

## Written evidence submitted by Amnesty International UK (MRS0198)

### Priority Recommendations

*Amnesty International UK recommendations:*

- The government must comply with its human rights obligations and use the principles of equality and non-discrimination to guide its response to the COVID-19 pandemic ensuring the right to the highest attainable standard of health for all.
- The government should use the principles of equality and non-discrimination to guide its response to the COVID-19 pandemic to avoid exacerbating discrimination based on: protected characteristics according to the Equality Act 2010; and/or deriving from poverty; and/or for those subject to immigration control.
- The government should publish Equality Impact Assessments that have been carried out so far.
- The government should establish without delay a strategy to tackle domestic abuse as an integral part of its COVID -19 emergency response, as recommended by the Home Affairs Select Committee (HASC).
- The government must urgently respond to the Violence Against Women and Girls (VAWG) sector's call to provide immediate, adequate and accessible emergency funding for service providers, including ringfenced funding for 'by and for' Black, Minority and Ethnic (BME) organisations which receive the most complex referrals, including because many migrant and BME women are unable to access public funds.
- The government should urgently agree to fund additional emergency accommodation for women fleeing domestic abuse at this time and to alleviate existing pressure on refuges, as urged for by Southall Black Sisters. These rooms must be available to all women, regardless of immigration status.
- The government should immediately suspend the No Recourse to Public Funds (NRPF) rule which compounds the discrimination experienced by those with protected-characteristics and/or living in poverty and deters access to healthcare.
- The government should immediately put in place measures to enable both abortion pills to be taken at home in Northern Ireland which is now the only UK region without this service. The Northern Ireland Office can amend the new abortion regulations to provide for this.
- The government should immediately decriminalise sex work and ensure no one is arrested or detained due to prostitution offences at this time.
- The government must take steps to end the five weeks wait to receive Universal Credit for all including for those who are most vulnerable to destitution such as sex workers. In the interim, the government must put in place measures to ensure that at a minimum, emergency funds to cover basic living costs including food, housing, utility payments are made available for all who are unable to support themselves during the five week wait.

1. Amnesty International UK (AIUK) is a national section of a global movement of over seven million people who campaign for every person to enjoy all rights enshrined in the Universal Declaration of Human Rights and other international human rights standards. We represent more than 670,000 supporters in the United Kingdom. We are independent of any government, political ideology, economic interest or religion.
2. AIUK welcomes this opportunity to contribute to the work of Women and Equalities Committee through its inquiry into *Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics*. This submission focuses on the human rights principles of equality and non-discrimination in particular relation to domestic abuse, access to abortion and the human rights of sex workers. These focus areas reflect current Amnesty International UK's priorities and expertise and should not be interpreted as analysis of a lack of impact on other groups. Material relevant to the issues raised, published by Amnesty International, include [Responses to COVID-19 and states' human rights obligations: preliminary observations](#), March 2020; [Europe at a crossroads: Dos and don'ts for authorities when responding to the COVID-19 pandemic](#); April 2020.

### **Equality and non-discrimination**

3. The principles of equality and non-discrimination must be central to government's response to the COVID-19 pandemic. These principles apply to all human rights. The right to non-discrimination is an immediate and crosscutting obligation and applies to the exercise of each and every human right guaranteed under international law.
4. **The government must comply with its human rights obligations and use the principles of equality and non-discrimination to guide its response to the COVID-19 pandemic ensuring the right to the highest attainable standard of health for all.**
  - In terms of response to COVID-19 these principles are relevant to guide government action in two ways: to ensure equal access to health care needed in relation to the virus for all and to avoid the creation of new discriminatory patterns or the entrenchment of pre-existing ones and a deterioration in access to rights. AIUK is concerned that so far there has been inadequate consideration of equality and non-discrimination in the government response, for example no equality impacts assessment of the measures taken have been published. **The government should publish Equality Impact Assessments that have been carried out so far.**
5. **The government should use the principles of equality and non-discrimination to guide its response to the COVID-19 pandemic to avoid exacerbating discrimination based on: protected characteristics according to the Equality Act 2010; and/or deriving from poverty; and/or for those without a protected characteristic but subject to immigration control.**
6. While this submission focusses on specific issues AIUK urges the government to adopt a gendered lens to every aspect of its response and to ensure measures are in support of realising substantive equality as required by CEDAW.

### **Domestic Abuse and COVID-19**

7. There is well established evidence that in other health emergencies women and girls have suffered disproportionate impacts, including a rise in gender-based violence<sup>1</sup>. COVID-19 is proving no exception: an increase in domestic violence has been reported by governments, women's rights groups and civil society in Argentina, Canada, France, Germany, Spain, the United Kingdom and the United States. Helplines in Singapore and Cyprus have registered an increase in calls by more than 30 per cent<sup>2</sup>.
8. The UN Secretary General, the UN Special Rapporteur on VAWG and the UN Working Group on discrimination against women and girls<sup>3</sup> have expressed concern about rise in reports of domestic abuse as a result of quarantine and self-isolation and have called on states to ensure plans to contain COVID-19 respond to the likely increase in domestic abuse and other forms of VAWG. The Special Rapporteur has noted that 'for many women, the emergency measures needed to fight COVID-19 have increased their burden regarding domestic work and the care of children, elderly relatives and sick family members. To make matters worse, restrictions of movement, financial constraints and generalized uncertainty embolden perpetrators and provide them with additional power and control'<sup>4</sup>.
9. The Council of Europe has reiterated that the Istanbul Convention, the most comprehensive international human rights law instrument to prevent and combat domestic violence and VAWG, which the UK government is still yet to ratify, applies at all times and it is especially relevant now as governments enact measures to protect populations from COVID-19, measures which have gendered consequences<sup>5</sup>.
10. As summarised by the Home Affairs Select Committee report the impact of COVID-19 on domestic abuse in the UK is presenting a stark picture since so-called lockdown measures were introduced on March 23<sup>rd</sup>. The situation has been described as a pressure cooker as it exacerbates an already difficult scenario. Victims are having to stay at home with perpetrators and have lost their face to face support networks. Perpetrators use anxiety due to COVID-19 and its impact on jobs, incomes and health to further their abuse and control. 78% of survivors interviewed by Women's Aid reported that COVID-19 has made it harder for them to leave their abuser. For example, one survivor reported that she is dependent on her abusive partner to access food and medicines as she's self-isolating for 12 weeks and this dependence is being used against her<sup>6</sup>.
11. Domestic abuse services have implemented changes to be able to work remotely. Some services have seen an increase in calls, for example during the week commencing 30<sup>th</sup> March, calls to the National Domestic Abuse Helpline increased by an average of 25%, while hits to the national domestic abuse website increased by 150% during the initial stages of COVID-19 lockdown<sup>7</sup>. For

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<sup>1</sup> <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

<sup>2</sup> <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

<sup>3</sup> [https://www.coe.int/en/web/istanbul-convention/newsroom/-/asset\\_publisher/anlnZ5mw6yX/content/grevio-receives-state-report-for-poland?inheritRedirect=false&redirect=https%3A%2F%2Fwww.coe.int%2Fen%2Fweb%2Fistanbul-convention%2Fnewsroom%3Fp\\_p\\_id%3D101\\_INSTANCE\\_anlnZ5mw6yX%26p\\_p\\_lifecycle%3D0%26p\\_p\\_state%3Dnormal%26p\\_p\\_mode%3Dview%26p\\_p\\_col\\_id%3Dcolumn-1%26p\\_p\\_col\\_count%3D2](https://www.coe.int/en/web/istanbul-convention/newsroom/-/asset_publisher/anlnZ5mw6yX/content/grevio-receives-state-report-for-poland?inheritRedirect=false&redirect=https%3A%2F%2Fwww.coe.int%2Fen%2Fweb%2Fistanbul-convention%2Fnewsroom%3Fp_p_id%3D101_INSTANCE_anlnZ5mw6yX%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-1%26p_p_col_count%3D2)

<sup>4</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E>

<sup>5</sup> <https://rm.coe.int/declaration-committee-of-the-parties-to-ic-covid-/16809e33c6>

<sup>6</sup> <https://www.womensaid.org.uk/survivors-say-domestic-abuse-is-escalating-under-lockdown/>

<sup>7</sup> <https://www.refuge.org.uk/25-increase-in-calls-to-national-domestic-abuse-helpline-since-lockdown-measures-began/>

specialist BME and migrant women organisations the trend has been different: Imkaan's Executive Director told the HASC that they have seen an increase in referrals to BME organisations as they have moved services online. However, the increase is in referrals from statutory services rather than self-referral from women themselves which is normally estimated to be about 60-70% of referrals. The increase in referrals from statutory agencies shows that the expertise of specialist BME organisations is important and needed and that generalist providers are not able to fulfil the specific needs of this group<sup>8</sup>.

12. The UK government took a positive step by including refuge workers as key workers in the Coronavirus Bill, recognising their work as essential. It is also welcome that the Home Secretary has recognised publicly that home is not a safe place for everyone and given assurances that victims can leave their homes to report domestic abuse as well as planning an awareness raising campaign. However, these assurances cannot be fulfilled as refuges are already oversubscribed in the country. The Council of Europe guidelines on number of refuge beds per population size which is one space/10.000 population<sup>9</sup>. In England in May 2019 according to Women's Aid data refuge spaces were 3194 (against 5598 recommended) however this does not mean that there's availability or that all women can easily find space. For example, for women with NRPF only 5.4% of the vacancies were open, for women with 3+ children it was only 16.7% and only 0.9% were fully accessible by a wheelchair and so forth<sup>10</sup>. In London Solace Women's Aid confirmed all its 23 refuges were full<sup>11</sup> and Imkaan also reported that refuges in the North of England have received a 30-50% increase in calls from women but were full<sup>12</sup>. In addition, refuges are also likely to see reduced capacity due to staff shielding or off sick and the need to maintain social distancing within the refuges themselves. **The government should urgently agree to fund additional emergency accommodation for women fleeing domestic abuse at this time and to alleviate existing pressure on refuges, as urged for by Southall Black Sisters. These rooms must be available to all women, regardless of immigration status.**
13. AIUK endorses the recommendation of the HASC<sup>13</sup> to ensure there is a comprehensive cross-governmental COVID-19 strategy on domestic abuse both for the period of lockdown and immediately after, to feed directly into wider government plans via the emergency COBR committee. The cross-Government group responsible for delivering the strategy needs to be led by the Home Secretary and include relevant Ministers across Government as well as the Domestic Abuse, Victims and Children's Commissioners and should operate in consultation with frontline providers, in particular there must be meaningful consultation with and representation of 'by and for' BME providers. **The government should establish without delay a strategy to tackle domestic abuse as an integral part of its COVID-19 emergency response, as recommended by the Home Affairs Select Committee.**
14. The government has announced that domestic abuse charities will be part of those organisations benefitting from £350 million funding to respond to COVID-19. It has also announced a £2

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<sup>8</sup> <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/correspondence/HASC-transcript-15-April.pdf>

<sup>9</sup> [https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF\(2007\)Study%20rev.en.pdf](https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf)

<sup>10</sup> <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf>

<sup>11</sup> <https://www.theguardian.com/society/2020/apr/14/fiona-dwyer-2m-for-coronavirus-domestic-abuse-victims-its-pitiful>

<sup>12</sup> <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/correspondence/HASC-transcript-15-April.pdf>

<sup>13</sup> <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/321.pdf>

million fund from the Home Office to bolster online support for domestic abuse and a £600,000 from the MOJ for wider victims' support, including for victims of sexual violence. However, it is yet not clear how these funds will be distributed and how fast. Women's Aid has asked for an emergency cash injection of at least £48.2 million for the sector to be able to cope with increased demand at this time.

15. AIUK is particularly concerned that none of the announced funds have been ringfenced for specialist 'by and for' BME organisations which are already under capacity and are far less likely to be able to access funds awarded by competitive tendering. These services are necessary to respond to specific needs and fulfil duties under the Equality Act and the Public Sector Equality Duty<sup>14</sup>.
16. Pre-COVID-19 data researched by Sisters for Change in partnership with specialist BME organisations Angelou Centre, Panahghar, Apna Haq, Ashiana Sheffield & London Black Women Project show the specific needs for support of BME and migrant women compared to the national average. For example, almost all BME victims required support related to benefits, housing and immigration (100%, 100% and 80% respectively), compared to 19%, 52% and 1% of the general population<sup>15</sup>. Prevalent modes of commissioning services combined with cuts to local authorities' budgets have privileged large, generic providers which can provide services at lower cost at the expense of smaller, specialised 'by and for' services. However, these services are still the ones receiving referrals from statutory agencies: when migrant survivors and those with NRPF are supported, it is likely to be by a specialist BME organisation at a significant cost to the organisation. These frontline organisations must be sustainably resourced in order to provide a lifeline to women<sup>16</sup>.
17. **The government must urgently respond to the Violence Against Women and Girls (VAWG) sector's call to provide immediate, adequate and accessible emergency funding for service providers, including ringfenced funding for 'by and for' Black, Minority and Ethnic (BME) organisations which receive the most complex referrals, including because many migrant and BME women are unable to access public funds.**

### **Migrant women experiencing or at risk of domestic abuse**

18. Migrant women experiencing or at risk of domestic abuse face additional and specific challenges due to the immigration system which are exacerbated by the impact of measures to contain COVID-19. If people have no recourse to public funds or are legally excluded from accommodation they are very unlikely to be able to observe social distancing and self-isolate. For people subject to immigration control, access to accommodation, financial means and healthcare are regulated and restricted. People without leave to enter or remain are generally excluded from employment, rented accommodation, various social services, welfare support and public funds and excluded from much free healthcare (that exclusion does not apply to treatment for COVID-19 but does extend to treatment for many underlying conditions that make someone especially vulnerable to it).

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<sup>14</sup> The same principles apply to other service providers supporting survivors with protected characteristics, such as LGBT people and people with disabilities.

<sup>15</sup> <https://www.sistersforchange.org.uk/2017/11/20/unequal-regard-unequal-protection/> for an overview of comparative victims' characteristics and support needs see pages 24 and 25.

<sup>16</sup> <https://publications.parliament.uk/pa/cm201919/cmpublic/DomesticAbuse/memo/DAB04.htm>

19. Many migrant women with NRPF are not able to secure a place in a refuge and access to other public funds that might support them in alleviating the impact of domestic abuse and being able to recover. According to Women's Aid monitoring of national refuge vacancies, during 2016/17 and 2018/19 only about 5.4% of refuge vacancies posted on Routes to Support (a UK wide online database which includes up to date information on refuge vacancies) would consider applications from women with NRPF<sup>17</sup>.
20. The challenges posed by NRPF at this time and the need for swift response from the government have been highlighted by the Domestic Abuse Commissioner, the Victim Commissioner and by the HASC which has recommended that 'any individual with No Recourse to Public Funds status should, following referral from a domestic abuse service, be entitled to access state support during the coronavirus crisis, regardless of their immigration status'<sup>18</sup>.
21. On 30<sup>th</sup> March the Step Up Migrant Women Coalition, a coalition led by 'by and for' services for BME and migrant women, wrote a letter to the Home Secretary detailing urgent measures to be taken to protect BME and migrant women<sup>19</sup> but has yet to receive a reply:
- Stop data-sharing between all statutory services - including the police and healthcare services - and the Home Office. In the context of this health emergency the government must put victims' safety before immigration enforcement.
  - End all NHS charging that prevents or deters access to treatment necessary in the light of the COVID-19 pandemic. In the context of this health emergency this deterrent represents a high risk for migrant women and the wider public.
  - Abolishing the 'No Recourse to Public Funds' condition, which prevents many migrant women with insecure immigration status from accessing vital, often life-saving support and routes to safety.
  - Ensure adequate funding and support for specialist BME and migrant organisations, including refuges, so they can reach the most vulnerable and marginalised members of society.
- 22. The government should immediately suspend the No Recourse to Public Funds (NRPF) rule which compounds the discrimination experienced by those with protected characteristics and/or living in poverty and deters access to healthcare.**

### **Access to Abortion**

23. Northern Ireland is the only part of the UK and Ireland without measures in place to enable both abortion pills to be taken at home during Covid-19. England, Scotland and Wales have these provisions in place. Travel is unsafe and against Government advice during the current pandemic. For women and girls in vulnerable situations such as domestic abuse or without confirmed immigration status, travel has never been an option.
24. The Northern Ireland Department of Health has not yet commissioned abortion services as provided for in new regulations from the Northern Ireland Office which took effect on 31 March

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<sup>17</sup> <https://www.womensaid.org.uk/wp-content/uploads/2020/01/The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf>

<sup>18</sup> <https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/321.pdf>

<sup>19</sup> <https://www.amnesty.org.uk/press-releases/uk-domestic-abuse-services-call-urgent-support-migrant-victims-blocked-safety>

2020. These regulations followed legislative reform in 2019 which decriminalised abortion and made it lawful.

25. An interim early medical abortion service is now in place through a new central access point via Informing Choices NI (ICNI). This is an initiative between ICNI and the various health trusts in Northern Ireland and will ensure some form of access during COVID-19. It is available for pregnancies less than 10 weeks gestation (up to 9 weeks and 6 days). Accessing this healthcare means attending a local Health and Social Care clinic to take the first abortion pill, mifepristone, while the second set of pills, misoprostol, will be taken at home. Whilst this will be helpful to some, we urgently need full-service provision commissioned, established and accessible to all who need it. **The government should immediately put in place measures to enable both abortion pills to be taken at home in Northern Ireland which is now the only UK region without this service. The Northern Ireland Office can amend the new abortion regulations to provide for this.**

### Sex work

#### Criminalisation

26. Sex workers are one of the groups that is being most affected by the impact of COVID-19 and measures taken to limit the spread of the virus. People with protected characteristics, in particular women, LGBT people and disabled people as well as people living in poverty, people who are migrant and people with caring responsibilities are disproportionately represented in sex work.
27. Because of the criminalised nature of sex work many sex workers are denied their labour rights, even in normal circumstances. This includes rights such as statutory sick pay, annual leave and parental leave. In the context of the COVID-19 pandemic, these conditions endanger sex workers rights and safety even more.
28. The most marginalised amongst sex workers are likely to continue to try to work during this time, to be able to pay rent, bills and eat. **The government should immediately decriminalise sex work and ensure no one is arrested or detained due to prostitution offences at this time.**

#### Financial support

29. The government should act without delay to ensure sex workers are able to swiftly access economic support by applying to Universal Credit (UC) and removing the five weeks wait to access funding, which has already been found likely to contribute to people having to resort to sex work to make ends meet. In May 2019, the Work and Pensions Select Committee heard directly from sex workers and service providers supporting sex workers during its enquiry into so-called 'survival sex' and UC. Witnesses illustrated how women have started doing sex work or returned to sex work as a direct result of issues with UC, such as payment delays, sanctions, deductions and issues with the online system. As a result of hearing from sex workers directly, the Department for Work and Pensions Minister Will Quince retracted the department's first stance and apologised for dismissing any causal link between delays in UC payments and so called 'survival sex'<sup>20</sup>.



30. Sex worker led groups have created ways of providing peer support to make ends meet. For example, the Sex Worker Advocacy and Resistance Movement (SWARM), has set up a hardship fund to provide economic support to sex workers who find themselves with no savings to fall back on. In a recent interview, one SWARM organiser said: ‘Since we opened the fund on 16 March, we’ve had over 900 applications. It’s evident that sex workers are in dire situations, unable to pay rent or bills. Many are forced to continue work when they would prefer to stay safe at home. We’ve heard of some sex workers being forced to choose between buying food and buying condoms.’<sup>21</sup>
- 31. The government must take steps to end the five weeks wait to receive Universal Credit for all including for those who are most vulnerable to destitution such as sex workers. In the interim, the government must put in place measures to ensure that at a minimum, emergency funds to cover basic living costs including food, housing, utility payments are made available for all who are unable to support themselves during the five weeks wait.** Repayment or adjustment against Universal Credit payments of advances taken or other emergency funds provided in the waiting period must give claimants maximum flexibility in order to ensure that it does not adversely impact their right to an adequate standard of living among other human rights.

### **Stigma**

32. Pandemics may exacerbate pre-existing stigma. The COVID-19 crisis will undoubtedly increase discrimination in access to health care and other support services that some women face regularly. For example, the English Collective of Prostitutes has highlighted how stigma has a direct impact on the ability of sex workers to access health care and a wider impact on overall public health at this time: ‘Contact with health professionals and contact tracing measures are hindered by criminalisation because we can’t say what we do or who we know for fear of arrest and discrimination.’<sup>22</sup>
33. Stigma has also been felt at home, as many sex workers are having to ‘come out’ to their families to ask for financial support. Others, who have switched to working from home through online platforms, are struggling to hide their work from their families<sup>23</sup>. Umbrella Lane reports that stigma prevents many sex workers from accessing health and well-being services, including mental health services, which are especially vital during this crisis. In particular, many sex workers with children worry that services would report them to social services or the police, based on the false ‘assumption that people who sell sex put their children at risk’<sup>24</sup>.

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<sup>20</sup> Work and Pensions Committee Oral evidence: Universal Credit and ‘survival sex’, HC 202, 12 June 2019 <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/work-and-pensions-committee/universal-credit-and-survival-sex/oral/103092.pdf> see Q98

<sup>21</sup> <https://www.vogue.co.uk/arts-and-lifestyle/article/sex-workers-covid-19-pandemic>

<sup>22</sup> <https://prostitutescollective.net/birmingham-live-sex-workers-demand-bailout-from-government-after-income-plummets-amid-coronavirus-crisis/>

<sup>23</sup> <https://news.sky.com/story/coronavirus-sex-workers-forced-to-rely-on-benefits-and-hardship-funds-in-pandemic-11968076>

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<https://static1.squarespace.com/static/5d93079e1a544c26b1864957/t/5e7dbc1c14477f68e7f24863/1585298469781/COVID-19+and+Sex+Worker%E2%80%99s+Guidelines+for+a+Compassionate+Collaborative+Response.pdf>



34. The government should have used the principles of equality and non-discrimination as well as a gendered approach to plan its response to the COVID-19 pandemic. This has not taken place but can be rectified. The recommendation in this submission are intended to be adopted as soon as possible and without delay with the next steps being to take a policy decision.