

Gender-based violence

The Covid-19 pandemic and intimate partner violence against women in the EU

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The Covid-19 pandemic and intimate partner violence against women in the EU

Foreword

Spikes in domestic violence reports during Covid-19 lockdowns were a sad reminder that women frequently face the most danger from people they know. This study examines the action that EU Member States have taken to protect women from intimate partner violence during the pandemic and offers recommendations on what could be improved to ensure that victims have access to support services during times of crisis.

When the pandemic hit, no EU Member State had a gender-sensitive disaster plan in place to address possible surges in violence against women. Later, some Member States launched national action plans to ensure that their health, police and justice services were joined up and that women at risk did not fall through the cracks. Others adapted legislation to declare shelters and hotlines essential services to keep them accessible at all times. Almost every EU Member State rolled out awareness-raising campaigns to let victims know about the help available and to emphasise that domestic violence is a human rights violation – not a private issue. However, this study shows that, despite

many promising measures implemented by EU governments to protect women from violence, more effort is needed to ensure that access to support services is unhindered, even in times of crisis.

Today, we do not yet know the full scale of violence against women during the Covid-19 pandemic. With only a third of women victims reporting violence at the hands of a partner outside times of crisis, official data will not reveal the true number of victims. But no government can deny the gravity and urgency of the situation in the light of the wave of violence we saw in 2020.

I hope this report will provide useful guidance for the EU institutions and Member State governments on how to eradicate violence against women – during the crisis situation caused by the current pandemic and beyond.

Carlien Scheele,

Director

European Institute for Gender Equality (EIGE)

Glossary

The following definitions are used in the study.

- **Violence against women** refers to any act of violence directed against a woman because of her gender. 'Violence against women' is used interchangeably with '**gender-based violence**' hereafter.
- **Intimate partner violence** is 'any act of physical, sexual, psychological or economic violence against women that occurs between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim' (EIGE, 2017).
- **Domestic violence** (also referred to as '**domestic abuse**') is 'any act of physical, sexual, psychological or economic violence that occurs within the family or domestic unit, irrespective of biological or legal family ties, or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence as the victim' (Council of Europe, 2011).
- **Support services, responses and measures** include general and specialist services such as 24/7 helplines and other communication tools, shelters, counselling services, provision of public information on services and rights, awareness-raising campaigns, national policies or action plans, legislation, recovery plans and other social or health-care services.

Abbreviations

Country codes

BE	Belgium
BG	Bulgaria
CZ	Czechia
DK	Denmark
DE	Germany
EE	Estonia
IE	Ireland
EL	Greece
ES	Spain
FR	France
HR	Croatia
IT	Italy
CY	Cyprus
LV	Latvia
LT	Lithuania
LU	Luxembourg
HU	Hungary
MT	Malta
NL	Netherlands
AT	Austria
PL	Poland
PT	Portugal
RO	Romania
SI	Slovenia
SK	Slovakia
FI	Finland
SE	Sweden

Frequently used abbreviations

Covid-19	disease caused by severe acute respiratory syndrome coronavirus 2
CSO	civil society organisation
DOJE	Department of Justice and Equality (Ireland)
EIGE	European Institute for Gender Equality
EU	European Union
GDP	gross domestic product
LGBTIQ	lesbian, gay, bisexual, transgender, intersex or queer
MS	Member State
NGO	non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
PPE	personal protective equipment
RDL	Royal Decree Law (Spain)

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Executive summary

This study offers a preliminary overview of the measures undertaken across the EU to support victims of violence during the Covid-19 outbreak (from March until the end of September 2020), identifies examples of promising practices and provides initial recommendations for the EU and Member States on how to better support victims during the pandemic, as well as in other potential crises. Although more research is needed to fully assess the extent of the emerging challenges, the findings from this study can be used to further explore the issues and contribute to the development of governmental strategies on prevention of gender-based violence and on crisis preparedness.

Challenges and support for service providers

The study found that the introduction of counter-pandemic measures across the EU created at least **seven main challenges for service providers**: ensuring continuity of service delivery, finding new ways of providing support, meeting a surge in demand for services, dealing with strain on service provider staff, reaching victims, identifying the risk level of victims and inadequacy of funding.

Shifting to remote service delivery revealed concerns around confidentiality for victims, staff access to necessary equipment, ICT capabilities and experience or training in providing remote support. Remote working also made it more difficult for staff to feel supported, maintain work–life boundaries and manage increasing levels of strain. As helplines, counselling services and shelter accommodation across the EU experienced considerable increases in demand, service providers struggled to make and maintain contact with victims. This was especially problematic in terms of accurately identifying and assessing risk and determining protective measures for victims. Professionals often had to rely on their own subjective judgement. The challenges faced by service providers were

compounded by delays in the provision of additional funding, or lack thereof. Insufficient funding prior to the crisis likewise exacerbated the challenges that service providers encountered.

Responses to these challenges varied across and within Member States, from providing additional funding to classifying services as essential to providing guidance on ensuring the safe provision of services.

Measures and practices to support women victims and their children

The study found that all EU Member States implemented changes or established new measures to support and protect women victims of intimate partner violence and their children in response to Covid-19. However, **comprehensive action plans specifically addressing the issue of intimate partner violence in the context of the Covid-19 pandemic or detailed guidance on emergency action were identified in few EU Member States**. In addition, all these national policies and action plans were reactive responses that were developed and implemented after the Covid-19 outbreak, rarely accompanied by additional funding.

New legislation or amendments to existing legislation in response to Covid-19 were identified in 14 Member States. The most common type of legislative change was intended to ensure continuity of services to support women victims and their children, either specifically during lockdown or in emergency situations more generally. Legislation aiming to prevent victims from being trapped with perpetrators in the context of lockdown or quarantine was less common. Even where such legislation was introduced, Member States focused more on providing alternative accommodation to victims and ensuring no criminal liability for victims travelling despite lockdown orders than on removing the perpetrator from the home or changing police procedures or justice systems to continue

criminal proceedings. Like national policies and action plans, most legislative or judicial interventions were introduced during lockdown and intended to be temporary.

Member States generally recognised the importance of increasing the availability of communication and support tools for victims throughout the Covid-19 pandemic. This led to the adoption of more discreet channels to help women victims of intimate partner violence to reach out for help. Examples include mobile phone apps, various forms of instant messaging service and new email services, with service providers increasing their hours of operation and their capacity to assist victims in different languages. However, measures offering tailored support to children affected by intimate partner violence were scarce.

Awareness-raising campaigns related to intimate partner violence in the context of Covid-19 were identified in almost all Member States. These focused on providing information on how victims could access support, encouraging witnesses to respond and raising awareness about the risks faced by children. Most of them targeted mainly women victims, and very few were designed to reach disadvantaged groups, such as refugees and migrant women, women from Roma communities, women who identify as lesbian, gay, bisexual, transgender, intersex or queer, or women with hearing impairments.

Promising measures and exemplary practices in four selected Member States

The second part of the study focused on identifying **promising practices** that had been implemented in **four selected Member States: Belgium, Ireland, Spain and Slovenia**. In particular, the study highlighted as promising practices contingency plans, examples of cross-sectoral cooperation, and the allocation of additional funding to support the transition of helplines to a remote working model and ensure that victims could access support in a discreet manner.

The study also noted **ad hoc measures**, which included accelerating access to a rent supplement for victims of intimate partner violence in response to a reduction in shelter capacity at national level due to Covid-19, extending the operating hours of helplines and launching a new counselling messaging service. The study also identified a promising private sector initiative, namely Airbnb's provision of free emergency accommodation in Ireland, in collaboration with Safe Ireland and other service providers, in response to reduced shelter capacity.

With regard to awareness-raising campaigns, the study highlighted **concrete examples of initiatives that demonstrated solidarity with victims**, encouraging them to report violence, facilitating access to support services and offering advice on resolving conflicts within their relationships and families.

1. Introduction

The purpose of the study is to identify the implications of Covid-19 ⁽¹⁾ for women victims of intimate partner violence and their children and offer recommendations for national policies and measures that could improve access to support services for women victims, both during and in the aftermath of the Covid-19 pandemic, as well as in other potential crisis situations.

Covid-19 has led to considerable changes in the daily lives of people around the world, as official stay-at-home or lockdown policies have been widely introduced in an effort to curb the transmission of the virus. An increased risk of intimate partner violence as a consequence of such policies has been a concern in the EU Member States and globally (Boxall et al., 2020; European Parliament, 2020; Nightingale et al., 2020).

Anecdotal evidence and quantitative data relating to previous pandemics and natural disasters indicate that **the prevalence and severity of gender-based violence, particularly sexual and domestic violence, are exacerbated in times of crisis** (see, for example, Buttell and Carney, 2009; Houghton, 2009; Schumacher et al., 2010; Weitzman and Behrman, 2016; IRC, 2019; Medel-Herrero, 2020; Peterman et al., 2020). Previous research has shown that numerous factors stemming from pandemics and natural disasters increase the risk of violence for women and their children; these factors as they relate to the Covid-19 pandemic are summarised in Figure 1.

Health providers and emergency first-responders are often the first formal point of contact for women experiencing violence and may offer short-term physical protection to victims experiencing a severe violent episode (Peterman et al., 2020). Evidence from past pandemics and natural disasters shows that **access to formal**

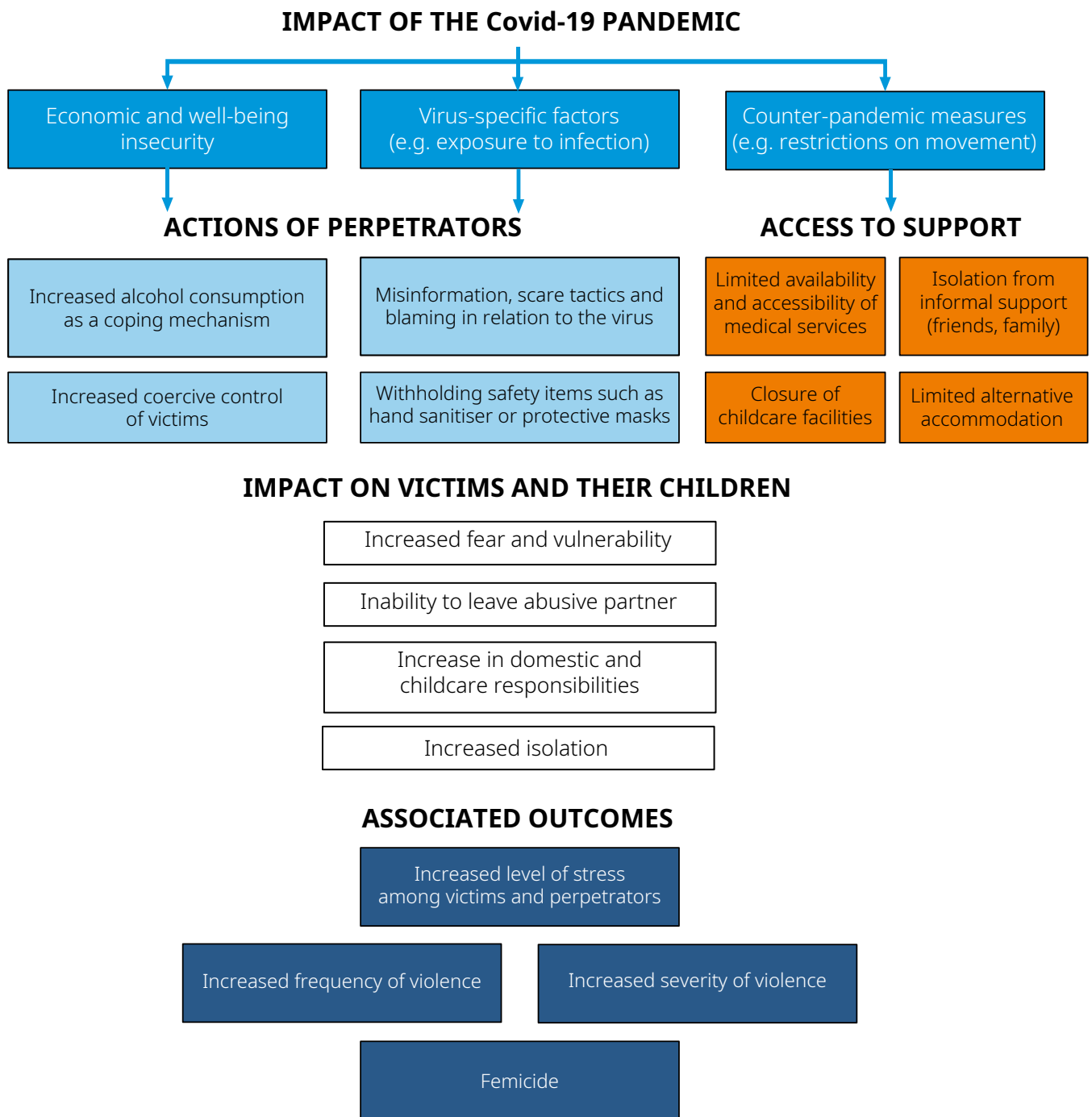
support services becomes more challenging for victims of intimate partner violence during times of crisis. This may be because of the closure, underprovision or underfunding of intimate partner violence-related health services, as resources are diverted to managing the disaster (Fraser, 2020; Peterman et al., 2020). Another reason may be that regulations on the provision of health services are introduced in the context of the crisis that limit services that are deemed non-essential (Peterman et al., 2020). The combination of the increased demand on the one hand and more limited access to services on the other widens the gap and potentially leaves more women victims and their children without adequate support.

Informal social networks – such as the victim's friends and family, neighbours, colleagues and other similar relations – play a central role in supporting victims, whether or not they also access formal support services (Goodman and Smyth, 2011; Sylaska and Edwards, 2014). Research has shown that disadvantaged groups who are marginalised because of their race, sexual orientation, nationality or language are particularly likely to seek help exclusively from those whom they know (Sullivan, 2011). However, just as access to formal services becomes more difficult in times of crisis, so too does access to informal social networks. This is particularly pertinent in situations where movement and physical contact are restricted, such as during the Covid-19 pandemic.

There is an urgent need to understand **how existing measures can be strengthened and new measures can be implemented to protect and support women victims of intimate partner violence** and their children during and in the aftermath of Covid-19, as well as in other potential crisis situations.

(1) Covid-19 is the coronavirus disease caused by the virus, named as 'severe acute respiratory syndrome coronavirus 2', that was first identified in December in 2019 in China and has since become a pandemic, resulting in the deaths of hundreds of thousands of people around the world (see World Health Organization, 2020).

Figure 1. Risk factors during previous pandemics and natural disasters as they relate to Covid-19



Source: Authors' summary based on Parkinson and Zara, 2013; First et al., 2017; Fraser, 2020; Peterman et al., 2020.

1.1. Policy context

All 27 EU Member States have endorsed the main human rights instruments ⁽²⁾ that ‘oblige them to combat violence against women as a human rights violation, and as a specific gender-related form of violence linked to discrimination of women’ (EIGE, 2020). However, no binding instrument on violence against women in all its forms has been adopted by the EU (Shreeves and Prpic, 2019).

In 2017, the EU signed the Council of Europe’s Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention)(Council of Europe, 2011), which aims to protect women and prevent gender-based violence (Council of the European Union, 2017a, 2017b). The signatories to the convention are expected to provide support mechanisms and protection for women victims of intimate partner violence. As of October 2020, all 27 EU Member States had signed the convention and 21 had ratified it ⁽³⁾. While all Member States have introduced measures to address gender-based violence, not all such measures meet the standards of the convention (WAVE, 2017). In addition, restrictions introduced in 2020 to stop the spread of Covid-19 posed unprecedented challenges to the provision of and access to support services for women victims of intimate partner violence and their children across the EU Member States.

At the time of writing, this study was the first to focus specifically on practices and measures adopted in the EU to support and protect women victims of intimate partner violence during and in the aftermath of the Covid-19 pandemic. This study provides decision-makers with information on promising measures and exemplary practices to strengthen the EU’s and Member States’ responses to intimate partner violence against women during the current pandemic and in future crisis situations. While it

is recognised that informal social networks play a crucial role in supporting victims, this study focuses specifically on the institutional response and formal support services.

1.2. Study approach: objectives, research questions and methodology

The overall objectives of the study were to:

- **qualitatively and quantitatively scope out the impact of the Covid-19 pandemic** on violence against women and analyse institutional responses intended to facilitate access to service provision for women victims of intimate partner violence and their children;
- **identify similarities and differences in approaches** to facilitating service access and raising awareness of violence against women across the Member States;
- **identify and illustrate examples of promising practices** in the EU;
- **develop a set of recommendations** at EU and Member State levels on facilitating access to support services for women victims of intimate partner violence and their children, and reflect upon measures to be included in emergency and recovery plans.

The study relied on a combination of methods to address the research objectives. The time-frame covered in the report is March 2020 until the end of September 2020. **Desk research** was conducted to capture lessons learned from previous pandemics and natural disasters, as well as early findings in relation to the impact of the Covid-19 pandemic on intimate partner violence in a global context (see [Annexes 1.1](#) and [1.2](#) for further details). **Targeted desk research** was conducted across all 27 Member States in col-

⁽²⁾ These include the UN Charter; the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights; the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others; the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol; and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

⁽³⁾ BE, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LU, MT, NL, AT, PL, PT, RO, SI, FI and SE.

laboration with national researchers ⁽⁴⁾ to map efforts to support victims in each Member State (see [Annex 1.3](#)). An **online survey** was sent to 196 support services across the EU; the survey ran for a relatively long period, from 7 September to 28 September 2020, in order to maximise the response rate. There were 35 responses received in total (an 18 % response rate), from 17 Member States (see [Annex 1.4](#)). **In-depth analysis was conducted on four Member States** (Belgium, Ireland, Spain and Slovenia). They were selected based on quantitative and qualitative characteristics that included the impact of Covid-19 on deaths and gross domestic product (GDP), the extent of counter-pandemic restrictions imposed, and responses to address intimate partner violence in each Member State. Member States that experienced the most severe impact and imposed the most severe restrictions during the first wave of the pandemic, and those that implemented a range of measures, were prioritised for in-depth

research (see [Annex 1.5](#)). The in-depth analysis was based on 16 **stakeholder interviews** with representatives of gender equality institutions, bodies responsible for stopping violence against women and service providers. Owing to confidentiality requirements, all interviewees are referred to only as 'a service provider', 'a government representative' or 'an academic' (see [Annex 1.6](#)). In addition, measures implemented in these four Member States were assessed against **criteria for identifying promising measures and exemplary practices** (see [Annex 1.7](#)). The use of a combination of methods allowed the collection of as much data as possible on an evolving situation, while ensuring that these data could be **triangulated** to reliably address the research objectives, draw overall conclusions and formulate recommendations. Further information about the methodology and which data collection methods informed which parts of the study can be found in [Annex 1](#).

⁽⁴⁾ The study engaged a network of national researchers with linguistic expertise covering all Member States, who assisted in conducting desk research to identify measures and practices adopted in the EU.

2. Overview of the challenges and responses in the EU Member States

2.1. Challenges and support for service providers in the context of Covid-19

This section presents a thematic analysis of the challenges faced by service providers across the EU during the Covid-19 crisis and examples of the types of support they received, based on survey responses from 35 service providers from 17 Member States, and 16 stakeholder interviews with representatives of gender equality institutions, bodies responsible for stopping violence against women, and service providers in Belgium, Ireland, Spain and Slovenia.

2.1.1. Ensuring continuity of service delivery

The introduction of counter-pandemic measures across the EU – including restrictions on mobility, the need for masks and social distancing, self-isolation rules and the closure of non-essential services – created challenges for continuity of service delivery for women victims of intimate partner violence and their children⁽⁵⁾. For example, in order to be ‘Covid-19 safe’ women’s shelters were required to reduce their capacity owing to the often communal nature of facilities⁽⁶⁾, and it was also difficult to access the personal protective equipment (PPE)

necessary for continuing any face-to-face services⁽⁷⁾. The impact of the restrictions on other areas of the victim support and protection system also affected service delivery; for example, there were changes to the functioning of the judicial system⁽⁸⁾, medical services (Peterman et al., 2020) and the housing market (for those leaving shelters)⁽⁹⁾.

A range of responses to overcome these challenges were introduced, with varying approaches across and within Member States. Additional funding was provided by some governments at local or national level to support service providers in responding to these challenges⁽¹⁰⁾. In Belgium, one service reported that a donation of PPE from non-government bodies was made to enable the continuation of service provision⁽¹¹⁾. In some Member States, service providers were legally classified as providing essential services to enable them to continue functioning when counter-pandemic measures were at their strictest⁽¹²⁾.

2.1.2. Finding novel ways of providing support to victims

In response to the restrictions, service providers were forced to find novel ways of providing support to women victims. The shift

⁽⁵⁾ Fourteen survey respondents (40 %), from DK, IE, EL, HR, LT, AT and SE, indicated that a reduction in services had been one of the main challenges resulting from the pandemic (see Figure A4, Annex 4).

⁽⁶⁾ Four survey respondents (IE and EL); one interview with a service provider.

⁽⁷⁾ Two interviews with service providers; one survey respondent (HR).

⁽⁸⁾ Two survey respondents (EL); five interviews with service providers and one with a government representative.

⁽⁹⁾ One interview with a service provider.

⁽¹⁰⁾ Nine survey respondents (26 %), from DK, IE, CY, LV, AT, PT and SE, had received national government funding, and an additional three (9 %) – from BG, EL and AT – had received local government funding (see Figure A3, Annex 4); four interviews with service providers and two with government representatives.

⁽¹¹⁾ One interview with a service provider.

⁽¹²⁾ Eight countries (DE, EE, ES, LV, MT, SK, PL and PT) identified in the targeted review; one interview with a service provider and one with a government representative.

to a predominantly remote service delivery model⁽¹³⁾ raised concerns around confidentiality for victims. One interviewee from Ireland noted that many of the virtual meeting platforms did not offer adequate privacy measures⁽¹⁴⁾. In Ireland and Spain, service providers also had to ensure that staff had access to adequate internet, phone and ICT facilities to ensure a good quality of service delivery⁽¹⁵⁾. One service provider in Belgium reported that service extensions in the form of messaging or email also presented a challenge, as staff often had no experience or training in providing support in writing⁽¹⁶⁾.

Government funding in Ireland assisted service providers in making the transition to virtual service provision⁽¹⁷⁾, including by enabling them to hire staff to manage caller privacy and ICT issues⁽¹⁸⁾.

2.1.3. Meeting surge in demand for services

Services such as helplines, counselling services and shelter accommodation across the EU experienced considerable increases in demand when lockdown or stay-at-home restrictions

were imposed (Guterres, n.d.)⁽¹⁹⁾. Services faced the further burden of undertaking additional awareness-raising activities⁽²⁰⁾. Reductions in the number of staff⁽²¹⁾, as a result of Covid-19 and the consequential circumstances (including public transport restrictions and lower numbers of on-duty staff to reduce infection risk)⁽²²⁾, further aggravated the situation. Counter-pandemic restrictions also meant that, if staff were furloughed, providing childcare, quarantining, or had fallen ill⁽²³⁾, it was not always permissible for the service to recruit new volunteers⁽²⁴⁾.

Where collaboration between service providers and other stakeholders took place, it helped in developing constructive solutions for the service providers under pressure⁽²⁵⁾.

2.1.4. Dealing with strain on service provider staff

Service provider staff experienced increased levels of strain, often reporting that the levels of distress of callers were higher⁽²⁶⁾. Working hours were prolonged as a result of the surge in demand, limited staff and changes to opening hours⁽²⁷⁾. Some responses of service providers highlighted in particular that remote

⁽¹³⁾ Sixteen survey respondents (46 %) (DK, EE, EL, HR, CY, LT, HU, AT, PT, SK and SE) had introduced new ways of accessing support in response to the pandemic, and 13 (37 %) (BG, DK, EL, CY, AT, PT and SE) had introduced new services or types of support (see Figure A2, Annex 4).

⁽¹⁴⁾ One survey respondent (LT); one interview with a service provider.

⁽¹⁵⁾ Three interviews with service providers and one with a government representative.

⁽¹⁶⁾ One interview with a service provider.

⁽¹⁷⁾ One interview with a service provider.

⁽¹⁸⁾ One interview with a service provider.

⁽¹⁹⁾ Twenty-six survey respondents (74 %) (BG, DK, EE, IE, EL, HR, CY, LV, LT, HU, AT, RO, SK, FI and SE) reported that demand for their services was either 'somewhat' or 'much' higher than prior to the pandemic (see Figure A1, Annex 4), with the highest levels occurring once restrictions had started to lift (see Table A20, Annex 4); three interviews with service providers, one with a government representative and one with an academic.

⁽²⁰⁾ Fourteen survey respondents (40 %) (DK, IE, EL, HR, CY, PT, SK, FI and SE) reported that their organisation had increased publicity or awareness-raising around the services offered during Covid-19 (see Figure A2, Annex 4).

⁽²¹⁾ Nine survey respondents (26 %) (BG, DK, EL, HR, LT, AT, RO and SE) identified a reduction in staff as one of the main challenges presented by the pandemic (see Figure A4, Annex 4).

⁽²²⁾ Two survey respondents (HR and AT).

⁽²³⁾ Widespread cases of this were reported in Czechia (ProFem, 2020), Germany (Federal Ministry of Labour and Social Affairs, 2020; Federal Ministry of Justice and Consumer Protection and Federal Office of Justice, 2020) and Estonia (Riigi Teataja, 2020a).

⁽²⁴⁾ One interview with a government representative and one with a service provider.

⁽²⁵⁾ One interview with a government representative and two with service providers.

⁽²⁶⁾ Twenty-eight survey respondents (80 %) (BG, DK, EE, IE, EL, HR, CY, LV, LT, HU, AT, PT, RO, SK, FI and SE) reported that the levels of distress of victims were at least 'somewhat' higher during Covid-19, with 18 of these (BG, DK, EL, HR, CY, LV, HU, PT, RO and SE) considering them to be 'much higher' (see Table A21, Annex 4); one interview with a service provider.

⁽²⁷⁾ Seven survey respondents (20 %) (DK, EL, AT, PT, FI and SE) reported that their organisation had changed its opening times to provide support during Covid-19 (see Figure A2, Annex 4); two interviews with service providers.

working made it more difficult for staff to feel supported ⁽²⁸⁾ and to maintain work–life boundaries ⁽²⁹⁾. This strain was exacerbated by the prolonged duration and uncertainty of the crisis ⁽³⁰⁾.

Support largely came from other service providers, through weekly group phone calls to discuss challenges and good practices ⁽³¹⁾ or, in individual cases, through more experienced members of staff mentoring more junior ones ⁽³²⁾, for example.

2.1.5. Reaching victims and communicating continuity of service delivery

Service providers faced challenges around making and maintaining contact with victims ⁽³³⁾. A particular concern was that not all victims had access to the necessary technology for accessing remote services, or the skills to use them, or these technologies may have been under the perpetrator’s control (Eisenhut et al., 2020; Lev Uden Vold, 2020; Storey, 2020) ⁽³⁴⁾. In addition, one government representative reported that victims were not always aware that support services were still available despite the pandemic ⁽³⁵⁾.

National and regional governments, as well as the police force, often played a key role in

seeking to overcome this challenge through awareness-raising campaigns (Council of Europe, 2020) ⁽³⁶⁾.

2.1.6. Identifying risk level of victims given limited or no face-to-face contact

In the context of remote service delivery, service providers experienced difficulties in accurately identifying and assessing risk and determining protective measures for victims ⁽³⁷⁾. There were fewer opportunities for identifying signs of violence through structures such as schools or the workplace ⁽³⁸⁾. Available evidence indicates that validated risk-assessment tools should be used to inform the judgement of a trained and experienced professional in order to successfully identify and assess the risk of violence (EIGE, 2019). In cases where such tools were unavailable or imperfect, however, the lack of eye contact and non-verbal communication made detection and assessment more difficult for those professionals relying on their own subjective judgement and discretion ⁽³⁹⁾.

2.1.7. Responding with limited funding

The inadequate or delayed provision of additional funding compounded the above challenges by limiting service providers’ capacity to

⁽²⁸⁾ Two interviews with service providers.

⁽²⁹⁾ Three interviews with service providers.

⁽³⁰⁾ One interview with a government representative and two with service providers.

⁽³¹⁾ Two interviews with service providers.

⁽³²⁾ One interview with a service provider.

⁽³³⁾ Twenty survey respondents (57 %) (BG, DK, EE, IE, EL, CY, LV, LT, AT, PT, SI, FI and SE) cited making and maintaining contact with the victim as one of the main challenges presented by Covid-19 (see Figure A4, Annex 4); two interviews with government representatives.

⁽³⁴⁾ Eight survey respondents (DK, EE, EL, HR, LV and FI); two interviews with service providers.

⁽³⁵⁾ One interview with a government representative.

⁽³⁶⁾ Twenty-six countries (BE, BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, HU, MT, NL, AT, PL, PT, RO, SI, SK, FI and SE) identified in the targeted review. In addition, 10 survey respondents (29 %) (IE, EL, HR, CY, AT and SE) reported that the government had changed or introduced an awareness campaign in response to Covid-19. Two interviews with government representatives and three with service providers.

⁽³⁷⁾ Fourteen survey respondents (40 %) (BG, DK, IE, EL, HR, CY, LV, LT, AT and PT) identified this as one of the main challenges presented by Covid-19 (see Figure A4, Annex 4); four interviews with service providers, one with a government representative and one with an academic.

⁽³⁸⁾ One interview with a service provider and two with government representatives.

⁽³⁹⁾ Two interviews with service providers, one with a government representative and one with an expert.

adequately respond ⁽⁴⁰⁾. Individual interviewees also noted that insufficient funding prior to the crisis likewise exacerbated the challenges that service providers encountered ⁽⁴¹⁾.

2.2. Measures and practices to support women victims and their children

All 27 EU Member States implemented changes or established new measures to support and protect women victims of intimate partner violence and their children in response to Covid-19. The targeted desk research by the national researchers identified **228 individual measures that were implemented in the 27 EU Member States**. These consisted of 167 new measures and 61 existing measures that were adapted or changed in response to the Covid-19 pandemic from March to September 2020. New measures were identified in all Member States. In most Member States – the exceptions were Germany, Croatia, Cyprus, Luxembourg, Austria and Romania – changes to existing measures were identified. Importantly, these results should be considered indicative only, as it is likely that other measures were introduced that were not captured through the targeted desk research, given the evolving and ongoing nature of the pandemic. [Annex 1.3](#) provides further discussion of the limitations of the methodology.

Of the 228 measures, 137 were implemented by governments and 64 were implemented by civil society organisations (CSOs). Four measures were implemented by the private sector. Fifteen measures were implemented through partner-

ships between different sectors ⁽⁴²⁾. A detailed breakdown of the types of responses by Member State can be found in [Annex 2](#).

Of the 35 service providers that responded to the survey, over two thirds (24 service providers) ⁽⁴³⁾ indicated that their organisation had made changes to services offered to women victims of intimate partner violence in response to Covid-19. Of these 24 service providers:

- two thirds (16 service providers ⁽⁴⁴⁾) introduced **new ways of accessing support** (e.g. digital platforms), most of which were intended to be permanent changes;
- over half (14 service providers ⁽⁴⁵⁾) **increased publicity or awareness-raising activities** in relation to the services they offered, most of which were intended to be permanent activities;
- over half (13 service providers ⁽⁴⁶⁾) introduced **new services or types of support**, most of which were intended to be permanent;
- less than one third (seven service providers ⁽⁴⁷⁾) **changed their opening times**, and most of these changes were intended to be temporary.

The main tool for making the general public aware of these changes was social media (reported by 19 service providers ⁽⁴⁸⁾), followed by print or television media (17 service providers ⁽⁴⁹⁾) and service websites (14 service providers ⁽⁵⁰⁾). In addition, 10 service providers ⁽⁵¹⁾ reported making direct contact with victims,

⁽⁴⁰⁾ Twelve survey respondents (34 %) (DK, EE, EL, HR, LT, HU, AT, SK and FI) reported that their organisation had received no additional funding, and only nine (DK, IE, CY, LV, AT, PT and SE) had received any additional national government funding (Figure A3, [Annex 4](#)); two survey respondents (EL); five interviews with service providers.

⁽⁴¹⁾ One interview with a government representative and one with a service provider.

⁽⁴²⁾ For a small number of measures, the implementing agency was unclear.

⁽⁴³⁾ In 15 Member States: BG, DK, EE, IE, EL, HR, CY, LV, LT, HU, AT, PT, SK, FI and SE (Figure A2 and Table A22, [Annex 4](#)).

⁽⁴⁴⁾ In 11 Member States: DK, EE, EL, HR, CY, LT, HU, PT, AT, SK and SE (Figure A2 and Table A22, [Annex 4](#)).

⁽⁴⁵⁾ In nine Member States: DK, IE, EL, HR, CY, AT, PT, SK and SE (Figure A2 and Table A22, [Annex 4](#)).

⁽⁴⁶⁾ In seven Member States: BG, DK, EL, CY, AT, PT and SE (Figure A2 and Table A22, [Annex 4](#)).

⁽⁴⁷⁾ In six Member States: DK, EL, AT, PT, FI and SE (Figure A2 and Table A22, [Annex 4](#)).

⁽⁴⁸⁾ In 14 Member States: BG, DK, EE, IE, EL, HR, CY, LT, HU, AT, PT, SK, FI and SE.

⁽⁴⁹⁾ In 12 Member States: DK, EE, IE, EL, HR, CY, LT, HU, AT, SK, FI and SE.

⁽⁵⁰⁾ In nine Member States: EE, EL, HR, CY, LV, LT, AT, PT and SK.

⁽⁵¹⁾ In eight Member States: DK, EE, EL, CY, LV, LT, AT and SE.

while six service providers ⁽⁵²⁾ used flyers or brochures.

Of the 24 service providers that implemented changes in response to Covid-19, only half (12 service providers) received **additional funding** to support these activities. Nine received national government funding ⁽⁵³⁾, four received funding from other sources ⁽⁵⁴⁾ and three received local government funding ⁽⁵⁵⁾. Additional results from the survey are provided in [Annex 4](#).

The following subsections discuss the types of measures and practices implemented in the 27 EU Member States, drawing on the targeted desk research, with some additional insights from the survey and interviews with stakeholders from the four selected Member States: Belgium, Ireland, Spain and Slovenia.

2.2.1. National policies or action plans

The study found that, from March to early July 2020, 11 Member States ⁽⁵⁶⁾ had adopted either a national policy ⁽⁵⁷⁾ or an action plan ⁽⁵⁸⁾, that – as a broad response to the Covid-19 outbreak – to some extent addressed some challenges surrounding intimate partner violence in the context of Covid-19. However, of these **only three Member States** ⁽⁵⁹⁾ **introduced action plans specifically to address issues relating to intimate partner violence in the context of the Covid-19 pandemic**. In Ireland, the inter-agency action plan for domestic abuse in Ireland’s Covid-19 response was accompanied by EUR 160 000 in funding from the Department of Justice and Equality (DOJE) to support the delivery of activities (Council of Europe, 2020a). The plans introduced in Spain and Lithuania

were not, however, supported by additional government funding. There were also some Member States that had established measures specifically for monitoring the situation of intimate partner violence as the Covid-19 situation progressed. In April, as part of the government’s broader Covid-19 action plan, France began assessing the prevalence and severity of intimate partner violence during lockdown in order to enable the introduction of more effective counter measures in the future (Council of Europe, 2020). Similarly, in Luxembourg, the Ministry for Equality between Women and Men has been monitoring the development of the intimate partner violence situation, working closely with a number of other relevant actors to recover data on the prevalence and severity of recorded cases, the demand for relevant services, and the counter-measures being put in place (Gouvernement.lu, 2020).

In three other Member States ⁽⁶⁰⁾, the national government provided **guidelines** for addressing concerns around intimate partner violence in the context of Covid-19. This included a series of recommendations for concrete steps for ministries and institutions to take to prevent domestic violence in Czechia (Office of the Government of the Czech Republic, 2020), guidance on emergency action for local government in Latvia (Nodibinājums “Centrs Dardedze”, 2020) and guidelines on the organisation of interdisciplinary teams to support victims in Poland (Michałek, 2020). In Poland, an action plan for individual victims was prepared by the national equality body, in cooperation with non-government organisations (Jelonek, 2020). In some Member States ⁽⁶¹⁾ no specific action plans were identified; however, **official talks** were held regarding the potential consequences of Covid-19 for women victims of intimate partner vio-

⁽⁵²⁾ In five Member States: EE, EL, AT, PT and SK.

⁽⁵³⁾ In seven Member States: DK, IE, CY, LV, AT, PT and SE (Figure A3, [Annex 4](#)).

⁽⁵⁴⁾ In four Member States: IE, EL, LV and PT (Table A22, [Annex 4](#)).

⁽⁵⁵⁾ In three Member States: BG, EL and AT (Figure A3, [Annex 4](#)).

⁽⁵⁶⁾ BE, CZ, IE, ES, FR, CY, LV, LT, LU, PL and PT.

⁽⁵⁷⁾ National policies are declarations of a broad course of action or guidance adopted by the government at national level.

⁽⁵⁸⁾ Action plans set out a detailed sequence of actions for achieving a predefined goal.

⁽⁵⁹⁾ IE, ES and LT.

⁽⁶⁰⁾ HR, LV and PL.

⁽⁶¹⁾ BE, CY and PT.

lence and their children. This included an inter-ministerial conference in Belgium (Ben Hamou, 2020) and intergovernmental discussions in Cyprus⁽⁶²⁾ and Portugal (CIG, 2020).

All national policies and action plans were **implemented by national governments**; however, the activities stemming from these plans were intended to be **delivered by a range of actors**, including local and regional governments and non-governmental service providers (see Table A15, Annex 2). National policies and action plans are important for driving action, connecting relevant stakeholders and signalling that addressing intimate partner violence is a government priority. However, in all cases these national policies and action plans were **reactive responses** that were developed and implemented after the Covid-19 outbreak. The evidence indicates that strategies and measures addressing intimate partner violence must be in place **before** disaster strikes, not as an afterthought once the situation has already reached crisis point (Houghton, 2009; First et al., 2017; Smith, 2019; Peterman et al., 2020; Wenham et al., 2020).

2.2.2. Legislative or judicial interventions

Between the beginning of March and early July 2020, new legislation or amendments to existing legislation in response to Covid-19 were introduced in 14 Member States⁽⁶³⁾. In most cases, new legislation was introduced⁽⁶⁴⁾, although in a few instances there were amendments to existing legislation to include services supporting victims of intimate partner violence⁽⁶⁵⁾. The most common type of legislative change was to ensure **continuity of services** to support women victims and their children, either specif-

ically during lockdown, or in emergency situations more generally⁽⁶⁶⁾.

In some Member States⁽⁶⁷⁾, legislation was passed to **prevent victims from being trapped with perpetrators** in the context of lockdown or quarantine. Most of these measures were focused on providing provisions for victims to safely leave perpetrators, through legal obligations for governments to provide alternative accommodation to victims⁽⁶⁸⁾ and measures to ensure no criminal liability for victims travelling despite lockdown orders⁽⁶⁹⁾. Fewer measures were identified that focused on removing the perpetrator from the home. In Estonia, the Courts of Justice permanently obtained the right to issue temporary restraining orders in exceptional circumstances (Riigi Teataja, 2020b). The available evidence indicates that there are several benefits to policies focused on removing the perpetrator and giving victims the option and support to stay at home (Shenai et al., 2015). These include preventing victims and their children becoming homeless, holding the perpetrator to account for his actions, providing an option for early intervention and reducing disruption to the family's life and circumstances (Shenai et al., 2015).

Changes to the **functioning of the justice system** in various Member States had an impact on how cases of intimate partner violence were tried and prosecuted. This included courts using digital solutions to continue criminal proceedings⁽⁷⁰⁾ or prioritising intimate partner violence court cases⁽⁷¹⁾. Changes to police procedure were also enacted to provide increased support to disadvantaged groups, including women victims of intimate partner violence, while counter-pandemic measures were put in place⁽⁷²⁾.

⁽⁶²⁾ Interview between government representative and the national researcher for Cyprus.

⁽⁶³⁾ BE, CZ, IE, DE, EE, ES, FR, LV, LT, MT, PL, PT, SI and SK.

⁽⁶⁴⁾ BE, DE, EE, ES, LV, MT, PL, PT, SI and SK.

⁽⁶⁵⁾ BE, IE, FR and MT.

⁽⁶⁶⁾ DE, EE, ES, LV, MT, PL, PT and SK.

⁽⁶⁷⁾ EE, FR, LV and SK.

⁽⁶⁸⁾ EE, FR and SK.

⁽⁶⁹⁾ PT and IE.

⁽⁷⁰⁾ EE and FR.

⁽⁷¹⁾ IE.

⁽⁷²⁾ BE and LT.

Most legislative or judicial interventions were introduced during the first period of lockdown, between early March and early July ⁽⁷³⁾, although there were a few instances where changes to legislation were made before ⁽⁷⁴⁾ or after ⁽⁷⁵⁾ lockdown came into force. Most of the measures were intended to be temporary, in place only during the strictest period of counter-pandemic restrictions ⁽⁷⁶⁾.

2.2.3. Shelters

There were 24 measures identified that related to shelter accommodation, in 16 Member States ⁽⁷⁷⁾. Consistent with the call from UN Women (2020) at the outset of the Covid-19 pandemic to expand shelters or repurpose other spaces – such as hotels and educational institutions – to support women victims of intimate partner violence and their children, 11 Member States ⁽⁷⁸⁾ were identified to have provided **additional shelter accommodation** in either public housing or private hotels. In four Member States ⁽⁷⁹⁾, additional housing was provided by governments at municipal or local level. In two Member States ⁽⁸⁰⁾, CSOs offered additional shelters. In five Member States ⁽⁸¹⁾, additional accommodation – often in hotels – was offered privately, involving collaboration between the private sector and government institutions or NGOs (see Table A15, [Annex 2](#)). Rent assistance schemes were introduced to support victims in two Member States ⁽⁸²⁾.

In shelter accommodation, social distancing is typically not possible and the risk of virus transmission is exacerbated because of the close

proximity of residents. **Additional protective measures** to ensure that women and their children were still able to access shelter accommodation without placing them at increased risk of contracting Covid-19 were identified in seven Member States ⁽⁸³⁾. The requirements that providers of shelter accommodation had to meet to ensure that the premises were ‘Covid-19 safe’ reportedly resulted in overall reductions in capacity because the number of available rooms had to be reduced or spaces closed off to enable residents who were Covid-19 positive to quarantine safely. In Ireland, for example, shelters faced a 25 % reduction in capacity ⁽⁸⁴⁾. This, coupled with increased demand during the pandemic due to increased violence against victims, placed considerable pressure on shelter accommodation providers ⁽⁸⁵⁾.

2.2.4. Communication and support tools

Member States generally recognised the importance of **increasing the availability of communication and support tools** (e.g. helplines or mobile phone apps, various forms of instant messaging service) for victims throughout the Covid-19 pandemic. There were 66 measures in this category, identified in 24 Member States. Of these 66 measures, 37 were delivered by governments (see Table A15, [Annex 2](#)).

There was an emphasis on shifting to a **remote service delivery model** that would ensure victims were able to access counselling, support and advice from home. Indeed, UN Women (2020) called for the provision of online counselling and technology-based solutions to support

⁽⁷³⁾ BE, EE, ES, LV, LT, MT, PL, PT, SI and SK.

⁽⁷⁴⁾ CZ, DE and LU.

⁽⁷⁵⁾ IE, LV and PL.

⁽⁷⁶⁾ BE, CZ, FR, LV, LT, LU, MT, PT and SK.

⁽⁷⁷⁾ BE, DK, DE, IE, EL, FR, IT, CY, LT, MT, NL, PL, PT, SK, FI and SE.

⁽⁷⁸⁾ BE, CY, DK, FR, EL, IE, IT, LT, MT, PT and SE.

⁽⁷⁹⁾ BE, IE, IT and PT.

⁽⁸⁰⁾ CY and PL.

⁽⁸¹⁾ DK, IE, EL, FR and SE.

⁽⁸²⁾ IE and MT.

⁽⁸³⁾ IE, DE, CY, PL, NL, SK and FI.

⁽⁸⁴⁾ Mentioned by two service providers and one umbrella organisation (IE).

⁽⁸⁵⁾ Mentioned by two service providers and one umbrella organisation (IE).

women victims of intimate partner violence during the Covid-19 crisis. Four Member States ⁽⁸⁶⁾ introduced measures related to **new hotlines or email or messaging services** that could be used by victims of intimate partner violence, in some cases both women and children, to seek support and advice. In eight Member States ⁽⁸⁷⁾, existing helplines **increased their hours of operation**, including putting 24-hour services in place, to help meet increased demand.

Recognising that victims might be in lockdown with perpetrators and might therefore be less able to place a call to a hotline without raising suspicion, many Member States further implemented more **discreet channels** to help women victims of intimate partner violence reach out for help. In six Member States, mobile phone apps to assist victims of domestic violence were developed or enhanced ⁽⁸⁸⁾. In six Member States, some form of instant messaging service, using Skype, WhatsApp or similar, was introduced ⁽⁸⁹⁾. Four Member States introduced new email services ⁽⁹⁰⁾. In three Member States, the hours of operation of existing messaging and chat services were expanded ⁽⁹¹⁾. Services in several Member States increased their capacity to assist victims in **different languages** ⁽⁹²⁾.

Another measure, originally introduced in Spain and subsequently used in Belgium, France and the Netherlands, was the **codeword 'Mascarilla 19'** ('Mask 19' in English) which could be used by victims to alert staff in pharmacies that they were in danger. Other Member States, such as Portugal, did not implement this measure owing to concerns that the code word was becoming too widely known, including to potential perpetrators, and that using it might increase victims' risk (Council of Europe, 2020).

Communication and support tools are essential first-response systems in times of crisis, and **the remote service delivery model has been established as crucial** to enabling continuity of counselling and strategic safety planning in crisis or pandemic situations (IRC, 2018; Peterman et al., 2020). Reports from CSOs in Czechia indicate that remote counselling resulted in increased contact with victims not previously reached, including women living abroad, migrant women and women experiencing intimate partner violence over long periods of time (ProFem, 2020). However, **the establishment of these systems was reported to be costly and time-consuming, and required specialised training** of service provider staff, which was not often available. Support provided by remote means was not deemed by some service providers to be equivalent to face-to-face support, and it was inaccessible to some groups of women victims, such as those without access to the appropriate technology (Lev Uden Vold, 2020).

2.2.5. Counselling services

Counselling services are offered to women victims of intimate partner violence to assess risk, provide emotional and psychological support, and deliver treatment. There were **29 counselling measures** identified across 13 Member States ⁽⁹³⁾ in response to Covid-19. In seven Member States, the changes included the introduction of **remote access to counselling services** by telephone, videoconferencing and messaging services, to make it possible to adhere to social distancing guidelines while ensuring continuity of support ⁽⁹⁴⁾. **Increased staffing** of existing services was implemented in five Member States ⁽⁹⁵⁾, while new services were introduced or existing services strength-

⁽⁸⁶⁾ LU, PT, SI and SE.

⁽⁸⁷⁾ BE, FR, LV, HU, MT, SI, FI and SE.

⁽⁸⁸⁾ ES, IT, NL, AT, PL and PT.

⁽⁸⁹⁾ CZ, ES, CY, LV, HU and NL.

⁽⁹⁰⁾ DK, LV, LT and SK.

⁽⁹¹⁾ BE, IE and FI.

⁽⁹²⁾ BE, LU and FI.

⁽⁹³⁾ CZ, DK, IE, EL, FR, HR, CY, LV, LT, HU, PT, SK and SI.

⁽⁹⁴⁾ CZ, DK, IE, EL, CY, LV and SK.

⁽⁹⁵⁾ HR, CY, HU, PT and SI.

ened in three Member States ⁽⁹⁶⁾. Efforts to **promote existing counselling services** were identified in two Member States ⁽⁹⁷⁾. Of the 29 measures, 17 were implemented by CSOs and 10 were implemented by governments (see Table A15, Annex 2) ⁽⁹⁸⁾.

2.2.6. Services for children affected by intimate partner violence

Most of the measures implemented to support women victims of intimate partner violence **also extended the provision of support to their children**. For instance, shelters and crisis centres typically provide accommodation for both women and their children. The available literature indicates that the impacts of intimate partner violence on children are unique and far-reaching, including an increased risk of physical, psychological, social, emotional and behavioural problems such as mood and anxiety disorders, post-traumatic stress disorder, substance abuse and school-related problems (Bauer et al., 2006; Wathen and MacMillan, 2013). The Istanbul Convention calls for specialist support for children affected by intimate partner violence (Articles 22, 23 and 26) based on their needs. This includes age-appropriate psychosocial counselling and respect for the best interests of the child (Council of Europe, 2011).

In seven Member States ⁽⁹⁹⁾, eight measures **specifically aimed at supporting children** were identified. The measures were diverse and included additional funding for organisations working with vulnerable children, including those affected by intimate partner violence ⁽¹⁰⁰⁾; changes to court processes ⁽¹⁰¹⁾; online informa-

tion and resources for children, young people and their families ⁽¹⁰²⁾; and awareness-raising campaigns ⁽¹⁰³⁾. In Belgium, an existing practice of service providers **asking about children when intimate partner violence cases are reported** was strengthened and expanded as a practice to support justice and aid services ⁽¹⁰⁴⁾. The desk research found that six of the eight measures aimed at children were implemented by governments. The remaining two were implemented by CSOs (see Table A15, Annex 2).

2.2.7. Awareness-raising campaigns

Awareness-raising campaigns related to intimate partner violence in the context of Covid-19 were identified in 26 Member States ⁽¹⁰⁵⁾. These were distinct campaigns that were separate from promotional activities relating to other measures. Almost all Member States that implemented awareness-raising campaigns launched **new campaigns** in the period immediately before lockdown was imposed, during lockdown or after introducing movement restrictions. The only exception was the Netherlands, which relaunched an existing campaign.

Awareness-raising campaigns launched in early 2020 in **pre-lockdown periods** were mainly used to disseminate information about the continuity of service provision during the Covid-19 crisis. Those launched **during lockdown periods** (i.e. from early March to early July 2020) focused on providing information on how victims could access support ⁽¹⁰⁶⁾, encouraging witnesses to respond ⁽¹⁰⁷⁾, providing guidelines to help victims stay safe ⁽¹⁰⁸⁾, informing perpetrators about

⁽⁹⁶⁾ CZ, DK and FR.

⁽⁹⁷⁾ HU and LT.

⁽⁹⁸⁾ There were two measures for which the lead implementing agency was not clear from the desk research.

⁽⁹⁹⁾ CZ, DK, IE, EL, NL, PL and PT.

⁽¹⁰⁰⁾ DK and EL.

⁽¹⁰¹⁾ DK.

⁽¹⁰²⁾ DK.

⁽¹⁰³⁾ DK and IE.

⁽¹⁰⁴⁾ Mentioned by two government representatives.

⁽¹⁰⁵⁾ BE, BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, HU, MT, NL, AT, PL, PT, RO, SI, SK, FI and SE.

⁽¹⁰⁶⁾ BE, DK, DE, EE, IE, EL, ES, IT, CY, LV, LT, NL, RO, SK and FI.

⁽¹⁰⁷⁾ EE, EL, CY, MT and SK.

⁽¹⁰⁸⁾ AT, PT, RO and FI.

how to seek help to mitigate violent behaviour⁽¹⁰⁹⁾ and raising awareness of the risks faced by children⁽¹¹⁰⁾. While most awareness-raising campaigns focused primarily on women victims, measures in seven Member States⁽¹¹¹⁾ also targeted specific disadvantaged groups, such as refugees and migrant women⁽¹¹²⁾, women from Roma communities⁽¹¹³⁾, women who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)⁽¹¹⁴⁾ and women with hearing impairments⁽¹¹⁵⁾. Most of the awareness-raising campaigns (38 campaigns) were government-led. Around one third (23 campaigns) were led by CSOs. There was one campaign launched by the private sector and five campaigns were run through partnerships between the public sector, the private sector and/or CSOs (see Table A15, Annex 2).

2.3. Summary of the challenges and responses in the EU

Covid-19 presented a number of **challenges for service providers** with regard to ensuring continuity of service delivery, finding novel ways of providing support to victims, meeting the surge in demand for services, dealing with strain on service provider staff, reaching victims and identifying risk level in the context of limited in-person service delivery. The **limited additional funding** to support service providers in overcoming these challenges exacerbated existing issues of underfunding. For instance, only half of the surveyed service providers (12 respondents, from 9 Member States) that had made changes to service provision as a result of Covid-19 had received additional national or local government funding to support these activities.

Despite these challenges, national and regional governments, as well as CSOs, made widespread efforts to strengthen existing measures or introduce new measures to support victims

and their children during the Covid-19 pandemic across the 27 EU Member States.

Awareness-raising campaigns focusing on intimate partner violence in the context of Covid-19 were launched in nearly all Member States. The campaigns identified were predominantly government-led measures that disseminated information to the general public about service continuity during periods of lockdown.

Measures related to **communication and support tools** were also identified in a large number of Member States. Support to victims was offered through digital platforms in order to reach victims from diverse backgrounds and in the context of stay-at-home policies. However, such services are not adequate replacements for in-person services and raise concerns about accessibility for victims without the appropriate technology.

The third most prevalent measure identified was changes to **shelter accommodation**, which were identified in 16 Member States and mainly involved the provision of additional temporary accommodation or the introduction of protective measures to ensure that premises were 'Covid-19 safe'. There was an overall reduction in the capacity of shelter accommodation as a result of Covid-19 because of the requirement to ensure social distancing among residents to minimise virus transmission. This put pressure on service providers and resulted in what some perceived as a piecemeal and ad hoc approach to addressing service gaps.

Legislation was passed in six Member States to prevent victims from being trapped with perpetrators. Measures typically focused on ensuring that victims were able to safely flee perpetrators and avoid criminal liability (in the context of counter-pandemic travel restrictions). While shelter accommodation and legislative changes are crucial for protecting victims in the short

⁽¹⁰⁹⁾ LV and FI.

⁽¹¹⁰⁾ DK, FR, HU, CY, PL and PT.

⁽¹¹¹⁾ IE, EL, CY, LT, PL, PT and FI.

⁽¹¹²⁾ EL, PT and FI.

⁽¹¹³⁾ IE.

⁽¹¹⁴⁾ PL.

⁽¹¹⁵⁾ CY, LT and PT.

term, it is important to consider evidence highlighting the benefits of policies that prioritise keeping victims and their children at home and removing the perpetrator (Shenai et al., 2015).

Despite the unique and long-lasting impacts of intimate partner violence on children, creating a need for specialist child support, limited measures specifically tailored to **children affected by intimate partner violence** were identified in the EU. Moreover, **national action plans specifically addressing the issue of intimate partner violence in the context of the Covid-19 pandemic** were identified in only a small number of Member States.

The measures described above can serve as inspiring examples of how to better protect and support victims of intimate partner violence in times of pandemic and other natural disasters; however, more research is needed to evaluate their efficacy. So far, there is **little evidence available on the effectiveness of these measures**. In an effort to address this gap and provide early insights to inform policy recommendations, the next section assesses the measures implemented in four selected Member States (Belgium, Ireland, Spain and Slovenia) against criteria for identifying promising measures and exemplary practices.

3. Promising measures and exemplary practices in Belgium, Ireland, Spain and Slovenia

The criteria for identification of promising measures and exemplary practices in adapting support services to the challenges posed by the Covid-19 pandemic in the selected Member States were informed by the principles of the Istanbul Convention (see [Annex 1.7](#)). It provides the minimum standards for the operation and functioning of support for victims of intimate partner violence (Council of Europe, 2020). The first group of criteria focused on distinguishing between practices that were implemented as part of a broader response and supported by funding and collaboration between multiple stakeholders, and those that were implemented on an ad hoc basis. The second group of criteria assessed whether the practices were appropriately targeted towards women victims and their children, the timeliness of implementation, their transferability to other geographical contexts or crisis situations and if they were subject to monitoring or evaluation. In essence, the added value of the measures or practices deemed to be promising were assessed against the criteria to determine that they (to varying degrees) ensured the following.

- **Continuity of support** – measures or practices that were not disrupted and continued

to operate throughout the duration of the pandemic.

- **Accessibility of support** – measures or practices with sufficient capacity to meet demand, which provided access to all women victims and their children and offered tailored support to vulnerable populations.
- **Sustainability of support** – permanent or ongoing measures or practices that may extend beyond the pandemic and that are likely to improve support in the long term.

A total of 51 measures implemented between early March and the end of September 2020 were assessed against the criteria (see Table A16, [Annex 3](#)). These were 14 measures from Belgium, 23 measures from Ireland, 8 measures from Spain and 6 measures from Slovenia. Most of the measures were linked to national action plans or to legislative or judicial interventions. Communication and support tools – such as helplines and instant messaging services – and awareness-raising campaigns were also implemented in all four Member States and assessed. Of these 51 measures, **27 were identified as promising** according to the criteria developed (Table 1).

Table 1. Number of promising measures and exemplary practices identified by Member State

Member State	Broader measures	Ad hoc measures	Awareness campaigns	Total
Belgium	4	—	3	7
Ireland	5	3	4	12
Spain	3	1	1	5
Slovenia	1	1	1	3
Total	13	5	9	27

3.1. Measures implemented as part of a broader response

Of the 27 promising measures, 13 were introduced as part of a broader response, such as a national policy or action plan on gender-based violence (these measures are listed in Table A17, Annex 3). They often involved multiple stakeholders that coordinated implementation and provided funding for the continuation of the measure beyond the Covid-19 crisis. Measures embedded in broader government strategies are promising because of their greater propensity for longevity and sustainability, which are crucial for achieving systemic change.

3.1.1. National action plans and legislative or judicial interventions

In this category, seven measures, described below, were deemed to be promising. These measures were implemented by national governments and **provided the framework and impetus for further action**, which are necessary for an effective institutional response to intimate partner violence against women.

The first measure was identified in Spain, where **the national government adopted a Royal Decree Law (RDL)** on 15 March 2020. The RDL was part of the strategy to manage the health crisis stemming from Covid-19. The RDL was used to ensure **continuity of service provision**, which meant that services such as the 016 helpline (Ministry of Equality, 2020) – available in 52 languages (Kouimtsidis, 2020) – could continue to provide support to disadvantaged groups, including refugees and immigrants. It should be noted, however, that while the RDL **simplified procedures for accessing existing funds** by making related procedures more flexible, it did not include the provision of any additional funding (Kohan, 2020) ⁽¹¹⁶⁾.

The second promising measure identified in Spain was a **contingency plan specifically addressing the issue of intimate partner violence in the context of Covid-19** prepared by the Spanish Ministry of Equality in order to battle the potential increase in gender-based violence as a side effect of the lockdown imposed as a result of the pandemic (Ministry of Equality, 2020). The contingency plan, approved by the Council of Ministers on 31 March 2020 through RDL 12/2020, was designed to support both existing actions put in place under normal circumstances and the adoption of new measures ⁽¹¹⁷⁾ specifically devised to tackle the hardships that women victims and their children would face during the lockdown. This plan was developed jointly by the Government of Spain and the Ministry of Equality.

In Ireland, four promising measures were implemented as part of the **national interagency action plan for domestic abuse in Ireland's Covid-19 response** (Council of Europe, 2020). This action plan was **accompanied by over EUR 160 000 in funding** from the DOJE (Council of Europe, 2020). While this sum was deemed modest by some interviewees ⁽¹¹⁸⁾, they still considered the response from relevant bodies to have been effective, timely, coordinated and collaborative ⁽¹¹⁹⁾. The national police force's **proactive approach** of contacting previous domestic violence victims **as part of Operation Faoiseamh** was seen to have been a particularly effective element of the action plan ⁽¹²⁰⁾. As part of the plan, Tusla, Ireland's Child and Family Agency, also provided over **EUR 60 000 in funding** to cover Covid-19-related expenses incurred by service providers (Council of Europe, 2020). This was considered helpful and timely, as it allowed services to purchase laptops and mobile phones at the start of remote working, hire part-time ICT support ⁽¹²¹⁾ and even provide emergency accommodation ⁽¹²²⁾, although

⁽¹¹⁶⁾ Mentioned by two service providers.

⁽¹¹⁷⁾ The measures introduced under the contingency plan included the legal classification of service providers as providing essential services, an instant messaging counselling service and an awareness-raising campaign (Ministry of Equality, 2020).

⁽¹¹⁸⁾ Mentioned by one government representative and one service provider.

⁽¹¹⁹⁾ Mentioned by one government representative and one service provider.

⁽¹²⁰⁾ Mentioned by three service providers and one government representative.

⁽¹²¹⁾ Mentioned by one service provider.

⁽¹²²⁾ Mentioned by one service provider.

there was some criticism regarding delays in receiving funding ⁽¹²³⁾. **The judicial services in Ireland – courts, probation services and prisons – ensured continuity of services by prioritising domestic violence cases** (Council of Europe, 2020). Service providers in the sector, however, pushed for courts to also hear matters relating to breach of access and maintenance orders and to expand the use of remote hearings to improve access for women with limited mobility, for example because of a disability, inability to access certain forms of transport, childcare duties or a controlling partner ⁽¹²⁴⁾. This has since been put in motion, in the form of a progressive opening up of the courts to more cases and the introduction of remote access opportunities (Government of Ireland, 2020) ⁽¹²⁵⁾.

In Slovenia, the Ministry of Labour, Family, Social Affairs and Equal Opportunities announced EUR 1.93 million in **funding to support projects to help disadvantaged groups** affected by the Covid-19 pandemic, including victims of violence (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2020). However, by October 2020 these funds had not been received ⁽¹²⁶⁾.

In the cases of all three Member States (Ireland, Spain and Slovenia), the measures described above were introduced once lockdown had already begun, demonstrating an absence of the kind of preparation that has been strongly recommended by previous studies considering the impact of crisis situations on victims of intimate partner violence (Houghton, 2009; First et al., 2017; Peterman et al., 2020).

3.1.2. Communication and support tools

Five communication and support tools that were implemented between early March and the end of September 2020 as part of a broader government response were deemed to be promising. Four of these measures were accompanied by **increased funding** to support service providers to shift to new modes of working. In Belgium, funding from regional governments contributed to the initial start-up costs of facilitating the movement to online service provision, and multiple interviewees confirmed that online service provision would be ongoing ⁽¹²⁷⁾. This provision included the roll-out of an instant messaging-based counselling service ⁽¹²⁸⁾. In Ireland, funding was allocated by the DOJE under the action plan to support help-lines to transition to a remote working model (Council of Europe, 2020).

Other promising measures focused on ensuring that victims could **access support in a discreet manner** without raising perpetrators' suspicions. Spain (the Canary Islands) was the first country where the code word 'Mascarilla 19' was introduced as a communication tool that could be used discreetly by victims to seek help during lockdown ⁽¹²⁹⁾. The measure was introduced by the local government and involved collaboration between healthcare workers, police and service providers, although it did not receive any additional funding from the state ⁽¹³⁰⁾. This measure has since been implemented in other countries. In Belgium, it began locally but was rolled out to other regions (Caerels, 2020), and it was accompanied by **budget reserve funds** and a substantial awareness-raising campaign ⁽¹³¹⁾. While

⁽¹²³⁾ Mentioned by one service provider.

⁽¹²⁴⁾ Mentioned by one service provider.

⁽¹²⁵⁾ Mentioned by one service provider and one government representative.

⁽¹²⁶⁾ Mentioned by one service provider.

⁽¹²⁷⁾ Mentioned by two service providers and one government representative. The interviewees did not provide further details about funding available at federal level.

⁽¹²⁸⁾ Mentioned by one service provider.

⁽¹²⁹⁾ Mentioned by one service provider and one government representative.

⁽¹³⁰⁾ Mentioned by one service provider.

⁽¹³¹⁾ Mentioned by one government representative.

evaluation and monitoring data about this initiative are limited at this stage, one interviewee from Belgium indicated that this measure would be continued beyond the pandemic ⁽¹³²⁾. Notably, other countries (e.g. Portugal) did not implement this measure owing to concerns that the code word was becoming too widely known, including to potential perpetrators, and that using it might increase victims' risk (Council of Europe, 2020).

3.2. Ad hoc measures

Of the 27 promising measures, five were implemented on an ad hoc basis (the measures are listed in Table A18, Annex 3). These measures typically did not involve many stakeholders and were implemented on a temporary basis. While these measures are less likely to last over a long period of time, they were nonetheless seen to have been promising ⁽¹³³⁾ in providing emergency support and were potentially powerful solutions at critical moments of crisis.

3.2.1. Legislative or judicial interventions

One ad hoc promising legislative intervention introduced in Ireland accelerated access to a **rent supplement** for victims of intimate partner violence in response to the reduction in shelter capacity at national level due to Covid-19 (Department of Employment Affairs and Social Protection, 2020). While this measure was implemented at national level, it was only a **pilot project** and may or may not continue depending on the results of an evaluation ⁽¹³⁴⁾. The introduction of the measure was also delayed, with women gaining access to the supplement only

from early September 2020, months after the start of the Covid-19 outbreak ⁽¹³⁵⁾.

3.2.2. Shelters

Another promising initiative in Ireland was Airbnb's provision of **free emergency accommodation**, in collaboration with Safe Ireland and other service providers, in response to reduced shelter capacity (Mahon, 2020) ⁽¹³⁶⁾. There was some positive feedback about the existence and management of the initiative ⁽¹³⁷⁾, and interviewees indicated that the initiative would be formally assessed and that Airbnb appeared to be interested in its continuation in the long term ⁽¹³⁸⁾. Some interviewees were hesitant about championing the model, however, as they felt initiatives led by private enterprises, and not the government, should not be seen as the solution in countries following a model of state-based social care ⁽¹³⁹⁾. This kind of shelter model is also less likely to be accompanied by adequate psychological, emotional and legal support and counselling than those shelters designed to provide accommodation for women victims and their children.

3.2.3. Communication and support tools

Three ad hoc communication and support tools were assessed as promising. In Ireland and Slovenia, the **operating hours of helplines were extended**, and in Slovenia this was accompanied by an awareness-raising campaign (LMIT, 2020; Women's Aid, 2020). In Spain, the national government launched a **new counselling messaging service** (Ministry of Equality, 2020). While this was introduced only for the period of

⁽¹³²⁾ Mentioned by one government representative.

⁽¹³³⁾ These measures met the criteria for promising as set out in Table A13, Annex 1.7.

⁽¹³⁴⁾ Mentioned by two service providers.

⁽¹³⁵⁾ Mentioned by one service provider.

⁽¹³⁶⁾ Mentioned by two service providers.

⁽¹³⁷⁾ Mentioned by one service provider.

⁽¹³⁸⁾ Mentioned by one service provider.

⁽¹³⁹⁾ Mentioned by one service provider and one government representative.

strict lockdown, one interviewee indicated that the Ministry of Equality intended to make the measure permanent ⁽¹⁴⁰⁾.

3.3. Awareness-raising campaigns

Of the 27 promising measures, nine were awareness-raising campaigns (details of these campaigns are provided in Table A19, Annex 3). Five of these campaigns were launched by governments and the other four were led by CSOs.

Campaigns were launched in Belgium, Spain and Ireland. They focused on **informing victims about the availability of support services and how they could be accessed**.

In Belgium, two campaigns focused on raising awareness about the ongoing availability of hotlines for victims of intimate partner violence (Dernière Heure, 2020; SPW, 2020). The campaign *'Bang om in uw kot te blijven?'* ('Afraid to stay home?') was funded by the Flemish regional government and promoted by the 1712 helpline through social media and with the participation of organisations including the Red Cross. A similar campaign was organised in Wallonia with the message *'Rien ne justifie la violence conjugale'* ('Nothing justifies domestic violence'). This was a cooperative effort between the Brussels and Walloon regions that focused on raising awareness about the hotlines available during the Covid-19 crisis. It was made available to people who were hearing impaired or deaf. Despite the positive aspects of these campaigns in terms of the cooperation between stakeholders, concerns were expressed about funding support and accessibility to a variety of victims. One service provider in Wallonia had the impres-

sion that the awareness campaigns and the media's coverage of intimate partner violence might have created more anxiety than reassurance during the pandemic ⁽¹⁴¹⁾. For example, the interviewee had noticed that Belgian media outlets often reported on the dangers of intimate partner violence during lockdown without providing useful advice to victims on how to seek support ⁽¹⁴²⁾.

In Ireland, the ongoing nationwide #stillhere campaign was launched in mid April 2020 by the DOJE in collaboration with frontline services as part of the action plan (Fletcher, 2020; Council of Europe, 2020). All the interviewees reported that this campaign had a generally positive reception ⁽¹⁴³⁾. For example, it was described by one interviewee as 'an exemplary case of collaboration between NGOs and government and the government moving very quickly' ⁽¹⁴⁴⁾. One service provider felt that it had helped the general public become more aware of an increase in intimate partner violence ⁽¹⁴⁵⁾. Another service provider saw a 70 % spike in traffic to its website and an over 40 % spike in helpline calls as indications that the campaign had definitely helped increase awareness around the subject ⁽¹⁴⁶⁾. Anecdotally, some interviewees felt that 'the conversation around domestic violence specifically was amplified manifold' ⁽¹⁴⁷⁾. Nonetheless, it was also felt that there was still a lot of work to be done to cement awareness in all the relevant bodies and sectors that domestic violence is a serious crime ⁽¹⁴⁸⁾ and to sustain government engagement in the issue ⁽¹⁴⁹⁾. It is not known if any evaluation of the campaign will be conducted ⁽¹⁵⁰⁾.

In Spain, the Ministry of Equality's awareness-raising campaigns – such as *'Estamos contigo, la*

⁽¹⁴⁰⁾ Mentioned by one government representative.

⁽¹⁴¹⁾ Mentioned by one non-government service provider.

⁽¹⁴²⁾ Mentioned by one non-government service provider.

⁽¹⁴³⁾ Mentioned by two service providers, one government representative and one umbrella organisation.

⁽¹⁴⁴⁾ Mentioned by one umbrella organisation.

⁽¹⁴⁵⁾ Mentioned by one service provider.

⁽¹⁴⁶⁾ Mentioned by one service provider.

⁽¹⁴⁷⁾ Quote from one service provider; also mentioned by one service provider, one government representative and one umbrella organisation.

⁽¹⁴⁸⁾ Mentioned by two service providers and one government representative.

⁽¹⁴⁹⁾ Mentioned by one service provider.

⁽¹⁵⁰⁾ Mentioned by one service provider.

violencia de género la paramos unidas ('We are with you; together we will stop gender-based violence') – incorporated disseminating information on the emergency telephone number 016, and the emergency psychological WhatsApp service ⁽¹⁵¹⁾. The Ministry of Equality used a hashtag (#TodoSaldráBien, meaning 'everything will be fine') to promote the spread of the campaign through social media, billboards and printed and online posters (RTVE.es, 2020). However, during the initial weeks of the lockdown, when the campaign was introduced, there was another campaign urging people to stay at home for health reasons ⁽¹⁵²⁾. This contradicted messages urging women to leave their dangerous environment if they were living with their attacker. To address this contradiction, the '*Estamos contigo, la violencia de género la paramos unidas*' campaign sought to make it clear that, when experiencing intimate partner violence, women were allowed to leave home to seek protection ⁽¹⁵³⁾.

In Slovenia, awareness-raising was undertaken by **police encouraging victims to report violence and to reassure them that support was available** in spite of the pandemic. These measures were considered to have been effective by a number of interviewees ⁽¹⁵⁴⁾.

In Belgium, a poster campaign offering six **tips on how people could deal with conflict within their relationships and families** was run. In addition, the phone numbers of support services were provided. The poster campaign was promoted by the government and other service organisations ⁽¹⁵⁵⁾.

3.4. Summary of promising measures and exemplary practices

The study identified 27 promising measures that were implemented in Belgium, Ireland, Spain and Slovenia. These included 13 measures that

were implemented as part of a broader government response, five ad hoc measures and nine awareness-raising campaigns. **Government measures** to combat intimate partner violence were typically delivered as part of a broader strategy on mitigating the Covid-19 pandemic, involving coordination of stakeholders and funding. These measures were considered particularly promising because of their greater propensity for longevity and sustainability, which are crucial for achieving systemic change. The responses included legislative changes to ensure continuity of service provision by classifying victim services as essential, national action plans, remote communication and support tools, and mechanisms for victims to discreetly seek help (e.g. code words). In addition, one example of proactive outreach to children known to be previously affected by violence was also identified. Despite the promising nature of these measures, they were introduced after the Covid-19 outbreak, demonstrating a lack of preparation of the type that has been strongly recommended by previous studies considering the impact of crisis situations on victims of intimate partner violence (Houghton, 2009; First et al. 2017; Peterman et al. 2020).

Ad hoc measures typically involved fewer stakeholders and were implemented on a temporary basis. These measures have been anecdotally referred to as 'firefighting' interventions, introduced reactively to tackle current challenges, and they are less likely to have longevity. Nevertheless, those measures – such as providing access to a rent supplement for victims, the private provision of shelter accommodation, and the extension of helpline hours – have some promising characteristics.

Promising **awareness-raising campaigns** focused on (1) informing victims on the availability of and access to support services, (2) encouraging victims to report violence and (3) offering tips on conflict resolution within relationships

⁽¹⁵¹⁾ Mentioned by one government representative.

⁽¹⁵²⁾ Mentioned by one non-government service provider.

⁽¹⁵³⁾ Mentioned by one non-government service provider.

⁽¹⁵⁴⁾ Mentioned by two service providers and one government representative.

⁽¹⁵⁵⁾ Mentioned by one service provider.

and families. These campaigns were highlighted as promising for a range of reasons.

- While the campaigns were led either by governments or CSOs, they were widely promoted through cooperation among multiple stakeholders. For example, in Belgium posters were distributed by the government and various service providers.
- The messages were widely accessible and available on a range of online and offline platforms, including print and digital media. In some cases, the messaging was disseminated in multiple languages.

- There was an emphasis on ensuring that these messages were disseminated in a timely fashion to ensure that correct information reached the general public.

Some concerns were raised by stakeholders with regard to these campaigns. Some campaigns were useful in raising awareness of intimate partner violence more broadly but offered little practical advice on accessing support. In some instances, campaigns focusing on victims fleeing their perpetrators contradicted broader government messaging on stay-at-home policies, and this took time to rectify. The assessment of the real impact of these campaigns will require time and is still to be carried out.

4. Conclusions

Very few Member States adopted a comprehensive national policy or action plan addressing potential spikes of intimate partner violence in the context of Covid-19

The study found that 11 Member States introduced national policies or action plans, which to some extent addressed some challenges surrounding intimate partner violence in the context of Covid-19. However, **the research also found very limited evidence on national plans that focused specifically on intimate partner violence in the context of the Covid-19 pandemic. Such action plans were identified in only three Member States** (Ireland, Spain and Lithuania), while another three Member States (Czechia, Latvia and Poland) provided some guidelines addressing concerns around intimate partner violence in the context of Covid-19. No similar strategies or initiatives were identified in the remaining 21 Member States.

In addition, in all the cases mentioned above these national policies and action plans were adopted as **reactive responses**. All of them were developed and implemented after the Covid-19 outbreak. The study found that none of the Member States had an emergency strategy addressing spikes in intimate partner violence in times of crisis in place **before** the pandemic.

To ensure continuity of service delivery throughout the Covid-19 pandemic, legislation was used to classify victim support services as essential in a limited number of Member States

Despite research showing that access to formal support services becomes more challenging for victims of intimate partner violence during times of crisis, few Member States adopted legislative measures addressing this issue. The study found that **only eight Member States introduced legislation classifying support services for victims of intimate partner violence as**

essential in order to ensure continuity of service. As with national policies and action plans, these measures were adopted reactively, after the Covid-19 outbreak.

Legislative measures providing additional accommodation for victims were more common than those removing perpetrators

The study found that approaches to **preventing victims from being trapped with perpetrators varied across the Member States**. Eight Member States passed **legislation** to prevent victims from having to live with their abuser during lockdown. However, these measures typically focused on ensuring that victims were able to safely flee perpetrators and avoid criminal liability for travelling despite movement restrictions or that they were provided with alternative accommodation. However, **measures focused on removing the perpetrator from the home were less common**. This is despite its being well established that there are several benefits to policies that avoid displacing women victims and their children from the home.

Shortages in shelter accommodation caused by Covid-19 restrictions sparked cross-sectoral initiatives

The study identified promising responses to addressing reduced shelter capacity through the **provision of alternative housing to victims in private accommodation** (e.g. through Airbnb). While these measures were beneficial in providing short-term support, one-off initiatives led by private enterprises and providing temporary accommodation for victims that is not fit for this specific purpose in the long term are not sustainable solutions. Such measures are also less likely to provide adequate psychological, emotional and legal support and counselling than shelters designed to provide accommodation for women victims and their children.

Lack of sufficient funding and guidance from Member States placed an additional burden on service providers

The study found that the Covid-19 crisis posed new challenges to service providers. It revealed numerous **concerns on the part of service provider staff about how they were to provide high-quality services despite limited experience of or training in remote service provision and without face-to-face contact**. Service providers faced the further burden of adapting to the new reality, often struggling to ensure that staff possessed the required ICT capabilities and necessary equipment. As most helplines, counselling services and shelter accommodation across the EU adapted their operational approaches to the new circumstances, it was also necessary to undertake additional awareness-raising activities in order to communicate these changes.

The study also found that, owing to counter-pandemic restrictions including remote working, **staff struggled to maintain work-life boundaries and manage increased levels of stress**. This was **further exacerbated by the prolonged duration and uncertainty of the crisis, as well as insufficient funding**. In addition, the study did not identify measures to specifically address challenges related to strain on staff of support services. Interviews conducted during the study further suggested that support largely came from other service providers – through weekly group phone calls to discuss challenges and good practices, for example – rather than from governments.

All Member States recognised the need to raise awareness of the risk of a spike in intimate partner violence in the context of the pandemic

The study found that **all Member States recognised the importance of increasing aware-**

ness of intimate partner violence throughout the Covid-19 pandemic. Awareness campaigns were widespread, mainly government-led and typically carried out on social media, in the print media and/or on television. Awareness-raising campaigns that were launched in pre-lockdown periods were mainly used to disseminate information about the continuity of service provision during the Covid-19 crisis. Those launched during lockdown periods focused on providing information on how victims could access support, encouraging witnesses to respond, providing guidelines to help victims stay safe, informing perpetrators about how to seek help to mitigate violent behaviour and raising awareness about the risks faced by children. However, **these campaigns sometimes failed to offer practical advice on accessing support and were not always coordinated with other messages** communicated to the general public, in particular that they had to stay at home.

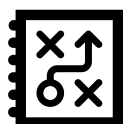
There was a limited focus on providing specialised support for children and disadvantaged groups affected by intimate partner violence

Services supporting women victims often extended provision to their children. However, measures specifically aimed at supporting children, such as changes to court processes or awareness campaigns focusing on children, were limited. This is concerning, given that the impact of intimate partner violence on children is unique and long-lasting, requiring specialised support. **The study identified very limited measures** to provide tailored support **for disadvantaged groups** such as refugees and migrant women, homeless women, elderly women, women who identify as LGBTIQ or women with hearing impairments.

5. Policy recommendations

5.1. Aiming to reduce violence against women in different crisis situations and including women-specific needs in emergency and recovery plans

Adopt national action plans to improve the long-term response to gender-based violence in times of crisis



Article 7 of the Istanbul Convention states that comprehensive and coordinated policies that encompass all relevant measures should be adopted state-wide as part of a holistic response to address gender-based violence (Council of Europe, 2011). Member States should develop national action plans to support women victims of intimate partner violence and their children based on the principles of the Istanbul Convention and the Convention on the Elimination of All Forms of Discrimination against Women. These action plans should set out detailed strategies for supporting women and their children in times of crisis and identify which stakeholders should be involved, what the sources of funding will be and which performance indicators will be used. The action plans should be evaluated to improve future policy and practice. Action plans are important for facilitating inter-institutional coordination, cooperation and communication and would improve Member States' long-term responses to gender-based violence in times of crisis and in their aftermath during the recovery phase.

Addressees: Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

Implement measures to protect victims and their children from perpetrators through rapid removal of the perpetrator



Article 52 of the Istanbul Convention states that, in situations of immediate danger, competent authorities must be granted the power to order a perpetrator of domestic violence to vacate the residence of the victim or person at risk for a sufficient period of time and to prohibit the perpetrator from entering the residence or contacting the victim or person at risk (Council of Europe, 2011). Strengthening the provision of emergency accommodation to allow victims to flee violent situations should be complemented by efforts to avoid the displacement of women and their children from the home, especially in times of crisis. Responses should focus on removing the perpetrator through, for example, an emergency barring order. To support these efforts, cases involving domestic violence in all its forms should be prioritised in court proceedings.

Article 53 of the Istanbul Convention states that legislative measures must be used to ensure that appropriate restraining or protection orders are available to victims (Council of Europe, 2011). Improved enforcement of these orders will increase protection of victims and their children.

Addressees: Member States (legislative, judicial and law enforcement bodies, including police forces).

5.2. Improving access to support services and limiting the impact of Covid-19 – and other potential crisis situations – on the functionality of support services

Adopt national legislation to ensure that support services for women victims of intimate partner violence and their children are recognised as essential services during states of emergency



Article 20 of the Istanbul Convention states that the necessary legislative or other measures must be taken to ensure that victims have access to services that facilitate their recovery from violence (Council of Europe, 2011). The introduction of national legislation to protect the provision of services for women victims and their children in states of emergency would ensure that, despite any future crises, services would continue to operate.

Addressees: Member States (legislative and judicial bodies).

Introduce helplines and communication tools that provide victims with the means to discreetly access support in times of crisis



Article 24 of the Istanbul Convention states that helplines should provide advice to callers confidentially and with due regard for their anonymity (Council of Europe, 2011). In addition to conventional helplines, in the context of crisis situations and stay-at-home policies, discreet and innovative mechanisms including mobile phone applications and code words should be implemented to enable victims to seek help without putting themselves at risk. The successful implementation of such tools requires cooperation between stakeholders both at national level and EU level.

Addressees: the EU institutions, Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

Provide additional funding to expand the capacity of support services to support women victims of intimate partner violence and their children in times of crisis



Article 20 of the Istanbul Convention states that support services for victims must be adequately resourced to assist victims and refer them to appropriate services (Council of Europe, 2011). More funding is needed for the recruitment of extra staff to meet increased demand and prevent too much strain on the service provider workforce during times of crisis.



Article 23 of the Istanbul Convention states that easily accessible shelters must be set up in sufficient numbers to provide safe accommodation for victims (Council of Europe, 2011). Additional funding is needed to ensure that during times of crisis new permanent shelters can be established – or existing shelter capacity extended – to help ensure that demand is met and specialist fit-for-purpose support is available. This should be complemented by efforts that focus on the rapid removal of the perpetrator.

Addressees: Member States, supported by the EU institutions.

Update service providers' procedures for risk assessment of victims to include remote service delivery rather than in-person settings only



Article 15 of the Istanbul Convention states that appropriate training on the prevention and detection of violence should be provided or strengthened for relevant professionals (Council of Europe, 2011). In the context of limited in-person service delivery, tailored risk assessment procedures need to be developed for remote settings. These procedures should build upon the [risk management principles developed by the European Institute for Gender Equality \(EIGE, 2019\)](#), as well as knowledge gained from practice-sharing opportunities.

Addressees: the EU institutions and Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

Evaluate measures to protect women victims of intimate partner violence and their children in times of crisis to improve future action



Article 11 of the Istanbul Convention states that research should be undertaken to assess the efficacy of measures taken to support and protect victims of violence (Council of Europe, 2011). Evaluation and monitoring of measures implemented in response to Covid-19 would help to improve existing practices and inform the design of future policies. This could include documenting the results of the promising measures and exemplary practices identified in this study. Remote modes of service delivery should be empirically assessed with regard to their ability to effectively identify risk and ensure victim safety. Robust evaluations of the reach and effectiveness of awareness campaigns could help to inform effective targeting of future campaigns at EU level. Empirical studies should be undertaken to assess the role of informal social networks in supporting victims during times of crisis, in addition to formal service provision by governments and CSOs.

Addressees: Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

Address the strain on service provider staff by adopting practices that support staff well-being



The EU's Working Time Directive (Directive 2003/88/EC) ⁽¹⁵⁶⁾ requires EU Member States to guarantee minimum standards regarding working hours to protect workers' health and safety. Similarly, the European Agency for Safety and Health at Work provides guidance and examples of good practice on addressing well-being at work, and in particular on identifying, preventing and managing psychosocial risks and work-related stress

⁽¹⁵⁶⁾ Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time. OJ L 299, 18.11.2003, p. 9–19 (<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:299:0009:0019:en:PDF>).

(EU-OSHA, 2020). Broadening hours of service operation helps to meet increased demand but needs to be accompanied by adequate support for service provider staff who are exposed to additional strain. Such support includes flexible working arrangements, additional time off and other practices to improve well-being.

Addressees: Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

Use awareness-raising campaigns to inform victims about where and how to access support services in times of crisis



Article 19 of the Istanbul Convention states that victims should receive adequate and timely information on available support services and legal measures in a language they understand (Council of Europe, 2011). Awareness-raising campaigns focused on practical aspects of accessing support should be launched at the outset of a crisis, sustained over the duration of the crisis, widely disseminated on multiple platforms (e.g. television, social media and service websites) and in multiple languages, and coordinated by various agencies to ensure consistent messaging.

Addressees: Member States (relevant public authorities, support services, CSOs promoting gender equality and combating gender-based violence), supported by the EU institutions.

Provide comprehensive initial vocational and in-service training for professionals supporting victims of violence



Article 15 of the Istanbul Convention highlights the importance of appropriate training of professionals dealing with victims (Council of Europe, 2011). Professionals in Member States would benefit from training and guidance around remote risk assessment, service delivery

and referral. To be more effective, guidance could target specific groups of professionals (e.g. the police and the judiciary, healthcare workers and social workers), and should be developed and disseminated in collaboration with professionals such as mental health professionals.

Addressees: Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

Share knowledge and practices among the staff of support services to facilitate the effective delivery of remote counselling to women victims and their children



In order to facilitate quick exchange of experiences and good practices, direct networking among service

providers at local, regional and international conferences should be prioritised. Community of practice events could be coordinated by the European Commission or its agencies (e.g. EIGE). Other (existing) mechanisms for information exchange include EU-level platforms such as the EU network on the prevention of gender-based violence and domestic violence proposed in the Gender Equality Strategy 2020-2025. Relevant EU instruments such as the EU Health Programme (European Commission, 2020) and the Justice Programme (European Commission, 2017) could be used to fund specialist training or the development of guidelines.

Addressees: the EU institutions and Member States (relevant public authorities, support services and CSOs promoting gender equality and combating gender-based violence).

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Annexes

Annex 1. Methodology

Table A1. Methodologies informing the objectives of the research

Objective	Methodology informing this objective	Annex reference for further details
Qualitatively and quantitatively scope out the impact of the Covid-19 pandemic on violence against women and analyse institutional responses intended to facilitate access to service provision for women victims of intimate partner violence and their children	Desk research to capture lessons learned from previous pandemics and natural disasters	1.1
	Desk research to capture early findings related to the impact of Covid-19	1.2
	Targeted desk research on the 27 Member States	1.3
	Survey of service providers	1.4
	In-depth research on four Member States (interviews and additional desk research)	1.5, 1.6
Identify similarities and differences in approaches to facilitating service access and raising awareness of violence against women across the Member States	Targeted desk research on the 27 Member States	1.3
	In-depth research on four Member States (interviews and additional desk research)	1.5, 1.6
Identify and illustrate examples of promising practices to be shared across the EU	In-depth research on four Member States (interviews and additional desk research)	1.5, 1.6
	Development of criteria for assessing practices as promising or exemplary	1.7
Develop a set of recommendations at EU and Member State levels on facilitating access to support services for women victims of intimate partner violence and their children, and reflect upon measures to be included in emergency and recovery plans	Triangulation of findings from all methods	—

1.1. Desk research to capture lessons learned from previous pandemics and natural disasters

Two research questions guided the desk research on previous pandemics and natural disasters between the years 2005 and 2020 (inclusive).

- What impact have previous pandemics and natural disasters had on the prevalence and risk of harm (including through lack of access to support services) for women victims of intimate partner violence and their children?
- What lessons can be learned from previous pandemics and natural disasters with regard to:
 - effective state/government responses to support women victims of intimate partner violence and their children; and
 - provision of effective support by government/non-government organisations that support and protect women victims of intimate partner violence and their children?

Search terms, data sources, and inclusion and exclusion criteria

Desk research on previous pandemics and natural disasters was conducted as a scoping exer-

cise rather than a systematic review or a rapid evidence assessment. Sources were identified through a targeted Boolean search in English of Google Scholar and Scopus using the search terms listed in Table A2.

Table A2. Search terms for desk research on previous pandemics and natural disasters

Google Scholar	Scopus
('intimate partner violence' OR 'domestic violence' OR 'domestic abuse' OR 'partner abuse') AND ('crisis' OR 'disaster' OR 'pandemic' OR 'recession') AND ('measure*' OR 'policy' OR 'response' OR 'support' OR 'help' OR 'shelter' OR 'helpline' OR 'house') AND ('review' OR 'systematic review' OR 'meta-analysis')	'domestic violence' OR 'intimate partner violence' AND 'crisis' OR 'disaster' OR 'pandemic' OR 'recession'

The inclusion criteria can be summarised as follows:

- The studies had to be academic or grey literature published between 2005 and 2020 (inclusive) that focused on impacts of previous pandemics, natural disasters and economic recessions on the prevalence and risk of harm for women victims of intimate partner violence, or responses to protect and support victims in such crisis situations.
- The geographical scope of the studies was worldwide. Initially, it was intended that priority would be given to studies published in developed countries (e.g. Organisation for Economic Co-operation and Development (OECD) member countries) having similar economic conditions to the EU Member States; however, in practice the vast majority of research identified focused on developing countries (i.e. those with a less developed industrial base than or a low Human Development Index compared with EU Member States and OECD countries).

To ensure the search was restricted to relevant studies, exclusion criteria were specified in the search protocol. National experts were instructed to restrict the search to studies on:

- responses to support and protect women victims of intimate partner violence and their children;
- responses and services provided by government and non-government organisations;
- responses including general and specialist services such as 24/7 helplines and other communication tools, shelters, counselling services, provision of public information on services and rights, awareness-raising campaigns, national policies or action plans, legislation, recovery plans and other social or healthcare services;
- responses to the Covid-19 pandemic, including newly introduced services and long-running services that pre-dated the pandemic and that had been adapted, changed or continued in response to the pandemic;
- responses already implemented in the Member State in question;
- responses implemented in the context of Covid-19 restrictions, lockdown and post-lockdown (including exit plans).

These searches were complemented by a snowballing approach, with forward and backward citation searches of relevant articles ⁽¹⁵⁷⁾.

⁽¹⁵⁷⁾ 'Snowballing' refers to screening the references of the identified sources for further relevant sources.

Analysis and synthesis of findings

A coding protocol was developed to extract relevant information from the selected sources. The protocol captured the following relevant information.

- Details of the previous pandemic, natural disaster or other crisis being examined (country affected, year, type of crisis).
- Risk factors for victims and their children resulting from the pandemic/crisis (e.g. locked inside with perpetrator, increased stress due to economic downturn, displacement from home).
- Type of measure or response.
 - Communication and support tools (e.g. helplines).
 - Counselling services.
 - Shelters.
 - Services for children of victims.
 - Awareness-raising campaigns.
 - National policies or action plans.
 - Legislation.
 - Recovery plans.
 - Other social or healthcare services.
- Target population (e.g. vulnerable groups).
- Implementing agency and funder.
- Duration of the measure (temporary/short-term or permanent/long-term).
- Whether the measure was embedded in a national policy or action plan.

- If the measure was introduced in a timely fashion in response to the crisis, or if it was already existing or scaled up.
- How the measure was promoted.
- Evaluation/monitoring/review.
 - Did the measure work well or improve outcomes (e.g. by increasing support or protection for victims and/or their children, or contributing to a reduction in the prevalence and severity of violence)?
 - Did the measure not work well or fail to improve outcomes, or did it have unintended consequences?

The protocol was then used to summarise the findings from the sources. Consideration was given to the extent to which the findings and lessons learned from previous pandemics and natural disasters were relevant to the unique circumstances surrounding Covid-19 and the stay-at-home restrictions imposed.

1.2. Desk research to capture early findings related to the impact of Covid-19 on women victims of intimate partner violence and their children in an international context

Desk research to capture early findings related to the impact of Covid-19 on women victims of intimate partner violence and their children was conducted following the methodology outlined in Table A1, using the search terms listed in Table A3.

Table A3. Search terms for desk research on early findings related to the impact of Covid-19 on women victims of intimate partner violence and their children

Google Scholar	Scopus
('intimate partner violence' OR 'domestic violence' OR 'domestic abuse' OR 'partner abuse') AND ('Covid' OR 'Covid-19' OR 'coronavirus') AND ('measure*' OR 'policy' OR 'response' OR 'support' OR 'help' OR 'shelter' OR 'helpline' OR 'house') AND ('review' OR 'systematic review' OR 'meta-analysis')	('domestic violence' OR 'intimate partner violence') AND ('Covid' OR 'Covid-19' OR 'coronavirus')

1.3. Targeted desk research on the 27 EU Member States to map the institutional responses intended to protect women victims of intimate partner violence and their children

Two research questions guided the targeted desk research mapping responses across the 27 EU Member States.

- What were the practices followed and challenges faced by EU Member States in providing support to victims of intimate partner violence and their children within the EU during the Covid-19 pandemic?
- Are there any specific provisions regarding intimate partner violence in recovery plans?

Search terms, data sources and inclusion and exclusion criteria

The targeted desk research was carried out as a scoping exercise rather than as a systematic review or a rapid evidence assessment. This was carried out by the national researchers rep-

resenting the 27 EU Member States. Because of the evolving nature of the pandemic, a snowballing approach was used for the search methodology. This included, but was not limited to, the following key steps.

1. Consulting the Council of Europe's dedicated website on protecting and promoting women's rights (Council of Europe, 2020).
2. Searching the websites of relevant national ministries, such as those ministries dealing with equality, justice and social affairs.
3. Searching the websites of service providers operating in each Member State.
4. Google searches – in national languages and English, as required – for other information not already captured. Search terms suggested for the Google searches are shown in Table A4.

A preliminary list of services and organisations was provided to the national researchers to guide the search process. These initial sources were used to 'snowball' the searches.

Table A4. Search terms for targeted desk research

Intimate partner violence		Institutional responses in the context of Covid-19		Member State
('violence' OR 'abuse') AND (('intimate' OR 'domestic' OR 'family' OR 'relationship' OR 'physical' OR 'sexual' OR 'psychological' OR 'economic'))	AND	('Covid' OR 'Covid-19' OR 'coronavirus' OR 'pandemic') AND (('service' OR 'support' OR 'help' OR 'shelter' OR 'helpline' OR 'counselling' OR 'therapy' OR 'housing'))	AND	('country identifier')

The inclusion and exclusion criteria for the targeted desk research are set out in Table A5.

Table A5. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Responses to support and protect women victims of intimate partner violence and their children	Responses to support and protect only male victims of intimate partner violence and their children
Responses and services provided by government (at all levels) and non-government organisations	Responses and services provided by actors other than government and non-government institutions (e.g. neighbourly help, community self-organisation initiatives)
Responses including general and specialist services such as 24/7 helplines and other communication tools, shelters, counselling services, provision of public information on services and rights, awareness-raising campaigns, national policies or action plans, legislation, recovery plans and other social or healthcare services	
Responses to the Covid-19 pandemic, including newly introduced services and long-running services that pre-dated the pandemic and that were adapted, changed or continued in response to the pandemic	Responses not specific to the Covid-19 pandemic
Responses implemented within the Member State to which the researcher is assigned (including cross-country responses that include that Member State)	Information relating to responses in countries not implemented in the Member State to which the researcher is assigned
Responses implemented in the context of Covid-19 restrictions, lockdown and post-lockdown (including exit plans)	

Analysis and synthesis of findings

The study team prepared a data extraction template to harmonise the outputs produced by the national researchers. The template consisted of a series of tables for extracting relevant information relating to the impact of Covid-19 and restrictions imposed in the Member States, responses to Covid-19 to support and protect women victims and their children, and details of specific measures imposed (including time of introduction, implementer and funder, rationale, target population, and evaluation and monitoring plans). The senior researchers and project manager reviewed the summaries produced by national researchers and collated them in a spreadsheet, allowing the responses across the Member States to be grouped and analysed for similarities and differences. This spreadsheet

formed the basis for producing the tabular and narrative summaries in this overview report.

Limitations of the data sources

The targeted desk research conducted by the national researchers, to the extent possible, provides an overview of the responses by the 27 EU Member States to support victims and their children during the Covid-19 pandemic. However, a number of the researchers mentioned difficulties in finding information⁽¹⁵⁸⁾. In some cases, measures or initiatives were briefly mentioned in government announcements, information sheets or media articles, without any references providing further information. At times, specific online searches for these measures or initiatives failed to produce more

⁽¹⁵⁸⁾ BE, CZ, FR, HR, IT, LU and MT.

details, and corroborating evidence of their existence could not be found. This is perhaps not surprising given the recent and evolving nature of the pandemic. In an effort to address these gaps, the targeted desk research was supplemented by other methodologies, including a survey of service providers in 17 Member States (Table A6) and interviews with 16 representatives from Belgium, Ireland, Spain and Slovenia (see Table A10).

1.4. Survey of services providing support to women victims of intimate partner violence and their children in the EU

The purpose of this survey was to provide an overview of the institutional responses in EU Member States intended to protect and support victims of intimate partner violence in the context of the Covid-19 pandemic, and to fill any gaps in the publicly available information identified through the desk research. The survey was designed to capture information on the level

of support provided during the Covid-19 pandemic, demand for services, victims' access to services and changes to support provided since the outbreak. The full list of survey questions can be found in Table A6.

The survey was administered online in English; potential participants were sent an email invitation. A minimum of three services in each Member State were invited to participate. Contacts were identified from an existing RAND Europe database from a previous study for EIGE, as well as from suggestions provided by the national researchers upon request. In order to maximise the response rate, the survey ran for a relatively long period, from 7 September to 28 September 2020. The list of contacts and the survey questions were approved by EIGE in advance.

There were 35 responses received in total, from the 196 service providers contacted. See Table A7 for the number of respondents per Member State and Table A8 for the number of respondents per category of support services.

Table A6. Survey questions

Section I – Impact and challenges of Covid-19																																				
1	In which country is your organisation based?																																			
2	<p>How would you describe the level of demand for your services during Covid-19 compared to before the pandemic?</p> <p><input type="checkbox"/> Much higher <input type="checkbox"/> Somewhat higher <input type="checkbox"/> No change <input type="checkbox"/> Somewhat lower <input type="checkbox"/> Much lower</p>																																			
3	<p>How would you describe the level of demand for your services during Covid-19 compared to before the pandemic?</p> <table border="1"> <thead> <tr> <th></th> <th>Much higher</th> <th>Somewhat higher</th> <th>The same</th> <th>Somewhat lower</th> <th>Much lower</th> <th>Not applicable</th> </tr> </thead> <tbody> <tr> <td>During lockdown</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>During high levels of restrictions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Once restrictions were lifted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>							Much higher	Somewhat higher	The same	Somewhat lower	Much lower	Not applicable	During lockdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During high levels of restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Once restrictions were lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Once restrictions were lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
4	<p>In your experience, how did the impact of intimate partner violence on women victims and their children change during Covid-19?</p> <table border="1"> <thead> <tr> <th></th> <th>Much higher</th> <th>Somewhat higher</th> <th>The same</th> <th>Somewhat lower</th> <th>Much lower</th> </tr> </thead> <tbody> <tr> <td>Severity of violence</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Frequency of violence</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Levels of distress among victims</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Level of reporting to relevant authorities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>							Much higher	Somewhat higher	The same	Somewhat lower	Much lower	Severity of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Levels of distress among victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of reporting to relevant authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level of reporting to relevant authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
5	<p>What evidence do you have to support this (e.g. official data, statistics kept by your organisation, media reports)?</p> <p>[open question]</p>																																			
6	<p>What were the main challenges faced by your organisation in supporting women victims of intimate partner violence and their children during Covid-19?</p> <p><input type="checkbox"/> Difficulties making and maintaining contact with the victim</p> <p><input type="checkbox"/> Decline of follow-up by victims</p> <p><input type="checkbox"/> Difficulties accurately assessing risk and determining protective measures remotely</p> <p><input type="checkbox"/> Difficulties engaging with children</p> <p><input type="checkbox"/> Reduction in staff</p> <p><input type="checkbox"/> Reduction in funding</p> <p><input type="checkbox"/> Reduction in services (e.g. shelters or support services had to close)</p> <p><input type="checkbox"/> Limited office capacity to provide services in house</p> <p><input type="checkbox"/> Unmanageable demand</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Other, please specify: _____</p>																																			
7	<p>What data or examples can you provide to illustrate this (e.g. number of staff or shelter places lost)?</p> <p>[open question]</p>																																			

Section II – Specific organisation’s response to Covid-19

8	<p>Which service(s) does your organisation provide for women victims of intimate partner violence and their children? (<i>Select all that apply</i>)</p> <p><input type="checkbox"/> Communication and support tools (e.g. helplines)</p> <p><input type="checkbox"/> Counselling services</p> <p><input type="checkbox"/> Shelters</p> <p><input type="checkbox"/> Child-related services</p> <p><input type="checkbox"/> Awareness-raising campaigns</p> <p><input type="checkbox"/> Other social or healthcare services. Specify: _____</p>																																			
9	<p>Has your organisation introduced any changes to services offered to women victims of intimate partner violence and their children in response to Covid-19?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>																																			
10	<p>What changes has your organisation made in response to Covid-19? (<i>Select all that apply</i>)</p> <p><input type="checkbox"/> New ways of accessing support (e.g. virtual, internet platforms)</p> <p><input type="checkbox"/> Changed opening times for providing support</p> <p><input type="checkbox"/> New services or types of support</p> <p><input type="checkbox"/> Targeting new or different groups of victims</p> <p><input type="checkbox"/> Increased publicity or awareness-raising activities for services offered</p> <p><input type="checkbox"/> Other, please specify: _____</p>																																			
11	<p>Are these changes intended to be temporary or permanent?</p> <table border="1" data-bbox="301 954 1374 1570"> <thead> <tr> <th></th> <th>Temporary</th> <th>Permanent</th> <th>I do not know</th> <th>Not applicable</th> </tr> </thead> <tbody> <tr> <td>New ways of accessing support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Changed opening times for providing support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>New services or types of support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Targeting new or different groups of victims</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Increased publicity or awareness-raising</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other, please specify:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Temporary	Permanent	I do not know	Not applicable	New ways of accessing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changed opening times for providing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New services or types of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Targeting new or different groups of victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased publicity or awareness-raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
12	<p>Could you tell us a bit more about your organisational response to Covid-19 (e.g. type of service, name of service, target group, link to more information)? [open question]</p>																																			
13	<p>Has your organisation received new or additional funds to support these activities? (<i>Select all that apply</i>)</p> <p><input type="checkbox"/> Yes, national government funding</p> <p><input type="checkbox"/> Yes, local government funding</p> <p><input type="checkbox"/> Yes, from other sources</p> <p><input type="checkbox"/> No additional funding provided</p>																																			
14	<p>Could you tell us a bit more about this new or additional funding (e.g. funder name(s), amounts, any conditions attached)? [open question]</p>																																			

15	<p>How was the general public made aware of the changes? (Select all that apply)</p> <p><input type="checkbox"/> Flyers/brochures</p> <p><input type="checkbox"/> Service website</p> <p><input type="checkbox"/> Print or TV media</p> <p><input type="checkbox"/> Social media</p> <p><input type="checkbox"/> Direct communication with at-risk groups</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Other, please specify: _____</p>
16	<p>Which groups of victims has your organisation targeted specifically in response to Covid-19? (Select all that apply)</p> <p><input type="checkbox"/> Women and their children</p> <p><input type="checkbox"/> Migrant women</p> <p><input type="checkbox"/> Lesbian, bisexual or transgender women</p> <p><input type="checkbox"/> Disabled women</p> <p><input type="checkbox"/> Homeless women</p> <p><input type="checkbox"/> Elderly women</p> <p><input type="checkbox"/> Ethnic minority women</p> <p><input type="checkbox"/> Sex workers</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Others: _____</p>
Section III – Governmental and non-governmental responses to Covid-19	
17	<p>Have there been any specific policies or measures changed or introduced by the regional/national government in your country to support women victims of intimate partner violence and their children during Covid-19?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
18	<p>What type of policies or measures have been changed or introduced by the government in response to Covid-19? (Select all that apply)</p> <p><input type="checkbox"/> National policy or action plan</p> <p><input type="checkbox"/> Recovery plan</p> <p><input type="checkbox"/> Legislation</p> <p><input type="checkbox"/> Communication and support tools (e.g. helplines)</p> <p><input type="checkbox"/> Counselling services</p> <p><input type="checkbox"/> Shelters</p> <p><input type="checkbox"/> Child-related services</p> <p><input type="checkbox"/> Awareness-raising campaigns</p> <p><input type="checkbox"/> Increased funding to implement such measures</p> <p><input type="checkbox"/> Other social or healthcare services. Specify: _____</p>
19	<p>Are these governmental policies or measures intended to be temporary or permanent?</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Some temporary, others permanent</p> <p><input type="checkbox"/> I do not know</p>
20	<p>Could you please tell us a bit more about the policies or measures introduced by the government? [open question]</p>
21	<p>Have there been any specific policies or measures changed or introduced by non-government organisations in your country to support women victims of intimate partner violence and their children during Covid-19?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

22	<p>What type of policies or measures have been changed or introduced by non-government organisations in response to Covid-19? (Select all that apply)</p> <p><input type="checkbox"/> Communication and support tools (e.g. helplines)</p> <p><input type="checkbox"/> Counselling services</p> <p><input type="checkbox"/> Shelters</p> <p><input type="checkbox"/> Child-related services</p> <p><input type="checkbox"/> Awareness-raising campaigns</p> <p><input type="checkbox"/> Other social or healthcare services. Specify: _____</p>
23	<p>Could you please tell us a bit more about the policies or measures introduced by non-government organisations (including who has introduced them, type of service, name of service, target group)?</p> <p>[open question]</p>
22	<p>In your opinion, are there any other policies or measures that could be introduced to support women victims of intimate partner violence and their children during Covid-19 (or other crises)?</p> <p>[open question]</p>

Table A7. Number of survey responses per Member State

Member State	Number of responses
BE	0
BG	2
CZ	0
DK	3
DE	0
EE	2
IE	2
EL	5
ES	0
FR	0
HR	3
IT	0
CY	2
LV	1
LT	2
LU	0
HU	1
MT	0
NL	0
AT	3
PL	0
PT	1
RO	2
SI	1
SK	1
FI	1
SE	3
Total	35

Table A8. Distribution of responses by service type (multiple answers possible)

Type of service provided	Number of responses
Communication and support tools	27
Awareness-raising campaigns	25
Counselling services	23
Shelters	15
Child-oriented services	13
Other social or healthcare services	13

1.5. Development of a list of criteria to be used to group Member States and select four on which in-depth research would be conducted

Table A9 outlines the criteria used to select Member States for in-depth research. The primary aim of these criteria was to select Member States that had introduced promising measures. It would be useful to explore the measures taken in these Member States further with the aim of drawing out recommendations and policy ideas. In addition to the criteria outlined below, emphasis was also placed on selecting Member States that had introduced diverse measures, to increase opportunities for learning from their responses. The selection approach involved the following components:

- EU-level data on gender-based violence for the Member States,
- qualitative data from the desk research,
- examination of practical considerations (e.g. expertise of core team).

Quantitative and qualitative characteristics of the Member States (see Table A9) were used to rank them. The selection of Member States was also guided by other national characteristics – such as geographical area and if they were old or new Member States – with the aim of selecting a mix.

Table A9. Variables used to inform the selection of Member States for in-depth research

Variable	Source	Rationale
Severe impacts of Covid-19		
Number of deaths	National research	Greater impact of Covid-19 will increase risk for victims and their children
Covid Index	Sustainable Development Report	
Economic impact – GDP decline	Eurostat (online data code namq_10_gdp)	
Stringent restrictions or lockdown measures		
Social isolation	National research	More severe restrictions will increase risk for victims and their children
Non-essential services closed	National research	
Schools closed	National research	
Mandatory lockdown	National research	
Duration of lockdown	National research	
High Gender Equality Index score and violence domain score	Gender Equality Index 2019	More equal Member States likely to be higher performing

Variable	Source	Rationale
Istanbul Convention ratified	Council of Europe	Member States who have ratified the Istanbul Convention likely to be higher performing
Not sampled in previous EIGE-funded study	RAND-EIGE study	Member States not previously examined through in-depth research will provide greater spread of knowledge
Sufficient information available	National research	Member States with low levels of information available may indicate minimal response and may prove difficult to explore in further depth
Preliminary indication that measures introduced are promising – including longer term responses embedded within national action plans and policies	National research	Member States responding in promising ways will be useful to explore further to inform recommendations and policy ideas

1.6. Interviews with stakeholders in each of the four selected Member States

Recruitment

Potential interviewees were identified from a list of contacts for a previous RAND-EIGE project on intimate partner violence in the EU

Member States, with some additional contacts provided by EIGE. All potential interviewees were provided with a letter of support supplied by EIGE, participant information sheet and consent form. Each contact received a follow-up email within a week of the initial email being sent. The interviewees by Member State and stakeholder group are shown in Table A10.

Table A10. Interviewees by Member State and stakeholder type

Member State	Service provider	Government representative	Academic	Total
Belgium	2	2	0	4
Ireland	3	1	0	4
Spain	2	2	0	4
Slovenia	2	1	1	4
Total	9	6	1	16

Conducting the interviews

The interviews were conducted remotely and recorded where possible. Interviewees gave verbal consent to the items stipulated in the consent form at the start of the interview. Interviews were conducted either in English or in one of the Member State's national languages, according to the preference of the interviewee,

with the topic guide translated by the national researcher accordingly. The English version of the topic guide can be found in Table A11. Each interview lasted between 30 minutes and 1 hour. The interviews were not transcribed, but detailed notes were written during the interview and/or taken from the recording in the language in which the interview was conducted and translated into English.

Analysis

The interview data, along with previously conducted and new additional research, informed both the case studies written by the national researchers and the spreadsheets of promising measures. Each national researcher was provided with a case study template to guide their composition and ensure a consistent structure across the four Member States, but it was strongly encouraged that the content of the case study be directed by the information

that emerged from the interviews and desk research.

While the type of information and perspectives gained from the interviews were highly dependent on the individuals involved, which in turn depended on who accepted the interview invitations, the combination of desk research and multiple interviews enabled a process of triangulation that ensured that sufficiently consistent and reliable information was obtained.

Table A11. English language topic guide

Section	No	Question
Introduction	1	Can you tell me a bit about yourself and your role in your organisation?
Key challenges for support services	2	What would you say are the three main challenges faced by support services during the Covid-19 pandemic?
	3	Are there any other challenges faced during the Covid-19 pandemic?
	4	How did these challenges evolve over the course of the crisis?
	5	How persistent would you say these challenges are?
Support for support services	6	Have these challenges that you've identified been addressed?
Promising measures to support women victims	7	In your opinion, what has been the most important or effective measure that has been introduced or changed in response to the Covid-19 pandemic to support women victims of intimate partner violence and their children in your country? Why?
	8	OPTIONAL – where additional information about known measures is missing: In our desk research we identified a number of other measures as well. These include ... Do you know about this measure? Could you give us some more information on it? <i>[Repeat for measures found in the desk research where information is still missing.]</i>
	8	For each of the measures mentioned Do you know whether any challenges arose in terms of implementing the measure?
	9	For each of the measures mentioned Is there any data or information available about the impact of the measure?
	10	For each of the measures mentioned In your opinion, how likely is it that this measure will help improve the support available to women victims of intimate partner violence and their children?
	11	What have been the awareness-raising or promotional activities introduced in your country to reach women victims of intimate partner violence?
Aftermath of the pandemic	12	Are plans for recovery – after the Covid-19 pandemic – being considered in your country?
Vulnerable groups	13	Can you tell me what specific provisions for vulnerable groups, such as disabled, migrant, transgender or homeless women, were created in response to the Covid-19 pandemic, if any?
Support for children of victims	14	Can you tell me what specific provisions there are to support the children of victims of intimate partner violence in the context of the Covid-19 pandemic?

Section	No	Question
Broader view	15	Are there any other measures or types of support that have been put in place during the pandemic to support women victims of intimate partner violence and their children that you think we should know about?
	16	In your opinion, how well are the national efforts to protect women and strengthen support services coordinated?
	17	In your view, do you think [name of the Member State] is doing enough to support women victims of intimate partner violence and their children during this time or could more be done?
Final comments	18	Do you have any final comments?

1.7. Development of criteria for assessing practices as promising or exemplary

In collaboration with EIGE, criteria were established to assess each of the measures or practices implemented in the four selected Member States (Belgium, Ireland, Spain and Slovenia). The measures that were assessed were those identified in the mapping of Member States that was undertaken in the first part of the study, in addition to any new measures that were identified through interviews or additional desk research. The purpose of the criteria was to identify promising measures and exemplary practices that could inform recommendations to Member States and the EU.

The criteria built upon previous work that has sought to define promising policy practices (see, for example, CDC, 2015; Nadia et al., 2017). Moreover, the criteria drew heavily upon the obligations set out in the Istanbul Convention (Council of Europe, 2011).

There were two sets of criteria, outlined in Tables A12 and A13. The first set of criteria (Table A12) focused on distinguishing between ad hoc practices and those that were part of broader government strategies. The national researchers scored each of the measures and practices in the four Member States against these criteria. For composite scores of 0–3, the practice is considered ad hoc. For composite scores of 4–6, the practice is considered embedded.

According to our criteria, embedded and ad hoc measures were defined as follows.

- **Embedded.** These measures were delivered as part of a government strategy or action plan on gender-based violence, involved coordination and integration of stakeholders for implementation, and ongoing funding was provided for the continuation of the measure beyond the pandemic. Measures embedded in broader government strategies are deemed to be particularly promising because of their greater propensity for longevity and sustainability, which are crucial for achieving systemic change.
- **Ad hoc.** These measures were typically stand-alone and not connected to any government policy or strategy, involved the integration of fewer stakeholders and were implemented on a temporary basis. These measures have been anecdotally referred to as ‘firefighting’ interventions, introduced reactively to tackle current challenges, and they are less likely to have longevity.

The second set of criteria (Table A13) focused on identifying promising measures and exemplary practices within each of these streams, considering **target population, implementation, transferability** and **monitoring**. There were also specific criteria for assessing **shelters** and **helplines**. The national researchers scored each of the measures and practices in the four Member States against these criteria

and red, amber and green ratings were given for each criterion, where 0 = red, 1 = amber and 2 = green. Majority red ratings excluded the measure or practice from recommendations, majority amber ratings had potential to be considered promising with some limitations and majority green ratings were considered promising. If information was insufficient to make an assessment, the criterion was marked 'N/A' (not available). Measures

with majority 'N/A' scores were given amber ratings.

Information was also recorded on the specific evidence supporting the assessment for each measure, which helped to ensure that the judgements made were reliable. Evidence was mainly qualitative and came from the desk research or interviews with representatives from the selected Member States.

Table A12. Distinguishing between ad hoc practices and those forming part of broader government strategies

Assessment criteria		Scoring
Policy embedment	The practice was part of a broader strategy or action plan on gender equality and gender-based violence.	0 = the practice was standalone/ad hoc and not part of any broader strategy or action plan on gender-based violence 1 = the practice was part of a strategy or action plan implemented at regional or local level 2 = the practice was embedded in a broader strategy or action plan on gender-based violence implemented at national level by government
Stakeholder engagement	The practice was integrated and coordinated, involving government agencies, CSOs, and national, regional and local parliaments and authorities	0 = the practice was not integrated or coordinated and involved only a single actor/organisation 1 = to some extent there was coordination and integration (e.g. more than one actor/organisation) 2 = to a great extent there was coordination and integration (e.g. a range of actors)
Funding	The practice has the potential to be implemented and sustained over time	0 = the practice is temporary and not intended to be extended; funding has been provided only on a short-term basis during the Covid-19 pandemic 1 = the practice will be ongoing beyond the Covid-19 pandemic, but not permanent 2 = the practice will be permanent and there is ongoing funding for its continuation

NB: For composite scores of 0–3, the practice is considered ad hoc. For composite scores of 4–6, the practice is considered embedded.

Table A13. Criteria for identifying promising measures and exemplary practices

Assessment criteria		Scoring
Target population	The practice is or has the potential to be tailored to vulnerable populations (e.g. migrant women, women asylum-seekers, women refugees)	0 = no tailored support for vulnerable groups 1 = some evidence of tailored support for vulnerable groups 2 = support is provided that specifically targets vulnerable groups
	The practice includes support for children affected by intimate partner violence	0 = support does not include children 1 = support does not target children but includes them 2 = support is provided that specifically targets children
	The practice effectively engaged the target population	0 = there is low engagement with the practice or measure (i.e. the service is operating under capacity) 1 = there is some engagement with the practice or measure 2 = there is considerable engagement with the practice or measure
Implementation	The practice was implemented efficiently and provided support to victims and their children during all phases of the Covid-19 pandemic and related restrictions	0 = the practice was not available to support victims during critical periods before, during and after Covid-19 restrictions 1 = the practice was only available to support victims at some critical points – e.g. during lockdown but not before or after 2 = the practice was available to offer support to victims at critical periods throughout the duration of the Covid-19 pandemic – i.e. before, during and after lockdown
	The practice was sufficiently promoted among the general population and potential service users	0 = there is no evidence that the practice was actively promoted 1 = there was some active promotion of the practice (e.g. flyers, posters) 2 = an awareness-raising campaign complemented the practice or the practice itself was an awareness-raising campaign
	The practice was sufficiently promoted among stakeholders (e.g. health practitioners, CSOs, civil servants)	0 = there is no evidence that the practice was actively promoted 1 = there was some active promotion of the practice (e.g. targeted consultation) 2 = an awareness-raising campaign complemented the practice or the practice itself was an awareness-raising campaign

Assessment criteria		Scoring
Transferability	The practice has the potential to be replicable/ generalisable to other geographical contexts	0 = the principles or ideas of the practice are unique to the geographical context of the Member State 1 = some of the principles or ideas of the practice may be applied in other geographical contexts/Member States 2 = the principles or ideas of the practice have been or can be applied in other geographical contexts/Member States
	The practice has the potential to be replicable/ generalisable to other pandemics or crisis situations	0 = the principles or ideas of the practice are unique to Covid-19 1 = some of the principles or ideas of the practice may be applied in other crises or pandemics 2 = the principles or ideas of the practice have been or can be applied in other crises or pandemics
Monitoring and evaluation	The practice is subject to some data collection, monitoring or evaluation	0 = there is no data collection, monitoring or evaluation planned or under way 1 = some administrative data are being collected or some monitoring is under way 2 = a robust evaluation is planned or under way
Helplines	Helplines were available 24/7 and free of charge (includes those that maintained functioning or were newly implemented in response to Covid-19)	0 = no 2 = yes
	Support provided via helplines included specialised legal or psychological support, consultations over the phone or by virtual means, and call-back services	0 = none or few of these requirements were met 1 = some of these requirements were met 2 = all or most of these requirements were met
Shelters	Shelters were accessible and had enough capacity to meet demand	0 = no 2 = yes
	Level of service included separate rooms/flats; access to facilities including bathrooms and kitchens; sufficient length of stay; provision of additional support services such as psychological help, financial aid or help with finding a job; and protective measures from Covid-19 such as isolation rooms for quarantine	0 = none or few of these requirements were met 1 = some of these requirements were met 2 = all or most of these requirements were met

NB: Where evidence was not available to reliably assign a score for a criterion, N/A was recorded.

Annex 2. Additional results from Member State mapping

Table A14. Overview of responses to Covid-19 by Member States to support and protect women victims of intimate partner violence and their children

Response category	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	Total MSs that implemented the response
Communication and support tools (e.g. helplines)	•	•	•	•		•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	24
Counselling services			•	•			•	•		•	•		•	•	•		•					•		•	•			13
Shelters	•			•	•		•	•		•		•	•		•			•	•		•	•			•	•	•	16
Awareness-raising campaigns	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	26
National policies or action plans	•		•				•		•	•			•	•	•	•					•	•						11
Legislation	•		•		•	•	•		•	•				•	•			•			•	•		•	•			14
Services for children affected by intimate partner violence			•	•			•	•											•			•						6
Number of response categories implemented	5	1	6	5	3	3	6	4	4	6	3	3	5	5	6	2	3	4	4	2	5	7	1	4	5	3	3	—
Number of individual measures	12	5	8	22	3	10	14	8	7	12	3	5	10	9	12	5	5	8	6	2	15	16	4	7	5	5	10	228
Number of new measures	9	3	7	13	3	5	13	6	5	10	1	4	10	7	8	5	5	3	4	2	11	12	4	4	4	2	7	167
Number of existing measures	3	2	1	9	—	5	1	2	2	2	2	1	—	2	4	—	—	5	2	—	4	4	—	3	1	3	3	61

Source: Created by the research team based on inputs from national researchers.

Table A15. Number of measures by implementing agency and response category

Response category	Government	Civil society	Private sector	Government and civil society partnership	Civil society and private sector partnership	Government and private sector partnership	Unclear (*)	Total number of individual measures
Communication and support tools	37	18	2	8	—	1	—	66
Counselling services	10	17	—	—	—	—	2	29
Shelters	14	7	1	—	—	2	—	24
Awareness-raising campaigns	38	23	1	1	3	1	—	67
National policies or action plans	13	—	—	—	—	—	—	13
Legislation	21	—	—	—	—	—	—	21
Services for children affected by intimate partner violence	6	2	—	—	—	—	—	8
Total number of individual measures	139	67	4	9	3	4	2	228

(*) For these two counselling measures, there was insufficient detail available through desk research to ascertain the implementing agency.

NB: The 'implementing agency' is the agency with primary responsibility for implementation. Funding for the measure may have been provided by other organisations.

Source: Created by the research team based on inputs from national researchers.

Annex 3. Additional results from in-depth research on four selected Member States

The measures assessed against the criteria for promising measures for the four selected Member States (Belgium, Ireland, Spain and Slovenia) were identified in the targeted desk research (described in [Annex 1.3](#)) and interviews con-

ducted by the national researchers as part of the in-depth research (described in [Annex 1.6](#)). There may be discrepancies in the numbers of individual measures as a result of the phased approach of this study.

Table A16. Number and type of measures assessed against the criteria, by Member State (n (%))

	Belgium	Spain	Ireland	Slovenia	Total
Communication and support tools	4 (31)	4 (31)	3 (23)	2 (15)	13 (100)
Counselling services	—	1 (100)	—	—	1 (100)
Shelters	1 (20)	—	4 (80)	—	5 (100)
Legislative and judicial initiatives	4 (23)	2 (12)	10 (59)	1 (6)	17 (100)
Awareness-raising campaigns	3 (30)	1 (10)	4 (40)	2 (20)	10 (100)
Support for children of victims	2 (67)	—	1 (33)	—	3 (100)
Other social or healthcare services	—	—	1 (50)	1 (50)	2 (100)
Total	14 (27)	8 (16)	23 (45)	6 (12)	51 (100)

Source: Authors' calculations.

Table A17. Measures classified as promising or exemplary that were implemented as part of a broader government strategy or embedded approach

Member State	Brief description of measure	Qualitative summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
National action plans and legislative or judicial interventions					
IE	Interagency action plan for domestic abuse in Ireland's Covid-19 response	This action plan involved strong collaboration between various government and non-government bodies and involved a number of measures operating at different levels, including funding, which would have had follow-on effects. The action plan was initiated by the DOJE very early on in the crisis. A collaborative response across multiple bodies and initiatives can be effective in a variety of geographical contexts and is likely to increase the effectiveness of a national response to any crisis			National response accompanied by funding
IE	Operation Faioseamh: the national police service of Ireland contacted anyone who had received a domestic callout over the previous 2 years to check in and remind them that support was available	As part of the interagency action plan for domestic abuse, the police force proactively contacted individuals who had received domestic violence callouts in the past 2 years. This response was introduced very early on and is intended to continue for the foreseeable future. It is anecdotally considered by stakeholders to have been effective. The initiative was accompanied by an awareness-raising campaign. Introducing a proactive and focused approach to domestic violence in the police force could be applied in other geographical areas and could be an effective response in a variety of disaster scenarios		Proactive contact with victims made by police (not limited to those with internet access)	
IE	The courts, probation services and prison services gave priority to and put an emphasis on intimate partner violence cases during the pandemic	Part of the interagency action plan for domestic abuse, and consequently accompanied by a governmental campaign. This prioritisation of domestic violence-related cases at multiple levels of the judicial system was introduced quickly in response to the crisis. All geographical areas could effectively encourage such prioritisation in their own judicial systems, and this could be an effective way of ensuring that domestic violence remains a key focus in a variety of disaster contexts	Domestic violence cases prioritised in courts		National response

Member State	Brief description of measure	Qualitative summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
IE	Tusla provided funding for any Covid-related expenses	Tusla supplied service providers with funding to cover Covid-related expenses, including PPE, equipment for remote working and even temporary accommodation for victims. Provision of additional financial aid to existing services could be applied in any geographical area and could facilitate adaptation to the challenges that result from any kind of disaster context	Service providers able to work remotely and continue providing support		National response, increased funding
ES	Contingency plan to combat gender-based violence during the crisis stemming from the pandemic	The plan was established by the Ministry of Equality in March 2020, at the beginning of the crisis, and involved collaboration across multiple bodies. The plan committed funding to a series of strategic and operational measures to prevent, control and minimise risk of harm to women victims and their children in the context of the pandemic			National response accompanied by funding
ES	RDL declaring that the specialised services that protect and assist victims of gender-based violence and their children are essential and may continue operating, as well as allowing victims to travel during lockdown for safety reasons	Pushed forward by a contingency plan, this national legislation was passed in a timely fashion in March 2020. It was promoted among relevant stakeholders and ensured legislative support for essential services to continue and for women victims to be protected. The legislative basis meant that services could continue to operate without disruption and is a model that could be applied in other contexts	Services for victims classified as essential		Permanent legislative change
SI	Ministry of Labour, Family, Social Affairs and Equal Opportunities announced funding for projects to support vulnerable populations, including victims of violence	A national response including commitment of funding to projects supporting vulnerable groups such as women who are victims of violence			National response, funding
Communication and support tools					
BE	Extended opening hours of telephone helplines with increased subsidy from the regional government	Implemented swiftly when the national lockdown measures were introduced thanks to regional government support and funding, as well as social workers' mobilisation. Enabled service providers to respond to the sharp increase in demand for telephone counselling services	Service providers able to work remotely and continue providing support	Increased capacity of service	Increased funding

Member State	Brief description of measure	Qualitative summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
BE	Increased focus on instant messaging helpline service	Enabled victims to discreetly reach counselling services and gave deaf and partially hearing victims access to these services. Easily embedded into the helpline's practices thanks to social workers' versatility and additional funding from the regional government		Novel means of accessing support, targeting vulnerable groups	Increased funding
IE	Funding to maintain and extend existing communication and support tools for victims	Provided by the DOJE as part of the interagency action plan for domestic abuse, which involved a governmental awareness-raising campaign. This funding enabled service providers to better shift to a remote working model. Financial support for existing services is an approach that could easily be applied in other regions and disaster contexts, and which increases services' capacity to respond to associated challenges	Service providers able to work remotely and continue providing support	Novel means of accessing support	National response accompanied by increased funding
ES	Code word 'mask 19' to allow victims to discreetly seek support	This measure began in Spain and has been transferred to other European contexts, including Belgium. It involves coordination across multiple stakeholders, including health practitioners, police and service providers		Novel means of accessing support (not limited to those with internet access)	
BE	Adapted from Spain – code word 'mask 19' to allow victims to discreetly seek support	An ongoing process evaluation of the measure in a Walloon city suggests that the code word was frequently used by victims of intimate partner violence, especially in pharmacies. As a result, the Walloon government is planning to implement the measure across the region. However, evidence suggests that the measure was less effective in Flanders		Novel means of accessing support (not limited to those with internet access)	Subject to evaluation
Services for children of victims of intimate partner violence					
BE	Child-reflex methodology: Flemish service providers checking whether children are involved in conflict in families	Embedded practice across Belgium, which pre-dates the pandemic as part of mental healthcare services but was expanded and strengthened during the pandemic with the participation of first aid and justice services. Children are effectively targeted, as service providers are required to ask about children when intimate partner violence cases are reported		Proactive enquiry about children	National response

Source: Created by the authors.

Table A18. Measures classified as promising or exemplary that were implemented as part of an ad hoc approach

Member State	Brief description of measure	Summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
Legislative or judicial interventions					
IE	Pilot scheme involving changes to a rent supplement to make it more easily available to victims	This response to the key issue of a housing crisis and a drop in shelter capacity at national government level was actively promoted among the general public and considered by stakeholders to be an appropriate and effective measure. Facilitating access to affordable housing would be applicable in most disaster contexts, particularly as financial strain is often one of the key exacerbating factors of increased domestic abuse prevalence		Accelerating access to support for victims, supported by an awareness-raising campaign	Pilot scheme that may or may not continue
Shelters					
IE	Airbnb providing free temporary housing for victims of domestic violence where specialist emergency accommodation was not available	This timely response to a reduction in shelter capacity included a strong campaign to raise awareness around the availability of temporary accommodation, and respectful and considerate management of the service. It would be easily transferable as an initiative to all areas where Airbnb has a presence		Meeting increased demand for shelter accommodation	
Communication and support tools					
IE	Women's Aid national helpline instant messaging service – additional hours	The service provider responded very quickly to reports of an increase in demand in other areas impacted by the pandemic by increasing the availability of its remote services. This method of service delivery, and quickly increasing its availability, would be easily transferable to other geographical areas and disaster contexts	Increased capacity of service		
ES	New instant messaging service via WhatsApp, available 24 hours a day, 7 days a week, for advice and immediate emotional and psychological counselling for victims	The service complied with the requirements of the Istanbul Convention in that it operated 24 hours a day, 7 days a week, and was free of charge. It also provided specialised support and it was available remotely. The measure was introduced in a timely manner, at the beginning of lockdown in March 2020. It was delivered at national level and coordinated by the Ministry of Equality. It involved collaboration between government and non-government stakeholders		Meeting increased demand for counselling and psychological support	National response

Member State	Brief description of measure	Summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
SI	Extended hotline hours offered by the service provider Društvo SOS, available for free (24/7), and publication of accompanying press releases	Društvo SOS extended the hours of its helpline and published press releases about important related information early on in the crisis. Their services were in great demand and were accompanied by an awareness-raising campaign. This extension of an existing service and provision of relevant information on a service provider website could easily be applied in other geographical areas and various disaster contexts	Increased capacity of service	Accompanied by awareness-raising campaign	

Source: Created by the authors.

Table A19. Awareness-raising campaigns classified as promising or exemplary

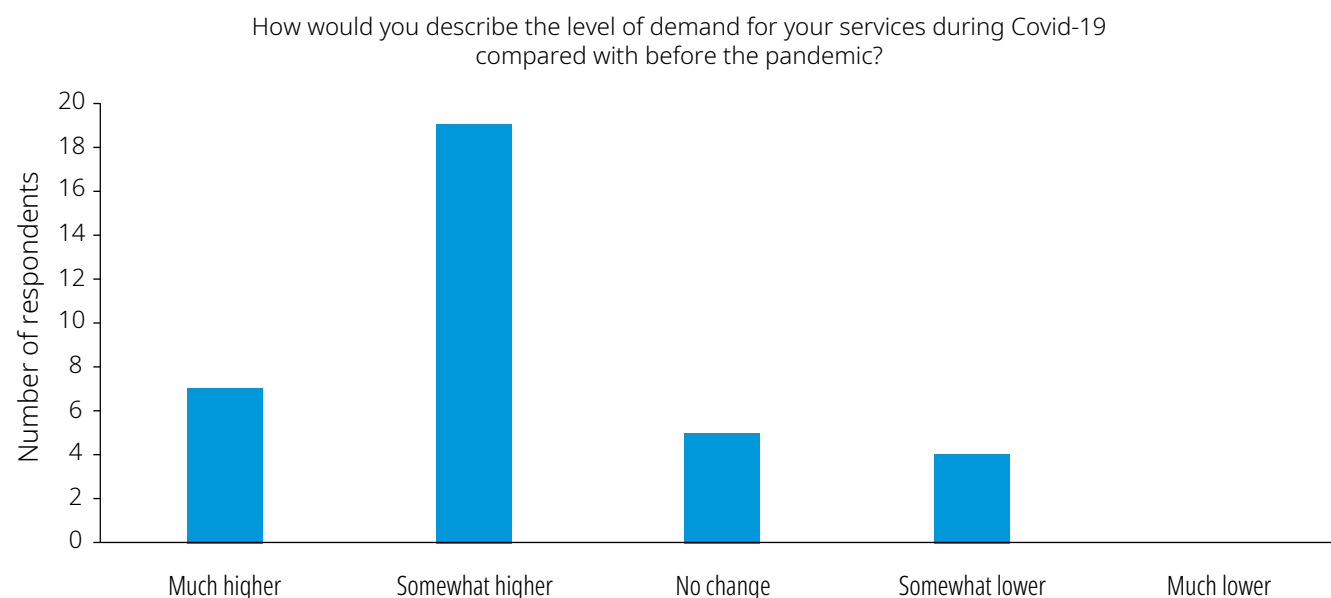
MS	Brief description of measure	Embedded or ad hoc	Qualitative summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
BE	Poster campaign about how to deal with tensions in families (the 1712 helpline) (CSO-led)	Embedded	Anticipated the potential tensions that would arise in families during lockdown. Offered accessible tips on how to deal with tensions in families. Promoted by a diverse group of stakeholders, including the police, Flemish government and media	Messaging focused on informing victims that support was available		Cooperative effort by multiple stakeholders
BE	' <i>Rien ne justifie la violence conjugale</i> ' ('Nothing justifies domestic violence') by the task force on <i>violences conjugales et intrafamiliales</i> (domestic and intra-family violence) (government-led)	Embedded	Promoted during the lockdown (April to May 2020) to raise awareness about the hotlines available. Cooperative effort between the Brussels and Walloon regions		Multiple languages, accessible to partially hearing and deaf people	National response
BE	Online campaign 'Afraid to stay at home?' to raise awareness about domestic violence (the 1712 helpline) (CSO-led)	Embedded	Implemented with additional funding from the Flemish government in response to the potential increase in domestic violence during lockdown. Other organisations, such as the Red Cross, also referred to the campaign, for example on their websites. Partially as a result of this campaign, the number of calls to the hotline increased during lockdown	Messaging focused on informing victims that support was available	Widely promoted	Increased funding
IE	#stillhere campaign (government-led)	Embedded	Part of the interagency action plan for domestic abuse and initiated by the DOJE, this campaign was introduced quickly in response to concerns raised at the start of the crisis. It involved collaboration between a variety of government and non-government bodies and operated across a number of platforms. It included provisions specifically targeting children. It could be equally effective in other geographical areas and disaster contexts, as it is driven by the government and aims simply to retain domestic violence as a priority issue in the context of a variety of other broader challenges	Messaging focused on informing victims that support was available	Operated across a number of platforms	National response, increased funding

MS	Brief description of measure	Embedded or ad hoc	Qualitative summary of promising or exemplary aspects	Ensuring continuity	Ensuring accessibility	Ensuring sustainability
IE	Creation of a list of resources and sources of support for women impacted by the Covid-19 pandemic and intimate partner violence (government-led)	Ad hoc	Part of the interagency action plan for domestic abuse, this was accompanied by a governmental awareness campaign and carried out by the National Women's Council of Ireland. This list was published early on in the crisis. As a basic effort to provide information on available existing support services and resources, it could be easily applied in various areas and disaster contexts	Messaging focused on informing victims that support was available		National response, increased funding
IE	Women's Aid awareness-raising campaign (CSO-led)	Ad hoc	Introduced very early on in the crisis in response to reports of an increase in prevalence of intimate partner violence in other pandemic-affected areas. As it was run by a non-government organisation, this kind of campaign could be introduced in any geographical area and in any disaster context to raise public awareness that intimate partner violence is and remains an issue and that support is still available	Included messaging to assure victims that support was still available		
IE	Online resources for Roma and Traveller communities (CSO-led)	Ad hoc	Pavee Point, the representative body of the Roma and Traveller community, provided a timely response that directly targeted a vulnerable population group by supplying information about available resources and a reminder that support was available. This kind of information provision and reminder for more isolated population groups could be applied in any geographical area and would be appropriate in any disaster context	Messaging focused on informing victims that support was available	Tailored support to vulnerable populations	
ES	<i>'Estamos contigo, la violencia de género la paramos unidas'</i> ('We are with you; together we will stop gender-based violence') (government-led)	Embedded	Launched by the Ministry of Equality, the campaign focused on informing victims of available support, as well as providing messaging that violence against women is a human-rights violation and not a private issue. The campaign was run in print and digital media	Messaging focused on informing victims that support was available	Available in print and digital media	National response
SI	Police awareness-raising campaigns concerning family violence were launched, aimed at encouraging victims, family members, neighbours and the general public to report concerns about violence (police-led)	Ad hoc	The police actively encouraged and publicised the importance of reporting instances of violence, targeting witnesses as well as victims. This emphasis placed on intimate partner violence by the police could be introduced in any geographical area and would be relevant in any disaster context			National response

Source: Created by the authors.

Annex 4. Additional results from the survey

Figure A1. Changes in level of demand for services during the Covid-19 pandemic



Source: Created by the authors.

Table A20. Variation in level of demand for services during the Covid-19 pandemic (% (n))

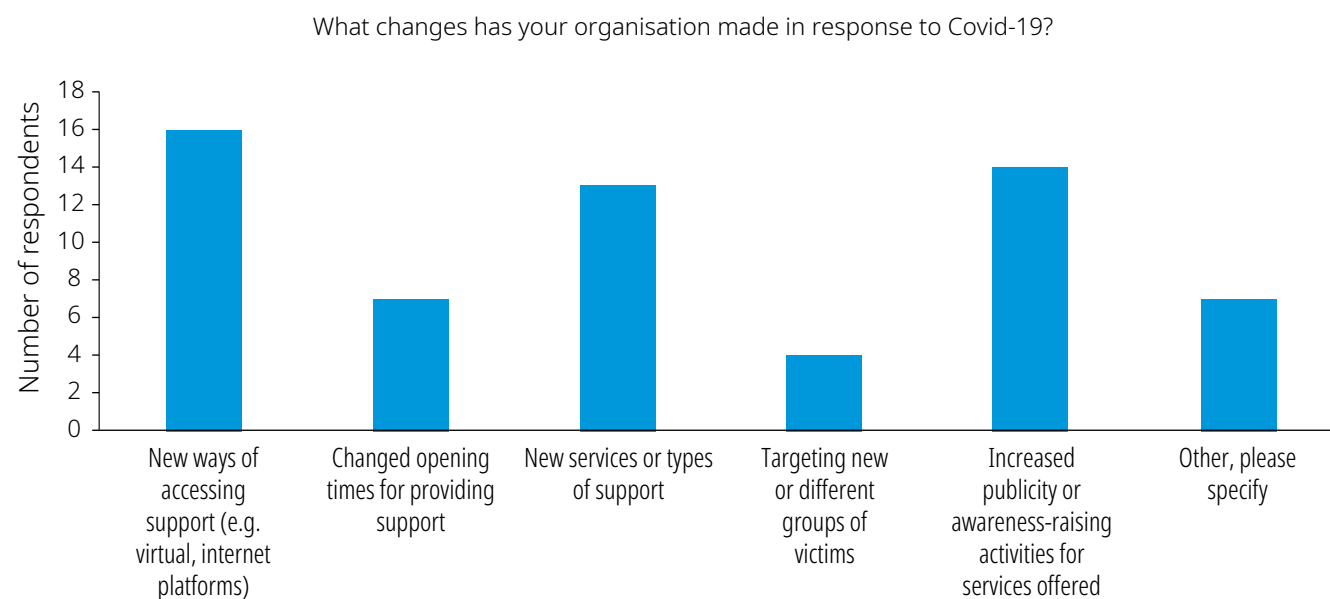
How would you describe the level of demand for your services during Covid-19 compared with before the pandemic?							
	Much higher	Somewhat higher	The same	Somewhat lower	Much lower	Not applicable	Response total
During lockdown (people allowed to leave their houses only if absolutely necessary, e.g. to go to a grocery, pharmacy, etc.)	22.9 % (8)	34.3 % (12)	5.7 % (2)	11.4 % (4)	2.9 % (1)	22.9 % (8)	35
During high levels of restrictions (people advised to stay at home but allowed to leave home, e.g. for exercise, socially distanced meetings)	22.9 % (8)	42.9 % (15)	8.6 % (3)	20.0 % (7)	2.9 % (1)	2.9 % (1)	35
Once restrictions were lifted	28.6 % (10)	42.9 % (15)	20.0 % (7)	2.9 % (1)	0.0 % (0)	5.7 % (2)	35

Source: Created by the authors.

Table A21. Changes in the nature of intimate partner violence during the Covid-19 pandemic (% (n))

In your experience, how did the impact of intimate partner violence on women victims and their children change during Covid-19?						
	Much higher	Somewhat higher	The same	Somewhat lower	Much lower	Response total
Severity of violence	20.0 % (7)	37.1 % (13)	42.9 % (15)	0.0 % (0)	0.0 % (0)	35
Frequency of violence	17.1 % (6)	57.1 % (20)	22.9 % (8)	2.9 % (1)	0.0 % (0)	35
Levels of distress among victims	51.4 % (18)	28.6 % (10)	20.0 % (7)	0.0 % (0)	0.0 % (0)	35
Level of reporting to relevant authorities	20.0 % (7)	37.1 % (13)	11.4 % (4)	28.6 % (10)	2.9 % (1)	35

Source: Created by the authors.

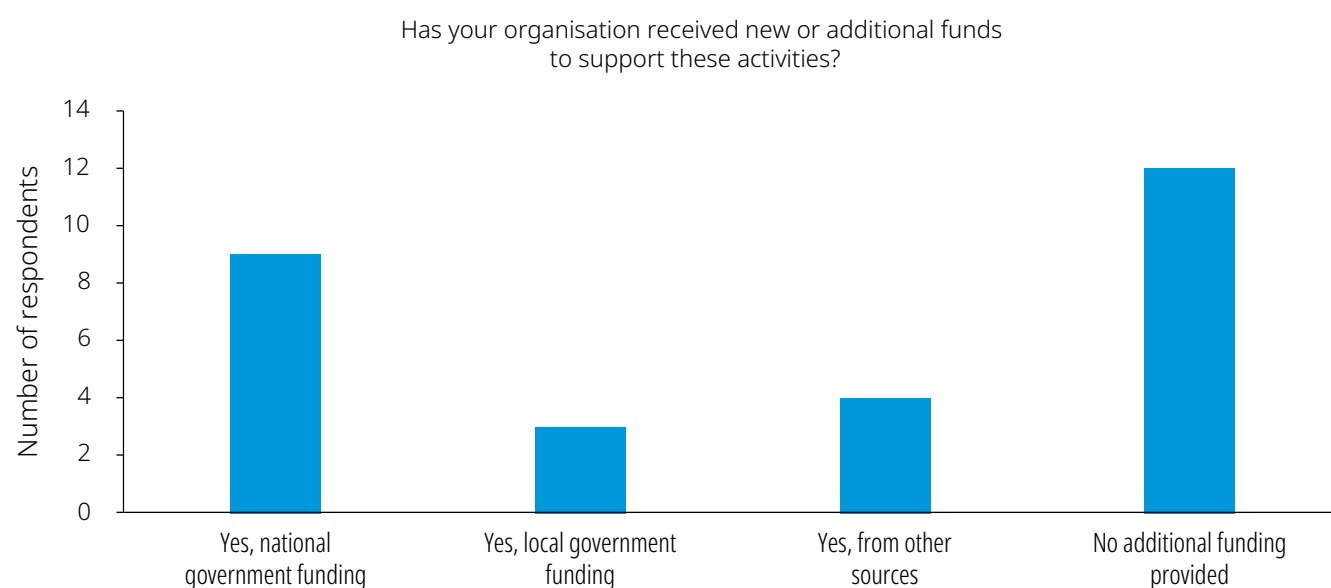
Figure A2. Changes made to service delivery in response to the Covid-19 pandemic

Source: Created by the authors.

Table A22. Changes made to service delivery in response to the Covid-19 pandemic (% (n))

Are these changes intended to be temporary or permanent?					
	Temporary	Permanent	Unsure	Not applicable	Response total
New ways of accessing support	25.0 % (6)	50 % (12)	4.2 % (1)	20.8 % (5)	24
Changed opening times for providing support	25.0 % (6)	16.7 % (4)	4.2 % (1)	54.2 % (13)	24
New services or types of support	16.7 % (4)	29.2 % (7)	20.8 % (5)	33.3 % (8)	24
Targeting new or different groups of victims	8.3 % (2)	8.3 % (2)	16.7 % (4)	66.7 % (16)	24
Increased publicity or awareness-raising activities for services offered	29.2 % (7)	37.5 % (9)	8.3 % (2)	25.0 % (6)	24
Other	12.5 % (3)	12.5 % (3)	8.3 % (2)	66.7 % (16)	24

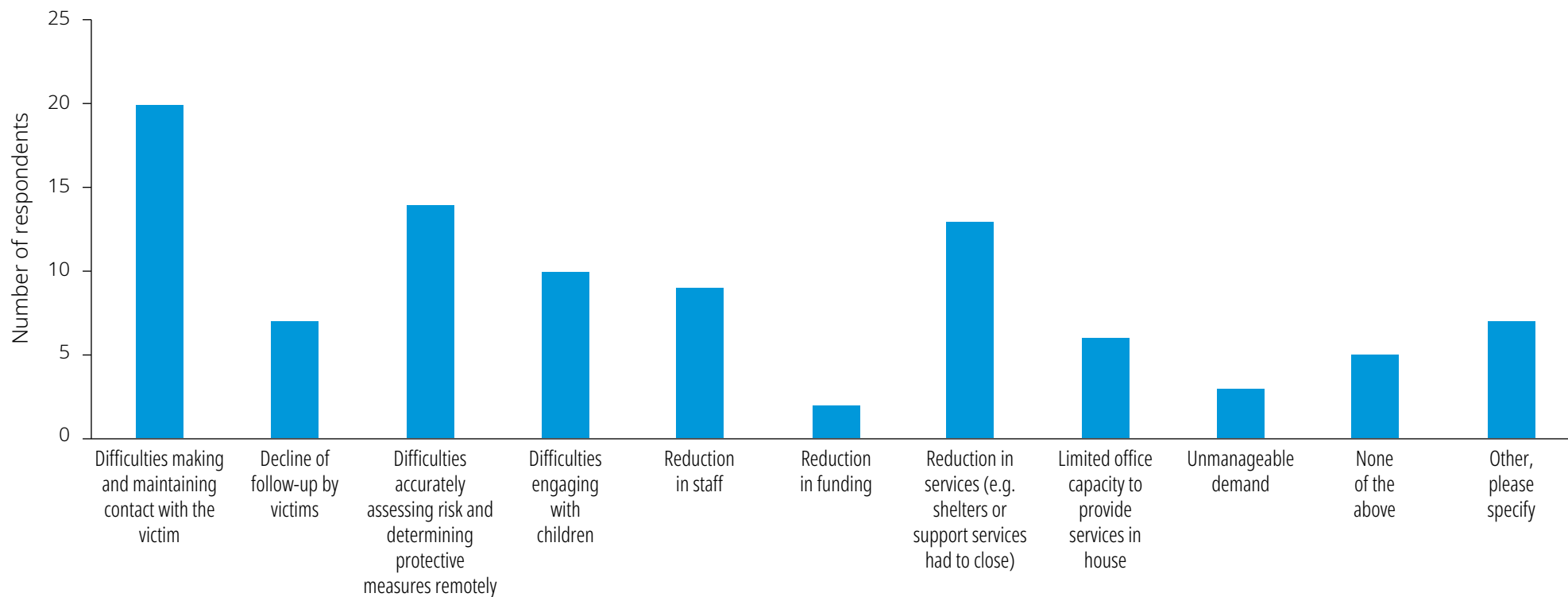
Source: Created by the authors.

Figure A3. Additional funding received by organisations during the Covid-19 pandemic

Source: Created by the authors.

Figure A4. Main challenges faced by service providers as a result of the Covid-19 pandemic

What were the main challenges faced by your organisation in supporting women victims of intimate partner violence and their children during Covid-19?



Source: Created by the authors.

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