

Written evidence submitted by the End Violence Against Women Coalition (CVD0031)

About the End Violence Against Women Coalition

The End Violence Against Women Coalition is a UK-wide coalition of more than 85 women's organisations and others working to end violence against women and girls (VAWG) in all its forms, including: sexual violence, domestic violence, forced marriage, sexual exploitation, FGM, stalking and harassment. We campaign for improved national and local government policy and practice in response to all forms of violence against women and girls, and we challenge the wider cultural attitudes that tolerate violence against women and girls and make excuses for it. Our trustees include women who are globally renowned for their pioneering work in setting up the first domestic and sexual violence crisis services, for their academic research in this area, and for having successfully campaigned for considerable legislative and policy change in the UK to end and prevent abuse over the last four decades.

Summary

We have serious concerns about the vulnerability of disabled women and girls in the context of VAWG and the coronavirus pandemic. We have seen an increase in reports of domestic abuse during this crisis, as lockdown has provided a conducive context for abuse. We believe that disabled people in their own home with a partner, family members, paid or unpaid care workers or personal assistants, or in 'a home' with paid workers and very little external oversight have been particularly at high risk of abuse. There are also particular barriers disabled women face in not being able to leave the home if in an abusive relationship. These include not being able to stay in a refuge due to their support needs, or due to their local authority care packages not moving with them if they have to leave the local authority¹.

It is very apparent that Covid-19 has been anything but a 'leveller', with disabled women 11 times more likely to die from the virus than their non-disabled peers², and Black and minoritised people particularly more exposed to the illness, less able to self-isolate, and more likely to have become very sick or to die. BME women are over-represented in 'at higher risk from' COVID-19 groups, and are already impacted by racial inequalities in our healthcare system. They are more likely to live in poverty (40% of BME women live in poverty) which has profound effects on health, accessibility of healthcare and health outcomes³. These health inequalities mean that the pandemic has placed BME disabled women at particular risk, which is exacerbated if they have insecure immigration status and no recourse to public funds. The hostile environment means that migrant disabled women are prevented from accessing basic safety nets, forcing women to face the devastating choice of destitution, detention, or remaining with a perpetrator.

A group of race equality charities has drawn attention to the way COVID-19 is going to have a range of disproportionate impacts on BME communities⁴, deepening inequality across health, housing, employment, education and the justice system.

Over the last 12 weeks, organisations supporting women and girls who have experienced domestic abuse, sexual violence and other forms of VAWG, have seen a serious increase in the demand for support as well as reduced capacity in our organisations. Specialist VAWG services for disabled women facing abuse have largely ceased face to face support and have rapidly transitioned to working from home and phone/web-based support. We can foresee an indefinite period of "mixed provision" of support, with part of the VAWG sector workforce

at home, others working at our premises, and the continuing provision of more phone and online support than existed pre-Covid.

Many specialist VAWG organisations, particularly those working with disabled women, are relatively small employers, and the management of this indefinite “mixed provision” and constant risk assessment has significant impact on the sector’s already stretched capacity. This ongoing uncertainty and series of “surges” during a period of “mixed provision” sharply contrasts with the fixed term of emergency funding the Government has made available, resulting in a “cliff edge” on 31st October when the funding period ends. This period should be extended, and the Government should consult with disabled women’s organisations during “transition planning” to ensure that these survivors are not left behind.

Background

Disabled women and girls, including those with learning disabilities, already face very disproportionate levels of sexual and domestic violence, and particularly high barriers to accessing appropriate support. This is in addition to other stark inequalities disabled women face:

- There are more disabled women than men in the UK (23% compared to 20%).⁵
- 26% of households with a disabled person are in poverty, compared to 22% in the overall population. This figure is likely to underestimate poverty rates of disabled households.⁶
- Disabled women earn less (22.1%) than non-disabled men, a gender pay gap four percentage points higher than between all men and women. Disabled women earn 11.8% less than disabled men.⁷
- Disabled women are twice as likely to experience domestic violence than non-disabled women.⁸
- In refuge services 24.8% of service users were disabled; most common were mental health disabilities (18.0%) and 4.4% had more than one disability.⁹
- In community-based services 19.8% of service users were disabled; again, most common were mental health disabilities (12.5%) and 3.7% had more than one disability.¹⁰
- 27% of all Rape Crisis service users in 2018/2019 identified as disabled.¹¹

Being dependant on paid or unpaid carers to any extent can be a conducive context for abuse, and perpetrators target such vulnerability. The home isolation in this crisis will remove many disabled women’s access to routine support networks, and they have been made further vulnerable by the reduced capacity of adult social services and key safeguarding agencies and so it is vital that they are prioritised as needing specific abuse prevention planning.

1. The effectiveness and accessibility of Government communications and consultation with disabled people during the pandemic;

Home Office #YouAreNotAlone materials

Consultation with specialist disabled women’s organisations should continue to ensure future campaign materials are accessible. Government campaign materials and communications should be properly budgeted and planned from the outset, so that they are inclusive of all a range of survivors’ needs.

The Domestic Abuse Bill

During the pandemic we have seen the Domestic Abuse Bill complete its passage through the House of Commons and enter the House of Lords. The statutory definition refers to people who are ‘personally connected’ as partners, spouses or family members only, which does not reflect the reality of disabled people’s lives. Paid and unpaid carers, and personal assistants, are a key part of the lives of disabled people, and whilst many are supportive and/or professional, abuse by non-family carers is all too common. Despite Government Ministers stating that existing legislation protects disabled survivors from this, ‘by and for’ specialist disabled organisations are clear that there continues to be a gap in protection, and thus a poor reflection on the Government’s consultation with disabled people’s organisations during this pandemic.

Recommendations

- Consult with specialist disabled women’s organisations and set aside sufficient budget to ensure that Government campaign materials and communications are appropriate and accessible.
- The Domestic Abuse Bill’s definition should accurately distinguish between, and not conflate, intimate partner abuse with other forms of family abuse, and include abuse perpetrated by unpaid carers of disabled women within the definition of ‘personal connection’.
- Ensure that all communications with survivors of domestic abuse and hate crime are:
 - Inclusive of the types of abuse faced by Deaf and disabled people
 - Accessible to all, including BSL video, Easy Read, large print, plain English and spoken community languages

2. Disabled people’s access to food and the effectiveness of the Government’s response to reported problems

Panic buying of food and household products resulted in shortages early on during the Covid-19 pandemic. This includes essential supplies for disabled people such as toilet rolls, gloves and anti-bacterial/sanitiser products. Such shortages resulted in barriers to accessing food for disabled people unable to make repeat trips, travel far to find shops that are fully stocked. Food shortages are particularly concerning for disabled people who require certain food to manage their health conditions and impairments.¹²

*The Impact of COVID 19 on Disabled Women*¹³, a report by Sisters of Frida, disabled women’s collective, outlines significant barriers for disabled women ordering groceries online during the initial four weeks of lockdown, as some disabled women reported demand for online food shopping increasing from 7%-30%, as a result of the Government encouraging everyone to order shopping online.¹⁴

Although those shielding, or within the risk category “extremely clinically vulnerable” are prioritised for online shopping, this leaves many disabled people unable to access food in person in supermarkets due to the barriers outlined above, and unable to order food online. A legal challenge has been launched against various supermarkets by at least 30 disabled people who do not fall within the narrow category of “extremely clinically vulnerable” for discrimination under the Equality Act.¹⁵

Sister of Frida have also found that some local authorities told disabled women that they were unable to help find someone to support with shopping and that they would need to find volunteers themselves on Facebook, an option inaccessible to severely sight impaired people. Furthermore, having to rely on unvetted volunteers found online presents a clear safeguarding risk.

Access to food and Abuse

Disabled people, particularly women, may be reliant on partners for care and access to food supplies.¹⁶ In the context of lockdown, especially those shielding, disabled women may be of particular risk of abuse from their partner/carer, including not being able to access food, and unable to access protection and support due to isolation.

Recommendations

- Consult with disabled people's organisations to ensure disabled people's needs regarding access to food, including disabled women's organisations to understand the intersection between abuse and access to food.
- Local councils should work with supermarkets to ensure disabled people's access to food are prioritized, not just those considered to be "extremely clinically vulnerable".
- Safeguarding of volunteers should be reviewed to ensure that disabled people are not put at further risk.

3. Disabled people's access to healthcare services, including treatment for COVID 19 and access to other healthcare services

ONS figures show a clear and significant disproportionate impact of Covid-19 on disabled people, and even more so for disabled women. Disabled men are 6.5 times more likely to die of Covid-19 than their non-disabled peers, and for disabled women they are 11.3 times more likely to die of Covid-19 than non-disabled women.¹⁷

Disabled women in healthcare

One of the possible reasons for this is that women, including disabled women are the majority of paid and unpaid carers and are the majority of healthcare workers.¹⁸ Women working in social care – with low pay and widespread job insecurity – have been working shifts and without guaranteed PPE, looking after those who are most vulnerable to Covid-19.

Disabled women accessing healthcare

Disabled people during the pandemic have had to face longer waiting times for treatment as hospitals and health services have postponed or cancelled all non-urgent treatment, which will exacerbate existing health problems.

Some disabled women have reported not being able to access testing after a partner is sent home from hospital with Covid-19 despite the risk this poses to their health. Disabled BME women have also described the additional barriers due to discrimination and structural racism such as not being recognised as disabled.

The National Institute for Health and Care Excellence (NICE) had to amend clinical guidelines drawn up at the beginning of the pandemic that advised doctors to deny disabled people treatment due to threats of legal challenge from disability rights groups.¹⁹ NICE

advised doctors that they should assess patients with conditions such as learning disabilities and autism as scoring high for “frailty” - thereby meeting criteria to be refused treatment - based on the fact they need support with personal care in their day-to-day life. The U-turn was after many reports for the first few weeks of the pandemic of disabled and older people being denied treatment. DNR forms were reportedly being sent to disabled patients from GP surgeries, ensuring that emergency services would not be called if they contracted Covid-19 and were severely ill.²⁰

These are examples of discriminatory healthcare policies and practices during the Covid-19 pandemic. Such reports have resulted in fear among disabled people of hospital admission, such that their healthcare will not be prioritised and that, without any friends or family allowed to be with them, their needs will not be properly communicated.

Access to healthcare and abuse

Healthcare settings are a crucial site of disclosure of abuse which is now largely unavailable to disabled women. GPs, to whom women at risk or experiencing domestic or sexual abuse may disclose, have severely restricted face to face contact and switched to phone and online.

Disabled women and girls are at even greater risk of abuse than non-disabled women and girls and the measures brought in by Government in face of this pandemic such as the Coronavirus Act 2020 and The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 weaken existing legal safeguards and allow for the removal of vital support and safety nets.

For disabled migrant victims of abuse the threat of data sharing between healthcare professionals and immigration enforcement also acts as a barrier to protection and support as women may not come forward for fear of being treated as an immigration offender rather than a survivor of abuse first and foremost.

Restriction Easing

As we move into this phase of restrictions easing, but also uncertainty and possible renewal of lockdown conditions if there are further spikes of the disease, there are still millions of people who need to isolate or shield, either with new symptoms or with underlying conditions or characteristics which make them particularly vulnerable – this also includes our own sector’s workforce. Disabled women, those with long term health conditions and older women are more likely to be among those isolating at any time. Women are much more likely to be caring for others who need to isolate, including children and older people, and will experience the impact of ongoing restrictions disproportionately.

Recommendations

- Publish the critical care guidance being used by the NHS to decide who to treat and how to apply Do Not Resuscitate Orders, so that disabled people can be reassured that their right to life will be protected.
- Health, mental health, adult and children’s services must assess domestic abuse risks during all assessments for social care, including reviews and for patients being discharged from hospital.

- Apply equality impact assessment to COVID-19 policy proposals, including restrictions easing policies.

4. The mental health of disabled people, including the effects of isolation, access to mental health services and the implications for disabled people of temporary changes to the Mental Health Act

The effects of the lockdown on mental health, especially for those with pre-existing mental health problems, also highlights issues with a lack of service provision for disabled women. Sisters of Frida report details concerns disabled women have expressed²¹, to women's mental health organisation WISH, about the effects of lockdown on their mental health as comparable to being 'locked up in hospital or prison' and provoking traumatic flashbacks.

In a survey by Glasgow Disability Alliance, only 37% of disabled people surveyed had access to home broadband.²² This digital divide will impact on disabled women's feeling of isolation and ability to seek specialist mental health support. It will also prevent many disabled women living with abusers to access support.

Many people with mental health issues are survivors of domestic abuse, hate crime or other forms of violence or severe loss. Immigration detention may exacerbate trauma and the threat of this may also deter people from seeking the help they require, especially if safeguards are fewer under current laws.

Recommendations

- Repeal measures in the Coronavirus Act that reduce Care Act responsibilities and safeguards for people with (or thought to have) mental health issues.
- Ensure there is funding available for specialist disabled women's organisation that support survivors of VAWG to heal and recover from trauma which might exacerbate mental health problems.

5. Social care for disabled people in their homes and in residential care settings, including the effects of easements to duties in the Care Act and the approach to monitoring and review of these changes

We have serious concerns about the vulnerability of disabled women and girls in the context of VAWG and the pandemic. The 'temporary' changes to the Health Act and the Care Act and additional regulations, have potentially far reaching implications. The Coronavirus Act essentially, for up to two years, suspends the 2014 Care Act duties of local authorities in England to provide social care services to all who are eligible, leaving disabled adults at risk of neglect in their homes.

Limited availability of social care services also means family and other informal carers may have to travel very long distances to support disabled people. Very few family carers have access to PPE. This in itself increases the transmission risk.

Care Homes

Particularly concerning is also the plight of disabled people in care homes. While we do not have gender disaggregated data for care home residents, reports are out of "residents dying of

any cause has almost tripled in a month, from around 2,500 per week in March to 7,300 in a single week in April - more than 2,000 of the latter were confirmed COVID-19 cases.”²³

In 2011, 214,000 women aged 65+ lived in care homes, almost 3/4 of the care home population aged over 65 (ONS, 2014). As many as half of Europe’s COVID-19 deaths were people in long-term care facilities.²⁴

VAWG in the home and residential care settings

Certain categories of women, such as disabled women, in particular those with intersecting inequalities are more likely to experience sexual violence. The ONS report²⁵ ‘*Sexual offences in England and Wales: year ending March 2017*’, findings on the prevalence of rape show of all women victims an average of 5.5% with longstanding illness/disabilities, as compared with 2.7% of those with no longstanding illness/disability.

Disabled women face greater barriers to protection and justice and are already disproportionately targeted for sexual violence by abusers who calculate that these women have less protection and are less likely to be believed if they report. Changes to the criminal justice system during the pandemic will have had a disproportionate impact on disabled people as the EHRC has warned that the move to remote video-link court hearings could have disadvantaged disabled people.²⁶

We have seen an epidemic of domestic and sexual abuse in the past few months as lockdown has provided a conducive context for abuse. We believe that disabled people in their own home with a partner, family members, paid or unpaid care workers or personal assistants, or in ‘a home’ with paid workers and very little external oversight have been particularly at high risk of abuse.

There are particular barriers disabled women face in not being able to leave the home if in an abusive relationship. These include not being able to stay in a refuge due to their support needs, or due to their local authority care packages not moving with them if they left local authority²⁷.

Women with learning difficulties no longer have the one to one access to their advocates as before and might not be able to communicate, deaf women are having communication issues, not just because of BSL access but also because of the social distancing and communication to be handled by phone. Advocates working from home can find it more difficult to be effective in advocating for their disabled clients.

There is a lack of disaggregated data available on how many of victims of abuse during lockdown are disabled women or men. However, Stay Safe East have seen a slow rise in domestic abuse referrals during lockdown.²⁸ The risks are especially high for disabled women who still live with an abusive partner or family members on whom they depend for personal care, communication, information about the virus, or other help with daily life. Stay Safe East have identified that disabled women are at particular risk of abuse if they:

- a) are more isolated during lockdown;
- b) are reliant on their abuser for care or access to supplies, money, communication or understanding the current crisis (including being told they cannot go out at all)
- c) cannot easily make calls or send messages; and/or

- d) have no assurance that support or emergency accommodation will be accessible or appropriate
- e) they will get the help they need with personal care, communication, daily living etc if they leave.
- f) Fear of institutionalisation (partly instilled by the abuser)

Abuse in Institutional Care

Disabled people in institutional care (residential homes, mental health wards, long-stay private hospitals for people with learning disabilities, supported housing) are not only at risk from Covid-19. Whilst the vast majority of social and healthcare staff are committed to their role and non-abusive, abuse in residential institutions is all too frequent occurrence. The lockdown has resulted in a lack of face-to-face oversight by agencies such as CQVC and local authorities, meaning that disabled people are at greater risk of abuse and that abusers have a virtual license to abuse disabled people. Furthermore, it is also likely that some deaths ascribed to Covid-19 among disabled people in care homes may be at least partially a result of neglect.

Violence Against Women and Girls (VAWG) Support Services

The best services for disabled women facing abuse – the specialist VAWG voluntary sector – have largely ceased face to face support and are rapidly transitioning to working from home and phone/web-based support. This is necessary but undeniably closes down a critical route that many disabled women have used of, for example, approaching a service slowly, well away from the home and the perpetrator, and visiting a few times before disclosing abuse. This build up is necessary for some women for whom naming and finally disclosing and asking for help is a massive step.

Women and girls need to be able to access support services – including crisis support, outreach, refuge, long-term move on, therapeutic counselling, advocacy, legal advice and much more – in the most accessible way possible. Digital and IT exclusion, for older and disabled women has exacerbated isolation during this period. VAWG organisations have faced additional challenges in those contexts where digital technology is not appropriate, for example supporting young children affected by domestic abuse. We want to restore as much live, face to face provision as soon as possible. However, based on our experiences of the last 12+ weeks, we can foresee an indefinite period of “mixed provision” of support, with part of the VAWG sector workforce at home, others working at our premises, and the continuing provision of more phone and online support than existed pre-Covid.

Additionally, office and accommodation-based services need to have carefully risk-assessed delivery, with social distancing, monitoring for Covid symptoms and planning for service users to suddenly be isolated. Further, the Government’s guidance on accommodation-based services has not been updated since March and provides no guidance to services on accepting and managing new referrals safely – this remains a significant concern for those organisations managing communal services such as accommodation. Essential safety measures such as testing for women and children who need to access refuge or other safe accommodation, and clinical guidance on use of PPE for VAWG services, has still not been delivered.

Many specialist VAWG organisations, particularly those working with disabled women, are relatively small employers, and the management of this indefinite “mixed provision” and

constant risk assessment has significant impact on the sector's already stretched capacity. They are operating in a context of increased complexity in casework because women are experiencing VAWG as well as wide ranging COVID 19 related socio-economic impacts, including unemployment, welfare benefit and immigration issues, housing challenges and homelessness, as well as complex family and criminal justice matters.

We predict there will be numerous "surges" in demand as restrictions ease and women feel they can more easily leave abusive partners, but we know this is also the point at which they are in most danger. Furthermore, the ongoing need to isolate or shield in some way for millions of disabled women means that many disabled women will continue to be at home, isolated with abusive partners.

This ongoing uncertainty and series of "surges" during a period of "mixed provision" sharply contrasts with the fixed term of emergency funding the Government has made available, resulting in a "cliff edge" on 31st October when the funding period ends. This period should be extended, and the Government should consult with disabled women's organisations during "transition planning" to ensure that these survivors are not left behind.

Recommendations

- Repeal the measures in the Coronavirus Act that temporarily suspends duties in the Care Act.
- Local authorities should apply a more flexible approach to care packages for women at risk of domestic abuse.
- Consult with specialist disabled people organisations, including disabled women's organisations, to ensure safeguarding of disabled people in residential care settings.
- Government to extend the period of spend for emergency funding beyond the 31st October 'cliff edge'.
- Ensure that the interests of disabled survivors of VAWG – as well as Black and minoritised survivors, and LGBT survivors and organisations working with them - are represented at all levels of Covid-19 response and "transition" planning, and that the prevention of increasing levels of VAWG, providing specialist support for survivors and tackling perpetrators are priority objectives.

6. Disabled people's access to education during the pandemic.

Close to eight million children being out of school for months, sometimes unsupervised, and away from the safety net of trusted teachers and others, has been an indescribable risk. The National Crimes Agency (NCA) have reported a 10% increase of online child sexual abuse for each of the 13 weeks of lockdown.²⁹ Schools are strongly obliged to take action to protect children who are on the child protection register, but are in fact commonly also aware of risks and threats to other children who do not meet the threshold for inclusion on that register. In any event we have also seen that children who are officially 'at risk' are not 'attending' school in lockdown, which is both predictable and alarming.³⁰

Teachers and other school workers have more daily familiarity with families and with children at risk than most other services; schools are vitally important to keeping children safe, even though there is still so much to improve in this system. Girls out of school may face risks in the home from family members; if they go away from home and are unsupervised they may be at risk of sexual violence and exploitation by peers and others in

the community. In the home, with hours spent unsupervised and reduced contact with friends and family, girls may be more at risk of online abuse by peers and strangers, with the NCA having predicted 300,000 people posing an online child sexual abuse threat during lockdown.³¹

Schools are also a critical place for many mothers to be in daily contact with other parents and school workers whom they trust and may approach if they need to disclose abuse or seek help. The withdrawal of this non-police related, daily informal contact for women is significant and can only compound feelings of isolation.

Child sexual abuse in institutional care settings (residential homes, mental health wards, long-stay private hospitals for people with learning disabilities, supported housing) has been heavily researched over many years and disabled children, are at greater risk of child sexual abuse than non-disabled children.³² Disabled girls are at particularly high risk of sexual abuse. Abuse against disabled adults and children is under-identified underreported, and responses by statutory services often fail to provide protection or justice.

Risk of abuse of disabled children may also rise further during lockdown, especially if access to support from outside the household is restricted and/or who is around in the daytime changes. Lack of play and learning opportunities (formal or informal) may also affect development.

The Coronavirus Act's relaxation of care duties also means a relaxation of the standards of educational support for disabled children, meaning that disabled children are at greater risk of being left behind in terms of education. This relaxation of educational support also disproportionately affects women as they are more likely to be primary carers.

Recommendations

- Consult with specialist disabled women's organisations to ensure that disabled girls are protected from child sexual abuse and that there are sufficient safeguarding procedures in place for disabled children currently out of school.
- Repeal the measures of the Coronavirus Act to ensure that educational support for disabled children is reinstated.

July 2020

Endnotes

¹ Sisters of Frida, op. cit.

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³ *Poverty Pathways: Ethnic minority women's livelihoods*, Zohra Moosa with Jessica Woodroffe, The Fawcett Society, 2009

⁴ <https://charitysowhite.org/covid19>

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⁶ <https://wbg.org.uk/wp-content/uploads/2018/10/Disabled-women-October-2018-w-cover-2.pdf>

⁷ Ibid.

⁸ <https://www.womensaid.org.uk/the-survivors-handbook/the-survivors-handbook-disabled-women/>

⁹ *Women's Aid (2020) The Domestic Abuse Report 2020: The Annual Audit*, Bristol: Women's Aid. 2020

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- ¹¹ *Service User Data*, RCEW, 2019 <https://rapecrisis.org.uk/get-informed/rcew-statistics/>
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- ¹⁴ Ibid.
- ¹⁵ <https://www.disabilitynewsservice.com/coronavirus-supermarkets-face-mass-legal-action-over-discrimination/>
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- ²⁰ Ibid.
- ²¹ Sisters of Frida, op. cit.
- ²² <http://gda.scot/our-community/news/2020/4/28/covid-19-supercharges-existing-inequalities-faced-by-glasgows-150-000-disabled-people>
- ²³ <https://www.dailymail.co.uk/news/article-8268215/COVID-19-deaths-care-homes-EXCEEDED-hospital-fatalities-statistician-claims.html>
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- ²⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017>, at appendix 10
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/sexualoffencesappendixables>
- ²⁶ <https://www.disabilityrightsuk.org/news/2020/april/ehrc-warns-remote-video-hearings-could-disadvantage-disabled-people>
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- ²⁹ https://www.theguardian.com/society/2020/jul/08/sharp-increase-in-uk-child-sexual-abuse-during-pandemic?CMP=Share_iOSApp_Other
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