods of communication were preferred by women survivors during the COVID-19 pandemic, perhaps because these means are more discrete and, in most cases, more easily accessible when stuck at home.

3.2 Shifts in the prevalence of violence

The survey also asked members which types of violence were reported more, the same or less during the spring of 2020. The question allowed respondents to analyse the situation regarding thirteen types of violence and ways the lockdown could have influenced the statistics.

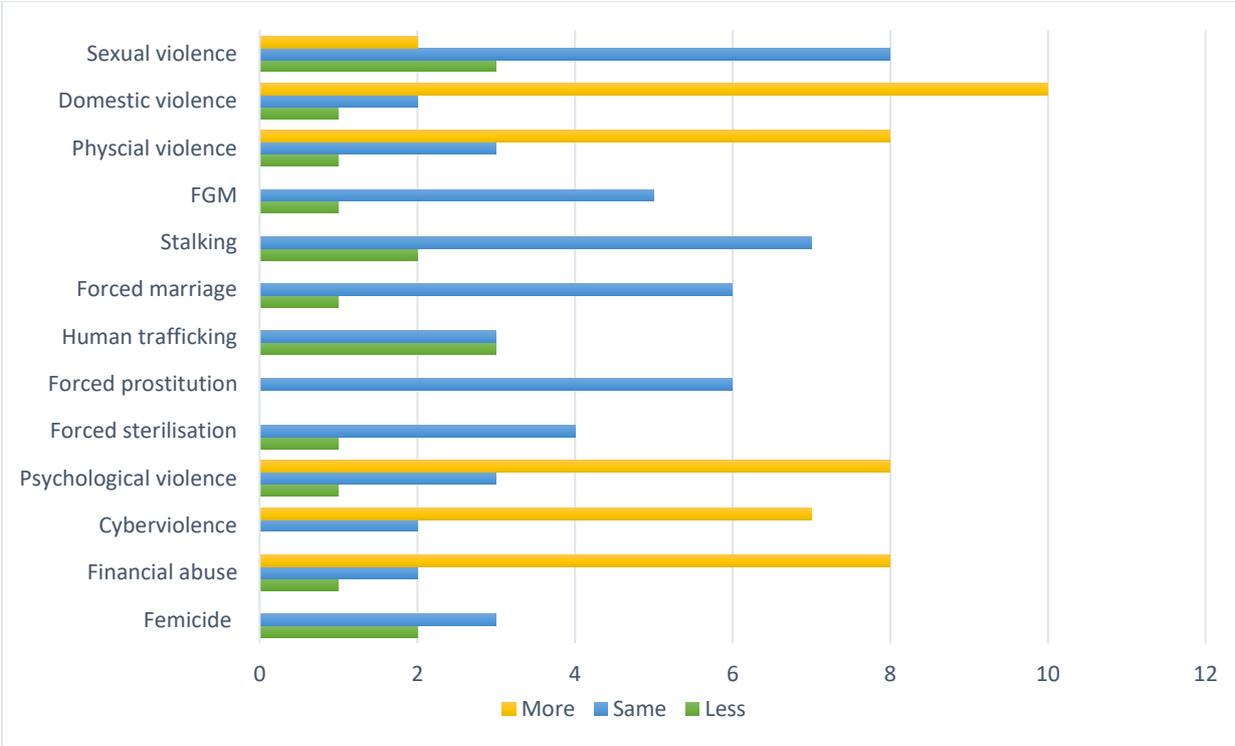


Figure 3. The types of violence that were reported more, the same or less during March-May 2020.

Figure 3 shows that financial, psychological, physical, and cyber violence were among the most prevalent in 2020, with domestic violence reported the most. Hence, it can clearly be seen that the beginning of the lockdown increased the volume of violence that occurs in the domestic setting. The prevalence of certain types of violence, including forced sterilisation, forced prostitution, forced marriage, stalking, female genital mutilation (FGM), and sexual violence stayed the same in 2020, compared to 2019. Survey data suggests that no type of violence was reported significantly less during the period of 2020.

3.3 Multi-disciplinary cooperation

In terms of multi-disciplinary cooperation with different national stakeholders, such as police, WAVE members were asked whether this cooperation increased, decreased, or stagnated in 2020. Figure 4 highlights that 43% of members saw a decrease and 36% saw an increase, which signifies a major shift in cooperation, as only a minority of organisations did not experience any changes in this regard.

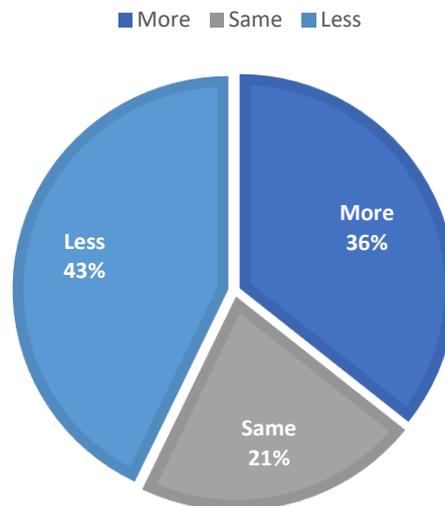


Figure 4. Tracing the change in the multi-disciplinary cooperation during the 2020 period.

Some organisations stressed that; "[cooperation] decreased, since, (...), police or children protection services did not flexibly react to the new situation, and they minimised their activities and efforts" and "The callers who suffered from domestic violence reported additional problems due to introduction of the quarantine measures, including a decreased reaction of the police to domestic violence cases, connected with their increased workload." Conversely, others stated that; "There was an increase [in cooperation], as government departments were more open to working with us and recognising us as an essential service" and "The state COVID response stressed multi-disciplinary and sector cooperation; domestic violence and child abuse were early on highlighted as important issues." Such statements highlight the variety of state responses to VAW during the COVID-19 pandemic among different member countries. In some countries, social and health services, police, judiciary, and other institutions were quick to respond to the increase in VAW; this included Albania, Germany, Ireland, Portugal, and Ukraine. On the other hand, in Turkey, the Czech Republic, Montenegro, Belarus, Bosnia and Herzegovina, and Kosovo, WSS witnessed a lack of support. Mixed results represent the realities in different countries, and the improved cooperation in some countries can be regarded as promising practice for future state recovery plans from COVID-19.

3.4 Functioning of the WSS throughout confinement periods

Most member organisations continued to provide support services to survivors of VAW in the beginning of 2020. The services that continued to be available included helplines for rape crisis and counselling (35%), legal counselling (38%), sexual and reproductive health helplines (15%), and women-specific mental health helplines (12%). One member mentioned that; "Many organisations offered mental health help, but none were women-specific." Thus, WSS that delivered specialised psychological assistance to women were often missing, leading to an overgeneralised and gender-neutral approach assistance for women survivors. Violence against women and girls requires a gender-specific approach, hence, a lack of specialised mental health assistance might not sufficiently address the problems of a woman survivor of violence.

Figure 5 shows that 80% of respondents had no change in the number of staff members within their organisation, with only 2 organisations mentioning a decrease in their staff during March-May 2020.

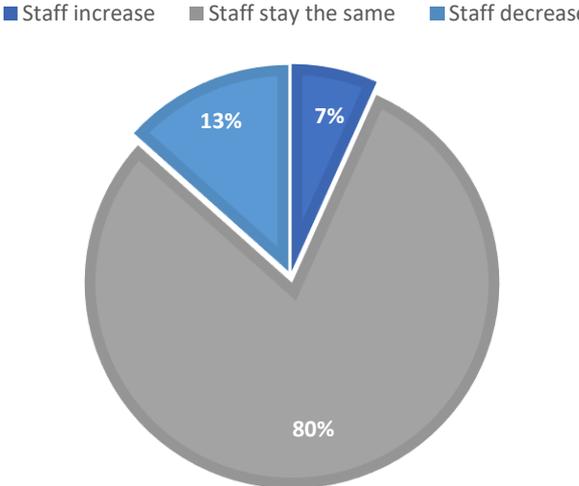


Figure 5. Tracing the change in the number of staff.

Many respondents mentioned that increasing the number of staff members would have been helpful during the first months of the pandemic, as remaining staff were more at risk and overworked; "We had to protect our colleagues who were at risk, so employees were more exposed and under pressure" and "We did not change any staff but working shorter hours led to some difficult situations." Hence, while the number of staff for many did not change, additional support was often indicated as necessary. It should furthermore be mentioned that as confinement periods continued in 2020, the situation exemplified in the present report is limited as it does not go beyond May 2020, and therefore cannot address how staff changed later in the year.

3.5 Protection orders

Members were asked whether protection orders were available and accessible in their country during the COVID-19 pandemic, with a little of half (54%) of respondents indicating they were available. However, 46% stated that their country either did not have protection orders available or only had it in partial availability. Two members shared; "The General Assembly of Judges and Prosecutors announced a statement on 30 March 2020, titled 'Additional Measures in the Scope of COVID-19'. With this statement, it was dictated that protection orders were to be decided by considering the health risks for the perpetrators during the pandemic. This statement put the perpetrators' safety before the security of women" and "Applying protection orders was limited in cases when an offender is COVID-positive, and his eviction is not possible." Thus, in some countries, the COVID-19 pandemic negatively influenced the possibility to seek a protection order in order to ensure the well-being and safety of VAW survivors.

4. Case studies

The following chapter will present two case studies exploring countries where promising policies were implemented regarding the prevention of violence against women and the provision of support services for survivors in light of the COVID-19 pandemic. The first case study will explore the situation in Ireland, where the COVID-19 pandemic laid bare how fragile the support system for survivors of violence is. How did NGOs and government agencies in the country respond to this and what can be learnt from these practices? Were there any shortcomings in these responses? The second case study will look into France's heightened efforts to combat violence against women during the pandemic. The country implemented strict COVID-19 measures in the first months, meaning additional support for women living in an unsafe environment was highly necessary. Both case studies are based on desk research as well as responses to the WAVE Country Report questionnaire. This questionnaire was sent out in spring 2021 and collected data from WAVE delegates in their country for the whole of 2020.

4.1 Ireland

During the COVID-19 pandemic, domestic violence sharply increased in Ireland, as in many countries. Notably, Women's Aid received 36% more calls in addition to 74% more hits on their website. There was a rise of 25% in police calls to domestic violence as well as a considerable increase in prosecutions.²⁹ In response to these worrying numbers, the 'national interagency action plan for domestic abuse in Ireland's COVID-19 response' was set up. This plan included an initiative, Operation Faoiseamh (translated: Operation Relief), that was collaborated on by community and voluntary

²⁹ "Responses to the COVID-19 crisis in Ireland: From feminized to feminist," Pauline Cullen and Mary P. Murphy, *Gender Work Organ.* 28, no. 2, 2021: 359.

organisations as well as the government and the national police force and received 160,000 euros in funding from the Department of Justice and Equality of Ireland. A new media campaign was launched, intended to increase awareness on the prevalence of domestic and sexual violence and the available support services, as well as a proactive approach by the police, through which previous victims of domestic violence were contacted.³⁰ This part of the plan was regarded as particularly effective.³¹ In addition, Tusla, Ireland's Child and Family Agency, provided two million euros in one-off contingency funding.³² This money partly went towards the purchasing of digital devices for remote working and extra IT support for service providers.³³

While these initiatives and extra funding can be seen as effectively responding to the crisis, there were also aspects of violence against women in Ireland that were not sufficiently acted on – for example, a lack of shelter spaces for women escaping violence. According to Safe Ireland, 1,351 women were denied a space at a shelter during the COVID-19 pandemic, a time during which accommodation with family or friends became practically impossible due to confinement restrictions. A temporary solution to this problem was provided by Airbnb, which partnered with Safe Ireland and Women's Aid to provide emergency accommodation. Alongside this, a number of volunteer centres around Ireland set up an initiative asking people to open up their holiday homes for survivors of violence. While these can be seen as valuable solutions in times of crisis, they are not maintainable long-term options, as domestic violence services should not be reliant on the private accommodation market.³⁴ Such initiatives showcase the resilience of women's support services, who have found alternative housing solutions to further support women survivors of domestic violence.

Overall, there are a number of good practices that can be taken as examples and replicated in future times of crisis:

- Women's specialist support services in Ireland received important extra funding during the COVID-19 pandemic and (partly) used this in order to digitalise certain services, thereby remaining accessible throughout periods of lockdown.
- The police force made proactive contact with those who had reported violence in the past and actively followed up on this contact if necessary.
- Awareness was raised through a large-scale media campaign.

³⁰ Ibid.; "How are Ireland and other European Nations Responding to Reports of Increased Domestic Violence During the COVID-19 Pandemic?" Clare O'Hare, Keough School of Global Affairs, 22 April 2020.

³¹ "The Covid-19 pandemic and intimate partner violence against women in the EU," European Institute for Gender Equality, 2020: 27.

³² "Ireland," WAVE Country Report draft, accessed 6 December 2021.

³³ "The Covid-19 pandemic and intimate partner violence against women in the EU," European Institute for Gender Equality, 2020: 27.

³⁴ "Two years on: Ireland is 'failing to act in spirit' of agreement to help women escaping domestic violence," The Journal.ie, 8 March 2021.

- Temporary accommodation was provided by the private sector.

4.2 France

In the first months of the COVID-19 pandemic, infections in France were rising fast and the government implemented particularly strict lockdown measures. Home confinement law meant that French residents could only leave their home to buy food and medical supplies, to go to work if working from home was not possible, or to go for a walk, which was restricted to once a day for less than an hour within a certain distance and wearing a facemask.³⁵ Signed papers were necessary to prove the validity of one of these grounds for leaving one's home. Because of these strict laws, it became a priority to ensure the home was a safe place. The French government therefore set up new facilities for women in need of support, by investing 1 million euros in help centres. Extra attention was also given to perpetrators, with the provision of accommodation in special centres and prison, and the launch of a platform enabling a swift search for alternative housing.³⁶ Alongside this, a helpline for anger management was established, 'Do Not Hit', the first of its kind in the country.³⁷

In addition to ensuring safe accommodation for survivors of violence, France also introduced support points in supermarkets and pharmacies that could be accessed for information or protection. Pharmacies became important places to report violence, which was possible also if the perpetrator was present, through the use of a codeword, namely 'Masque-19' (translated: Mask-19). This codeword was used in other European countries as well, including Spain, Belgium and the Netherlands. With the survivor's consent, pharmacies could then alert law enforcement authorities.³⁸ New means of reporting violence from home were also set up, in the form of a new chat function on the national website against violence against women and a new SMS-friendly number, which can be reached without needing internet access.³⁹

Overall, France implemented the following promising practices:

- Safe accommodation was a priority, reflected in funding for extra women's facilities as well as the provision of accommodation and support for perpetrators, including a new helpline.

³⁵ "Intimate partner violence during the confinement period of the COVID-19 pandemic: exploring the French and Cameroonian public health policies," Joel Noutakdie Tochie et al., *Pan African Medical Journal* 35, no. 2, May 2020: 2.

³⁶ "Intimate partner violence during the COVID-19 pandemic in Western and Southern European countries," Julia Brink, Patricia Cullen, Kristen Beek, and Sanne A.E. Peters, *European Journal of Public Health* 31, no. 5, 2021: 1069.

³⁷ "Tackling violence against women and domestic violence in Europe," European Parliament, European Union, October 2020: 161.

³⁸ "Tackling violence against women and domestic violence in Europe," European Parliament, 2020: 168.

³⁹ "Covid-19: Women trapped between a deadly virus and a deadly partner," Zeenat Hansrod, RFI, April 2020.

- New support points in supermarkets and pharmacies, including the introduction of a codeword to secretly communicate a situation of violence to service providers.

5. Recommendations

Following the analysis of the data collected from WAVE member organisations (March – May 2020), as well as the case studies presented, several recommendations can be formulated:

- Policymakers should encourage awareness-raising campaigns and multi-disciplinary cooperation, as research suggests these efforts are especially helpful in promoting the successful work of WSS, and eventually empower women victims of violence through crisis periods. Awareness-raising allows women to learn more about ways they can be helped during the pandemic and cooperation enhances the partnership between government entities and WSS, allowing for the provision of better-quality assistance to survivors. An example of such an awareness-raising campaign can be found in the context of Ireland, where the ‘Still Here’ campaign was introduced.
- Research also suggests that in 2020, women were using written methods of contact (emails and texts) more frequently than in the previous year. Therefore, it is advised to ensure the availability of such digital means of communication by relocating resources to WSS that are not currently able to ensure the provision of these services. An example of the successful distribution of funds to this purpose can be found in Ireland, where service providers were provided with digital means to continue their work. An example of successful implementation of ways to facilitate written methods of contact can be found in France, where an SMS service was set up, enabling survivors without internet access to seek help.
- WSS must be well-funded. Research as well as the survey results suggest that many organisations needed new staff members due to the additional workload that was brought on by the pandemic. Hence, increasing funds that would allow WSS to hire more staff is advised. In addition, funding would facilitate the introduction of digital means of contact where this is not yet available and is also highly necessary in scenarios where the collaboration between WSS and state services is not sufficiently strong. Appropriate funding could bridge the gap between WSS and the public, where government bodies are not fulfilling this role. Both in Ireland and in France extra funding was made available.
- Policymakers should ensure the availability of protection orders, as appropriate protection to women survivors of violence was often disrupted due to the COVID-19 pandemic. Hence, the recommendation is to always mitigate the negative effects that lockdown measures cause to the well-being of VAW survivors.

- The quality of official data collection must be improved, as most member organisations criticised the accuracy of state-based data related to VAW.

Conclusion

The COVID-19 pandemic and the anti-virus measures imposed by governments have had a multitude of consequences for women and girl survivors of violence as well as for women's specialist support services. This report provided an overview of the ways in which women and girl survivors and the specialist services on which they rely were affected, by means of desk research and a survey distributed to WAVE member organisations. While the desk research covers the wider period of 2020 and 2021, the survey covered the first three months of the spread of the pandemic in Europe, namely March-May 2020. After analysing the results of the survey, two case studies were presented, based on a combination of desk research and WAVE Country Report data, which was also provided by member organisations and covered the whole of 2020.

Both the survey results and the background research showed an initial decline in some countries in the number of calls made to helplines, which often turned into a significant increase in later months. It was also found that women's support services struggled to provide all of their usual services in the same manner due to social distancing restrictions, extra hygiene measures, insufficient funding, and staff fall-out due to COVID-19 infections. Additionally, major changes took place regarding the cooperation between women's support services and other (state) parties, for example the police. In some countries, cooperation decreased due to the police having an increased workload or not regarding women's services as essential. In other countries the opposite was true; these services were regarded as essential and the police was more open to working with WSS. Examples of the latter can be considered promising practices and were shown in the case study of Ireland, which also highlighted the importance of awareness-raising campaigns and the availability of appropriate funding. The case study of France also demonstrated the significance of funding in order to provide sufficient accommodation. Another promising practice in this country was the introduction of new support points in public places such as pharmacies as well as a codeword.

From these findings, five concrete policy recommendations have been made and presented above. It is important to acknowledge that the data acquired by the WAVE survey offers only a small snapshot of the beginning of the pandemic. However, WAVE has conducted more thorough research on the impacts of COVID-19 on violence against women and women's specialist support services throughout 2020, an example of which is the WAVE Country Report 2021. In this thorough report, information is provided concerning all 46 countries that are part of the WAVE Network, covering the whole of 2020.