Holding it together

The Courage, resilience, and innovation of
Rape Crisis Centres during the Covid-19 pandemic

2020-21



RAPE CRISIS
England & Wales

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Dedication

This report is dedicated to all victims and survivors of child sexual abuse, rape and all forms of sexual violence, and to the women of the Rape Crisis movement.

To the victims and survivors who have faced and still are facing difficulties on every front. We acknowledge your resilience and see your strength. We acknowledge those of you waiting to receive a Rape Crisis service, and those of you who may not feel ready yet to receive support.

To the counsellors, therapists, helpline and other frontline workers who have had to make compromises and brought trauma and distress into their homes through remote working.

To all the workers who have continued to provide in-person services, putting aside concerns for themselves.

To the ISVAs and advocacy workers who have continued to be in court, in police stations, and who are supporting victims and survivors through a system that is too often failing to deliver justice and often causing further harm.

To all the managers, directors and CEOs who have had to make daunting and difficult decisions in the face of so many unknowns, and who hold the weight of so much responsibility.

To the back office, operational, training, and finance women for keeping Centres and services running against all the odds.

To all the volunteers and supporters, without whom none of this would be achieved.

thank you all for your courage, resilience, innovation and compassion. We acknowledge your struggles and honour your incredible achievements.

Acknowledgement

We wish to thank Norah Al-Ani, Zoe Bell, Claire Bloor, Penny Edwards, Lee Eggleston, Jane Gregory, Dina Holder, Sarah Tipton, Isabel Owens, Shana* and the many other women who have provided advice, input and support for this report. This report has been supported by a wide range of our core funders.

About

Rape Crisis England & Wales (RCEW) is the national membership body for a network of 39 autonomous member Rape Crisis Centres across England and Wales. RCEW exists to raise awareness and understanding of sexual violence and abuse in all its forms, improve services and promote the needs and rights of women and girls who have experienced sexual abuse, rape and all forms of sexual violence. We also work towards the elimination of sexual violence and abuse, raising awareness in the wider community and with government. Rape Crisis England & Wales (RCEW) is a Charitable Incorporated Organisation (CIO), charity number: 1155140.

Terminology

The Rape Crisis network - this refers to the membership of Rape Crisis England & Wales; 39 autonomous Rape Crisis Centres across England and Wales.

Victims and survivors - we describe individuals who have experienced rape and sexual abuse as victims and survivors, in acknowledgement of the different ways individuals define what they have been subjected to, and how this shapes their identities and lives.

Sexual violence and abuse - This report often refers to sexual violence and abuse together. This is because child sexual abuse as a form of sexual violence is too often forgotten in policy-making, or is perceived as separate or different from sexual violence, when they are not mutually exclusive.

Specialist Sexual Violence and Abuse Services - This report refers to specialist rape and sexual abuse services, such as Rape Crisis Centres. A specialist service is one whose primary organisational purpose is to address, prevent and tackle sexual violence and abuse, and support victims and survivors as the primary purpose of the service, and is independent from statutory services.

Why we refer mainly to women and girls - In this report we talk mainly about women and girls who are victims and survivors. Although the large majority of victims and survivors of sexual violence and abuse are women and girls, we are in no denial that men and boys are also raped and sexually abused. Recommendations are relevant to all victims and survivors and should lead to better access to services for everyone.

Glossary

CCG	Clinical Commissioning Group
CJS	Criminal Justice System
ICS	Integrated Care System
ISVA	Independent Sexual Violence Advisor
NHS	National Health Service
PCC	Police and Crime Commissioner
RCC	Rape Crisis Centre
RCEW	Rape Crisis England & Wales
RASSO	Rape and serious sexual offences (criminal justice term for many kinds of sexual offences)
VAWG	Violence Against Women and Girls

Foreword from the CEO

The coronavirus (Covid-19) pandemic has changed all of us. Whether it's been our home, work, social or digital lives that felt the impact, everyone has been forced to adapt in some way to an entirely unprecedented – and often frightening – new reality.

For victims and survivors of child sexual abuse, rape and all forms of sexual violence, and for the Rape Crisis Centres that support them, Covid-19 has only added to the dizzying number of challenges already faced. The pandemic has been yet another crisis overlaying several long-term crises already in existence: gender inequality and the subsequent endemic of sexual violence and abuse, chronic underfunding and the short-term commissioning of services, and an utterly collapsed criminal justice system.

Victims and survivors have experienced compounding traumas as a result, with mental health issues exacerbated by isolation and the strain brought about by pandemic-related bereavement, job insecurity and day-to-day pressures, such as home education responsibilities. Not to mention increased barriers to accessing justice through the criminal system – if that is something they choose to access.

As a result, Rape Crisis specialist services were accessed by **74,995** individuals, an average of 1,922 service users per member Centre - **an increase of 14% from 2019-20**. While the numbers of victims and survivors accessing Rape Crisis services increased, the needs of existing service users also rose, with many needing additional support.

It cannot be stated enough that victims and survivors of sexual violence and abuse demonstrate enormous resilience and courage. But perhaps never more so than through this pandemic.

The Rape Crisis movement in England and Wales has meanwhile channeled that resilience and courage in its response to the challenges wrought by Covid-19, as detailed in this report. Whilst we know the pandemic is far from over, we now feel the time is right to both reflect on the very serious impact Covid-19 has had on services in the past 18 months, and to honour the remarkable efforts of Rape Crisis workers to rise up and adapt quickly to respond to the needs of victims and survivors.

In 2020-21, Rape Crisis Centres provided almost **1.1 million sessions of specialist support**, including advocacy, emotional support and counselling. This was **an increase of 41% from 2019-20.**

One service director shared:

> **"[A]s Rape Crisis Centres, we just held it together; we were sitting in spaces with other agencies that had collapsed, imploded, buckled under the pressure, agencies that had stopped functioning at all, whilst we had just carried on. It never occurred to us that we wouldn't. It never occurred to us that we would shut down because we keep survivors at the heart of what we do."** Director, East of England

You will read in this report that during the pandemic, **Rape Crisis Centres:**

Found ways to offer group work online, so women and girls could continue to have a sense of community and solidarity





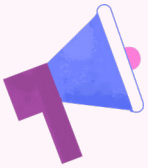
Developed new services such as **"walk and talk"** counselling

Ensured that women with learning difficulties and autism could continue to deliver their specialist training and be empowered to gain qualifications

Bought phones and laptops for asylum-seeking and trafficked women and provided them with tech support so they could continue having access to services



Found new and creative ways to continue delivering meaningful services to children and young people



Employed Independent Sexual Violence Advisors or Advocates (ISVAs) who continued to enter courts and police stations to support survivors and victims, at great personal risk

Now, as the pandemic eases and responses shift, it is vital to remember that the urgent needs of victims and survivors of sexual violence and abuse have not gone away. Rape culture remains and persists.

10,000 victims and survivors are currently sitting on our waiting lists. Our Rape Crisis Centres have demonstrated over the past 18 months that they have the ability to scale up services, but without planned and sustained investment these numbers will only grow and grow.

The courage, resilience, and innovation of Centres and their staff and volunteers during the pandemic is clear to see in this report. This is our opportunity to recognise their efforts and to thank them. But words are not enough. We must ask funders, commissioners and the Government to step up their commitments to funding specialist services for survivors and victims of sexual violence and abuse. Such resourcing is desperately needed if we are to scale up services further to meet the overwhelming demand for specialist Rape Crisis services.

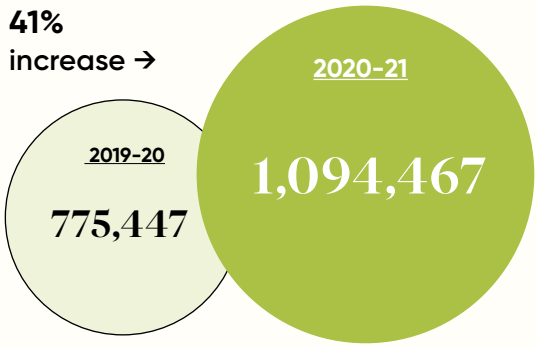
Executive Summary

This report demonstrates how the Rape Crisis network responded to the Covid-19 pandemic, the challenges and pressures it has brought about, as well as the remarkable way in which services adapted and carved out opportunities in order to continue providing specialist sexual violence and abuse services.

At the heart of this report are four case studies from accredited Rape Crisis Centres. The first case study shows the work undertaken to ensure digital inclusion in Bradford for refugee, asylum-seeking, and trafficked women. The second case study shows how young people and children in East Kent could still receive in-person counselling through the Walk and Talk service, and have ownership of their own healing journey through creative mediums. The third case study shows how the Women's Centre Cornwall supported and empowered women with learning difficulties and autism to continue to create and deliver specialist training online. The fourth case study shows how group work was brought online in Tyneside and Northumberland, and how the service then shared best practice locally, and inspired other Rape Crisis services across the country to do the same. These case studies are just four examples amongst numerous initiatives carried out in every service within every region.

The arrival and persistence of Covid-19 brought about enormous challenges for victims and survivors who experienced compounding trauma and stresses, and for services who had to find ways to respond to increased need. While demand for Rape Crisis services increased year on year by 14%, the needs of existing service users also rose, with many needing additional support during the course of the pandemic. This is reflected in the data; **Rape Crisis Centres provided an extraordinary 1,094,467 sessions of specialist support, including advocacy, emotional support and counselling. This constitutes an astounding increase of 41% from 2019-20.**

This report documents how Rape Crisis Centres met challenges around funding and commissioning, recruitment, the justice system, mental health, senior management, and how to conceptualise and work towards a different way of working in the future. The Rape Crisis network continue to learn from each other in order to respond to the needs of sexual violence and abuse service users during the most significant change in working practices for generations.



Sessions of specialist support provided by RCEW

Key Recommendations

For funders and commissioners

- Rape Crisis Centres require longer-term funding agreements. This funding approach would enable services to plan better for the future and focus on service delivery rather than constantly respond to destabilising cycles of redundancies and recruitment.
- Rape Crisis Centres require funding for core costs. Nearly all funding available to services is for service delivery exclusively, with funders preferring to resource ISVAs, leaving very limited funds for counselling, back-office and management costs.
- Covid-19 funding was delivered in a more agile and flexible way from a variety of funders and commissioners; Rape Crisis Centres would benefit from increased flexibility around spending, diverting funds within projects, deadlines and monitoring and evaluation.
- CCGs and Integrated Care Systems must recognise the high levels of demand for specialist sexual violence and abuse community-based services such as the bespoke, wraparound and trauma-informed services provided by Rape Crisis Centres. CCGs, Integrated Care Systems, and regional NHS leads need to commit to reducing fragmentation (as per NHS SAAS priorities) in care pathways by appropriately funding specialist Rape Crisis Centres.

For Government

- Covid-19 Emergency funding demonstrated that Government departments could collaborate and work jointly in order to provide funding to services. The Government must create a long-term sustainable funding solution for all specialist sexual violence and abuse support services. There is an opportunity with the establishment of the Victim's Funding Strategy and the forthcoming Victim's Bill.
- The Government must address the recommendations outlined by Imkaan and other 'by and for' sector experts looking at the impact of Covid-19 on the experiences of Black and minoritised women and girls. Many of these are contained within "The Impact of the Dual Pandemics" (Imkaan 2020).

For Courts and Judiciary

The impact of Covid-19 on the justice system is particularly stark when considering the backlog of cases in the Crown Courts.

- We recommend the Government consult on specialist courts, and consult on piloting short-term judge-only trials in specific areas. This could significantly improve rape victims and survivor's experiences of the justice system, as long delays to trials negatively impact upon attrition rates and the wellbeing of individuals involved.
- We recommend that section 28 is a measure available to anyone who has experienced a RASSO crime, as courts now have the infrastructure to support pre-recorded cross-examination.

Timeline

March 2020 - March 2021

12th March: The UK's coronavirus death toll rises is 11

18th March: Announced that schools across the UK will close to all pupils except those of key workers, as the coronavirus death toll climbs to 104

Rape Crisis workers obtained key worker status

19th March: Rape Crisis England & Wales attend the first Victim and Witness Silver Command Group, feeding into the Government's response to the pandemic

23rd March: PM announces the first national lockdown in the UK, ordering people to "stay at home". All shops selling non-essential goods are told to close, gatherings of more than two people in public are banned. Schools and nurseries close

23rd March: Rape Crisis Centres move to remote service delivery, although many Rape Crisis workers, as key workers, continue to provide in-person and face-to-face support for vital appointments throughout the course of the pandemic

26th March: Rape Crisis England & Wales establish a regular Managers and Directors meeting to support the network

Rape Crisis England & Wales establish a Covid-19 resource hub on the Members Area

Jury trials suspended due to Covid - existing backlog in the Crown Courts stood at 40,173

2nd May: £76 million announced by the Government to support victims of domestic abuse, sexual violence and modern slavery, as well as vulnerable children, in England and Wales

5th May: The UK's declared death toll from coronavirus rises to more than 32,000, becoming the highest in Europe

19th May: The extraordinary COVID-19 fund is announced. MOJ secure £25 million to support charities supporting vulnerable people including victims of sexual violence and domestic abuse. This fund was distributed through two separate funds, one through Police and Crime Commissioners and one through the national Rape and Sexual Abuse Support Fund. Separately the MOJ also announced an extra £3 million to PCCs specifically to fund Independent Sexual Violence Advisers (ISVAs) until 2022

20th May: Visioning Future Working Task & Finish group is created to support managers and directors



Crown Courts backlog: 41,599. High numbers of plea and trial preparation hearings, sentencing hearings took place but "the composition of the backlog is changing – more and more of what is left to do are full trials." Lord Chancellor Robert Buckland and the (now former) Chief Executive of the HM Courts and Tribunals Service Susan Acland-Hood say we need 200 more Nightingale courts

4th July: Lockdown restrictions eased

Rape Crisis services adopt a hybrid way of working with many services working remotely, with face to face services offered to children, very vulnerable service users, and those without confidentially or safe access to online counselling and advocacy

24th July: Face coverings become mandatory in shops across England. Rape Crisis England & Wales asked Government to provide clear messaging around exemptions

18th September: Prime Minister Boris Johnson warns that a second wave of coronavirus has arrived in the UK

March 2020 | April 2020 | May 2020 | June 2020 | July 2020 | Aug 2020 | Sep 2020

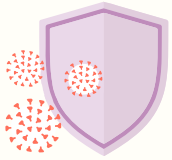
12th April: The hospital death toll of people who have tested positive for coronavirus in the UK passes the 10,000 mark

Rape Crisis workers volunteered their time to host wellbeing sessions to support other Rape Crisis workers. These sessions took place online over the course of April

23rd April: Gov.uk provide page "Coronavirus (COVID-19): support for victims of sexual violence and abuse" after working with RCEW

Rape Crisis England & Wales start providing a series of free webinars to member services to support them in delivering services online. 413 Rape Crisis workers participated in these webinars





1st August: Shielding advice for people deemed clinically extremely vulnerable during the peak of the pandemic is paused in England and Scotland

30th Nov-2nd December: RCEW hosts first ever online National Conference

2nd December: England's national lockdown comes to an end and is replaced by a three-tier system

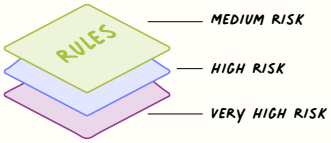
30th December: A Covid-19 vaccine from Oxford University and AstraZeneca is approved for use in the UK



3rd March: Sarah Everard was kidnapped, raped and murdered. A serving Metropolitan police officer falsely arrested her under the pretence of her breaching Covid-19 regulations

8th March: Planned return to school for primary and secondary school students in England

13th March: Sarah Everard Vigils held, including a highly controversial police response to the Clapham Common Vigil



Backlog in Crown Courts reaches 56,000

4th January: Mr Johnson announces a third national lockdown for England which sees schools shut to most students and people urged to stay at home



Rape Crisis national data show that services provided over 1 million sessions of specialist support to survivors of rape and sexual violence over the pandemic, there are 10,000 survivors on waiting lists across England and Wales

14th October: A new three-tier system of Covid-19 restrictions starts in England

31st October: PM announces a second lockdown in England

Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | March 2021 | April 2021 | July 2021

5th November: Second National Lockdown comes into force



18th November: Government announce £10.1 million for rape and domestic abuse support centres, and Police and Crime Commissioners to fund services across England and Wales

1st Feb: Government announce £40m funding boost for specialist support services. The £40m includes: £20.7 million for local, community-based sexual violence and domestic abuse services, aimed at helping to reduce the amount of time survivors have to wait for support. £16 million to recruit more independent sexual violence and domestic abuse advisers

Government advertising campaign, #ItStillMatters, also launched

The backlogs in the Crown Court reach nearly 60,000. The overwhelming majority of these cases are drug offences and Rape and Serious Sexual Abuse Cases

Getting Services Online

Rape Crisis England & Wales had been advocating for and supporting Rape Crisis services to deliver services online, for a number of years prior to the pandemic. The motivation behind doing this was to increase reach and access by making different online services available to women and girls who could not, or did not choose to, access in-person services at their local Centre. This included making services more accessible to women and girls with different access needs and supporting Centres with upgrades to their IT infrastructure.

Prior to the pandemic, Rape Crisis Centres acknowledged the need to develop online and remote services, for them to be properly resourced specialist services, informed by best practice that would link into and sit alongside their in-person work. Online services were considered as a choice that a survivor may make, not a cheaper alternative to in-person services.

The Covid-19 pandemic had a profound impact in delivering services. The Rape Crisis network had to adapt and adjust to lockdown; the changing needs of survivors and the network of services. Rape Crisis Centres had to close their offices, and in many cases face-to-face services could no longer be provided. Services to survivors had to be delivered remotely, online or by telephone, or not at all. The scale and speed at which services needed to adapt cannot be overstated:

> **"We sometimes laugh when we think about earlier conversations [before Covid-19] about the counselling service, we talked for months very in depth about whether we should do online counselling, and when the pandemic hit within 24 hours we had decided cool, we're doing it, that's it. It does make you think."** Director, East of England

In order to support capacity and confidence in online service delivery, Rape Crisis England & Wales provided a range of workshops and webinars. From April 2020, RCEW worked with Centres who had begun to develop expertise in online service delivery to deliver some of the webinar sessions looking at different online services. This meant that participants could ask questions, share ideas, and ensure all learning was grounded in the specialist knowledge and expertise of the network. 413 Rape Crisis workers attended these sessions. The webinar topics were:

- DELIVERING RAPE CRISIS SERVICES THROUGH VIDEO
- DELIVERING COUNSELLING ONLINE
- ONLINE SERVICES FOR CHILDREN AND YOUNG PEOPLE
- PROVIDING AN EMAIL SUPPORT SERVICE
- SUPPORTING SURVIVORS THROUGH WEB CHAT
- BUILDING CONFIDENCE IN SUPPORTING SURVIVORS THROUGH WEB CHAT
- ONLINE INITIAL ASSESSMENTS
- ONLINE GROUP WORK: SETTING UP AN ONLINE GROUP
- ONLINE GROUP WORK: CONTENT AND FACILITATION

In the evaluation of the training, 87% agreed or strongly agreed that they felt more confident because of the training; 92% felt that the session was useful for their role; 95% felt that the webinar was engaging. For some, it was fundamental to them feeling empowered and able to continue their work, with one counsellor sharing that "It has meant the difference between being able to provide a counselling service or not."

However, the remarkable achievements of the Rape Crisis network at the start of the pandemic were accompanied by personal sacrifice of women in the movement, who were providing services as key workers in the midst of drastic changes in personal circumstances. Rape Crisis workers speak of how supportive and understanding colleagues were, but how working from home during the first lockdown presented challenges:

> **"Everyone hit a level of crisis management, everything was so new. I have two toddlers, home working is really really hard, so at the start I just didn't know what to do, although everyone was very supportive. A couple of times early on during internal team meetings I was juggling having my three year old upstairs watching telly, with my two year old on my lap, we were just getting on with it. But I wouldn't do that in the same way again, there was a level of "let's all just keep going on."** Rape Crisis worker, North East of England

Where there is a culture of women supporting and empowering other women in the Rape Crisis network, for some women being apart from colleagues was a painful experience.

> **"For us, being separate from each other has been awful. There is no way we would want to lose the physical space where we come together to work. Early on, I was acutely aware of this; there was genuine distress when I told everyone they would have to work from home now."** Director, East of England

Despite the challenges outlined above, services have demonstrated remarkable resilience and have risen spectacularly to meet the needs of victims and survivors, levels of online counselling and support were drastically increased from 284 sessions between October 2019 -March 2020 to 11,904 between April-September 2020. This step change in levels of online provision, meant survivors continued to receive support during lockdown. The workload for the RCEW team increased exponentially during the first 6 months of the pandemic, in response to the needs of victims and survivors and the membership.

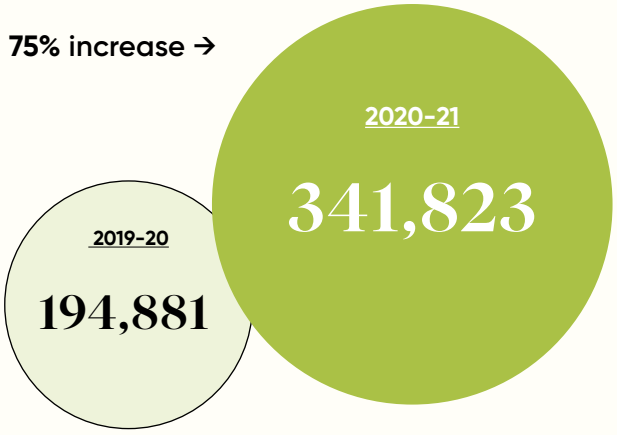
In order to manage some of the shock and immediate stress and isolation of working in isolation, Rape Crisis England & Wales hosted wellbeing sessions, once again harnessing expertise of specialists in the network. These first wellbeing sessions were delivered voluntarily, and included mindfulness, yogic breathing, desk stretching, and body mapping. In April 2021 in response to the inevitable stress and strain on staff, volunteers and trustees over the course of the year, RCEW contracted with ICENA, a training organisation developed from specialist Rape Crisis expertise based in the East of England, to deliver 20 self-care and wellbeing webinars to the network.

The primary focus of the webinars was to support good mental health and to inspire and encourage wellbeing. ICENA provided the following one-hour workshops to staff and volunteers focusing on posture, daily habits regarding taking time away from screens and calls, improving quality of sleep and healthy eating and preventing longer term stress and potential burn out. Workshops included yoga and meditation, self-care habits, mood food, managing stress and resilience, self-care and nutrition for Black and minoritised Women, managing stress and resilience for Black and minoritised Women, sleep-well, managing the menopause, and mindful movement. 141 women took part in the sessions, with 70% of attendees citing that they were feeling stressed or tired prior to the workshop, and 100% of attendees shared that they felt motivated or energised following the workshops.

> **"brilliant workshop - just what I needed. Really appreciated hearing from other women in the network and having access to some really useful tools to manage stress better and build and maintain resilience."** Rape Crisis worker

The resilience required to continue supporting victims and survivors, and overcome the challenges of remote working, is captured in the vast number of online and telephone contacts handled across the Rape Crisis network. **In the year April 2020-March 2021, there were 341,823 online and telephone helpline contacts, an enormous increase of 75% from 2019-20.**

These extraordinary figures demonstrate the commitment of services to the victims and survivors they support, but service delivery has gone far beyond moving existing services online, with many Rape Crisis Centres offering practical crisis support in order to meet need:



Amount of online and telephone helpline contacts

> **"we've delivered food. We have a link with our refugee support group, and we enable a very confidential route to get food deliveries to our service users who need food. The vast majority of our services users who need this are refugee, asylum seeking, and trafficked women... We have been delivering food and mobile phones to women's doorsteps. One of our workers held walking sessions with some service users outside in the parks."** Director, Yorkshire

At the time of writing (Autumn 2021) Covid-19 has not disappeared, and services now operate hybrid online and face to face services to suit the needs and requirements of service users and Rape Crisis workers. Whilst many of the challenges of Covid-19 remain and there is still much uncertainty around new and emerging variants of the virus and the efficacy of vaccinations against these strains, but what is certain is that Rape Crisis services will be able to find ways to continue their life-changing work.

Case Study

Digital Inclusion in Bradford:

Refugee, asylum seeking & trafficked women



From the start of the Covid-19 it was clear that communities would experience the pandemic in different ways, and that victims and survivors of sexual violence and abuse would also experience it in a variety of ways, with some women and girls experiencing multiple disadvantage facing additional barriers. At the start of the pandemic with some of the emergency funding provided by the Ministry of Justice via the West Yorkshire Police and Crime Commissioner as well as Lloyds Bank Foundation, Bradford Rape Crisis & Sexual Abuse Survivors Service (BRC&SASS) recruited a Black Asian & Minoritised Women's Advocacy and Support Worker, Shana*, in order to meet the needs of their community. Shana explains:

> "A big part of my work since joining Bradford Rape Crisis has been around digital inclusion, I didn't really know how big this piece of work would be when I was starting at the beginning of the pandemic. The need for digital inclusion support just grew and grew over the course of the early months."

Covid-19 has brought about many additional challenges for refugee, asylum-seeking and trafficked women, including poverty, discrimination, poor housing, hunger, and insecure immigration status. For Bradford Rape Crisis service users, they are also dealing with trauma related to their experiences of sexual violence and abuse. Shana states:

> "The women have just been through so much in this time. The refugee, asylum seeking and trafficked women have as individuals had challenges relating to housing, receiving intimidating letters from the Home Office, and issues with women being stuck in Home Office accommodation when they have received their Leave to Remain, but can't move out because of Covid. For a lot of those women being able to connect online was really important for their wellbeing, as well as being able to keep up with what is happening in the wider world, for appointments with solicitors, and other organisations

for assessments. One woman in particular needed to connect online in order to have her interview with, Freedom from Torture. It's been really key, really important to get women online so these things can happen."

Shana's role sits within the Jyoti services at BRC&SASS, which are specialist services for Black, Asian and Minoritised women and girls delivered by Black, Asian & Minoritised women staff. One of the striking things about BRC&SASS experience of the pandemic has been how it is refugee, asylum seeking and trafficked women in particular who experience the most digital exclusion. Shana and the whole staff team have worked to provide the equipment and the support needed for women and girls to access services and social support. This included laptops and phones, but also included providing data packages and top-up cards, along with the necessary time to demonstrate and talk through new technologies. Shana shared:

"In terms of getting the support to the women, we had to develop a process to identify what the women needed. But whenever staff identified that a woman needed a laptop or a phone in order for them to access online counselling, I would contact them and ask them a set of questions about what their needs were, and helping them set up email addresses. There were many challenges – some of the things before the Covid I really took for granted, like flicking through my different email accounts on my phone, whereas some of the women we supported didn't have email addresses they could access. So when they were given their phone, one of the first things you have to do is enter an existing email address - that was actually a barrier."

For many women and girls, without Bradford Rape Crisis taking a pro-active approach and providing these resources it would have been very difficult to continue with any of the other services and activities they access such as ESOL classes and courses. With many service users having limited or no access to laptops and phones. Shana explains:

"For a lot of those women we bought the phones initially to set them up with the specialist online counselling and advocacy rooms, but the data top-ups we provide for women means they can have unlimited phone data, which they can use for whatever they need... The level of work we have been doing in Bradford during the pandemic has opened my eyes to how we see women as whole women, with lives outside of our organisation, and how we have tried to support them with other things in their lives outside of our Rape Crisis Centre."

Bradford Rape Crisis are exemplary in providing holistic and wraparound support as fundamental to the healing processes of women and girls. Jane Gregory, director of Bradford Rape Crisis explains the need for practical advocacy and outreach work as part of women's wellbeing:

"For the refugee, asylum seeking and trafficked women, it's about building a relationship and giving time and space for a holistic approach. Asylum seeking and trafficked women we meet often have many problems of lack of safety and basic needs not being met - it could be hunger, homelessness, it could be no doctor, no mental health support and no legal representative, it could be all these things. So we think that we have to do the things that are real for women otherwise we are not a place where healing can happen."

*pseudonym

Challenges placed on senior management

With the emergence of Covid-19, managers and directors found themselves having to make major decisions, needing to create new policies, source additional funding, and radically alter and amend the ways in which services could be delivered, within a few short days in March 2020. At the start of the pandemic and towards the end of the first national lockdown, there was concern about what would happen to funding; would commissioners accept the move from face-to-face services if buildings could not be Covid-secure? Would services need to find new spaces and incur additional rental costs to undertake their work? How would victims and survivors respond to having a counsellor in PPE? Numerous new policies needed to be created and implemented virtually overnight. The operational detail of amending service delivery was described by one director as "a whole new work-stream in its own right". Another stated:

> **"We have bought silk face masks for service users, computers, aprons, temperature gauges and piles of Hidden Disability lanyards and cards - there is nothing we haven't done or haven't had to think about...but then again we are used to working in crises, this is what we do."** Director in the East of England

Rape Crisis England & Wales recognised the need to bring managers and directors in the Rape Crisis membership together to cope with the many new challenges faced by Centres, and initiated a Managers and Directors regular meeting, in order to share best practices, concerns, and questions. It was also a space to help reduce isolation for those in decision-making positions. The experiences of manager and director level women are often overlooked due to the focus on service delivery, yet Covid-19 and the ensuing national lockdowns demanded so much from women in leadership positions:

> **"I had a responsibility to not show my vulnerability or anxiety, I had to take on that role of being the person to say that it will all be fine don't worry, even when I wasn't feeling that, which is why for me things like the RCEW Director's Meetings are so important and why our Rape Crisis regional meetings are so important, as that's my space to say 'I need support"** Director in the East of England

According to a survey created by the Women's Resource Centre looking at the impact of Covid-19 on specialist women's organisations, 63% of organisations stated that their staff had suffered from greater stress and anxiety, with 27% of organisations saying that they had taken more time off from work with stress or illness. Serious sickness as a result of contracting the Covid-19 virus and long-Covid in some cases required staff, managers and directors, and other back office workers to step into others roles. Rape Crisis workers also experienced bereavements as a result of Covid-19, losing long-term service users and having to absorb the distress on behalf of their teams.

However, despite these numerous difficulties there was also a realisation of the enormous resilience, strength and creativity borne out of the challenges of the Covid-19 pandemic:

> **"We have developed a new service, we have expanded existing ones, I think that's fairly remarkable given that there's been a pandemic... One of the biggest things that has happened in this time is that we've realised we're a resilient organisation which felt like a revelation, and it has emboldened us as a Rape Crisis Centre, when we watch how other agencies have struggled – not that we haven't – but we have kept going....There's a difference between our asset-based resilience which is fairly fragile and resilience around our purpose and workforce. Yes we're always scrabbling around for pots of money, but there's something much more fundamental than that.**
>
> Director in the East of England

Rape Crisis managers and directors also leaned into organisational values and ethos in order to make decisions around service delivery and provision. The pandemic has amplified the resilience and ethos of services who continue to support women and girls regardless of adversity:

> **"These circumstances do need you to be that pro-active Rape Crisis Centre which is about not giving up on people who have not showed up and never finding out why, you've got to do that relationship building in order to provide that kind of support."** Director, Yorkshire

The following case study demonstrates one of the new services created within the Rape Crisis network during the Covid-19 pandemic.

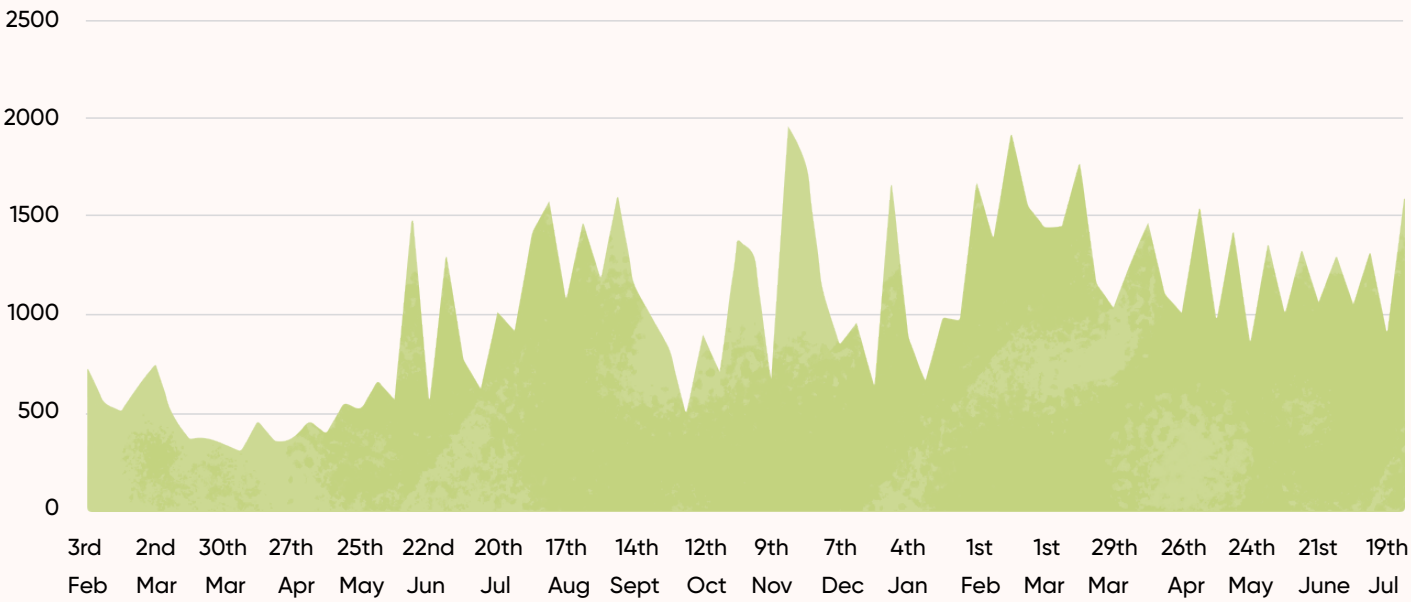
Mental Health

One of the aspects of the pandemic that impacted victims and survivors of sexual violence and abuse most has been regarding mental health and wellbeing.

Whilst the dominant discourse around the danger and risks of lockdowns were in relation to Domestic Abuse, Rape Crisis services saw an increase in needs of victims and survivors of non-recent sexual violence and abuse, who required more regular support and check-ins due to raised levels of anxiety, stress, and disruption to normal life and the loss of activities and that supported coping strategies. For children experiencing child sexual abuse and for victims and survivors who experience rape and sexual abuse from their partner, the national lockdowns have been particularly dangerous. Given the long time it takes for victims and survivors to disclose child sexual abuse and intimate partner rape and abuse, the consequences are yet to be fully understood and reflected within data.

Rape Crisis services work with victims and survivors experiencing a wide range of mental health issues ranging from anxiety and depression, to suicide ideation and self-harm. The national helpline, provided by Rape Crisis South London has experienced very high levels of calls, a 70% increase on the average number of weekly calls from the month prior to the start of the pandemic.

Calls to the helpline



Whilst the pandemic still endures, the long-term impact on the mental health of victims and survivors is yet to be fully understood, yet in the relatively short time since the start of the pandemic, there are significant concerns emerging. The understandable fear around contracting coronavirus exacerbated obsessive compulsive behaviours in some, whilst for others, fear of going outside and agoraphobia developed. Mask-wearing proved impossible for many victims and survivors, and RCEW undertook communications and policy work in order for messaging around exemptions to be clear. Oxfordshire Sexual Abuse and Rape Crisis Centre created a special resource to help support victims and survivors who find mask-wearing particularly difficult, offering ways to minimise the trauma-response of the wearer.

For victims and survivors who have experienced sexual violence and abuse, a multitude of mental health difficulties can be experienced, profoundly impacting daily life. The first lockdown, during which schools were closed posed particular difficulties for some women in particular:



I started working via telephone counselling with B, a woman who had a history of being in domestically and sexually abusive relationships. B has two very young daughters both of whom have been sexually abused by her ex-partner. Both daughters are challenging in terms of their behaviour, they are expressing anger and aggression towards her and to each other on a daily basis.

Upon the lock-down situation of COVID-19, B found herself in a situation where she was caring for these girls on her own with no support or respite from school, professionals, family or friends. B is faced with conflict and clashes at numerous points every day. She never knows when it's going to 'blow up' and lives in a state of heightened alertness 'like walking on egg shells' every day. She often feels overwhelmed, emotional and at a loss on what to do.

The lock-down effected B's daily routine, there is no structure to the day and she has no time for herself until the children return to school. Additionally, she has identified that she is putting on weight due to eating far more than normal and not exercising due to restrictions of movement and time for self-care. This weight gain is having a detrimental effect on her health and her mood which she has described as being 'so low that sometimes she cannot move.'

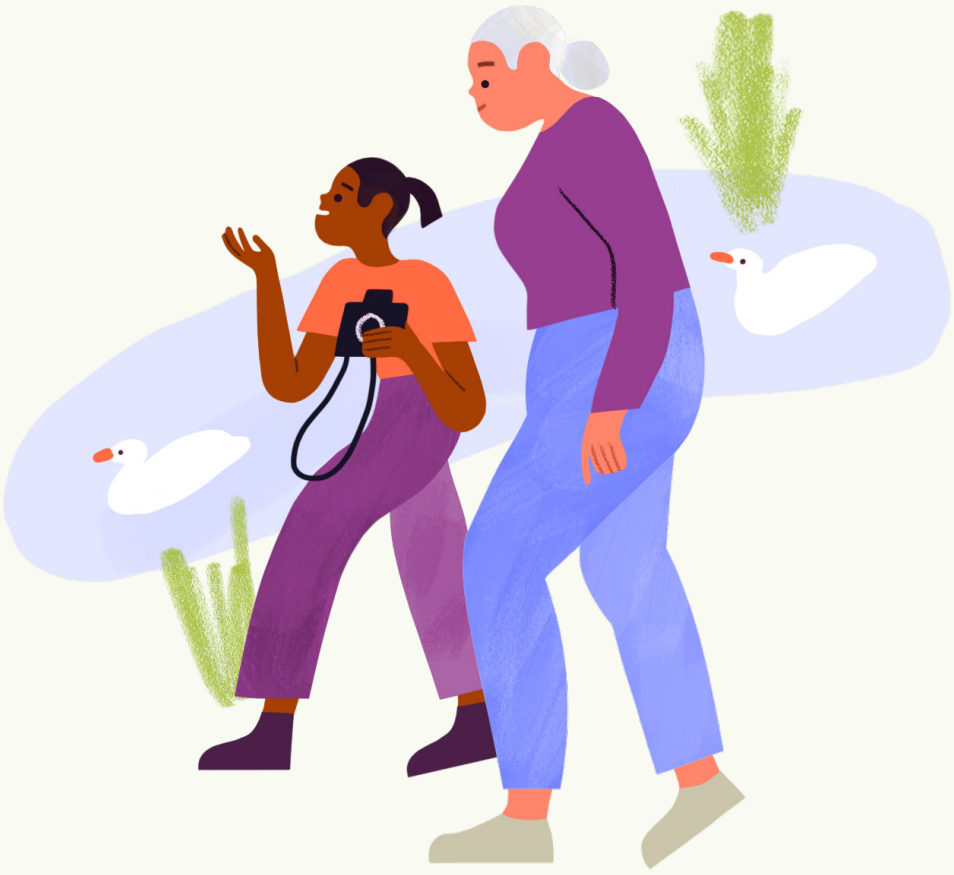
Through her counselling, B has been able to prioritise how she would like to support her daughters in terms of providing a safe space, consistent messages and healthy boundaries. We have also explored how she may make small changes in routine, diet and behaviours to provide structure to the day and promote personal well-being and improve her physical and mental health. Her counselling work is ongoing.

Case study provided by a Counsellor the North of England

Case Study

Walk and Talk

Bringing therapy to young people



Early on in the pandemic East Kent Rape Crisis created and developed a new therapeutic service based outdoors for young survivors of sexual abuse. This innovative service enabled face to face counselling to continue for children and young people, and was an opportunity to bring together their need to receive face to face support with their preference to be in an outdoor space.

East Kent Rape Crisis Centre has been committed to expanding its services for children and young people, building on the expertise and experience of Rape Crisis workers in the Centre. Zoe Bell, the service director at East Kent Rape Crisis explains that the Walk and Talk service evolved from the children's ISVA work carried out in East Kent.

> "I was always outside in the environment, the children never wanted to be in school or inside a room. As a model, it's always been around, but it hadn't yet evolved into the therapeutic space."

All environments for Walk and Talk sessions are risk-assessed, and most of the Walk and Talk sessions are along river walks or coastal routes, with the young person choosing. The sessions are 90 minutes long, and will typically involve 40 minutes of walking, with the remainder of the time spent creatively reflecting on what has been discussed. This element is one of the most unique aspects of the service; the counsellor does not document the session, the young person documents it in a way that is meaningful to them and that way has ownership over the session:

> "Not only were we thinking about going outside, we were thinking about how to empower the young people to document their journey as part of their processing. We created something really unusual; the counsellor was not going to document the session, the young person is, and this is going to be done however they want and choose to document it, so through music, photography, drawing, art,- so many different ways of documenting the journey and it has been really, really successful."

The service was carefully created around overcoming some of the difficulties experienced with the attendance of children and young people, who did not necessarily have the support to come to counselling sessions. One of the key benefits of the Walk and Talk sessions are that the service is brought to the young person who may otherwise not be able to access the support they need. Zoe says:

> "We spoke to staff and volunteers in our Centre about it, because we had counselling services for children aged 4+, but what we were seeing continually were barriers to accessibility. Children and young people were having to rely on adults to get them to sessions, whether they were in Care and relied on carers, or parents. Sadly, quite often because of circumstances they often can't afford to get here, or they haven't got available adults that emotionally support them to get here. We wanted to think outside the box to meet this challenge, and decided we needed to bring therapy to them."

The young people in the Walk and Talk service are planning on creating an art exhibition to showcase some of their work, which will be shown anonymously, although one of the successes of the service is that a number of young people want to present their work and be able to talk about it. Zoe explains:

> "Some of them said they would be quite happy to stand next to their work and tell people about the work, which is great, because actually, we want survivors to be empowered, confident about who they are, and happy in their own skin."

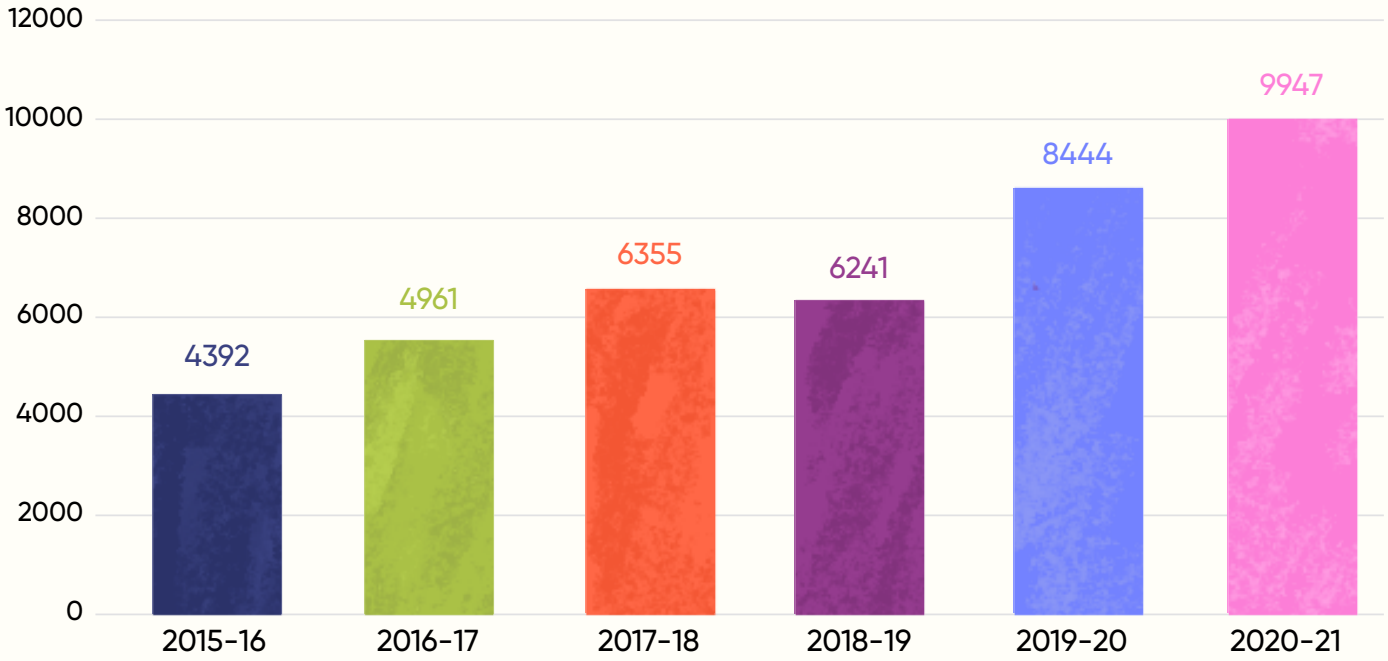
Although the service is expensive, East Kent Rape Crisis hope to keep the Walk and Talk service, as the outcomes for service users has been so successful with it being extended to adults too:

> "These particular adults are people who do not leave the house without somebody as they do not feel safe outside on their own. One of our counsellors has been doing a marvellous piece of work with a survivor who doesn't leave the house, and now she is leaving the house and walking – although she asks for it to be really early at 8am! But it is about thinking outside of the box, and because our model is client centred, it is about meeting their needs so actually sometimes some of the rule book has to be thrown out for the best interest of the service user and that is what matters, that beats everything."

Funding and demand for services

The onset of Covid-19 produced immense challenges for services, as demand and need outstripped demand. It was not new for Rape Crisis services to manage vast demand and little resource; they are adept and experienced in managing resources in agile and flexible ways in order to respond to need. Pressure inevitably builds on services however, as waiting lists and waiting times continue to grow; as of April 2021, nationally there were nearly 10,000 victims and survivors waiting for a service at an accredited Rape Crisis Centre.

Waiting Lists



One Centre Director explaining her situation says:

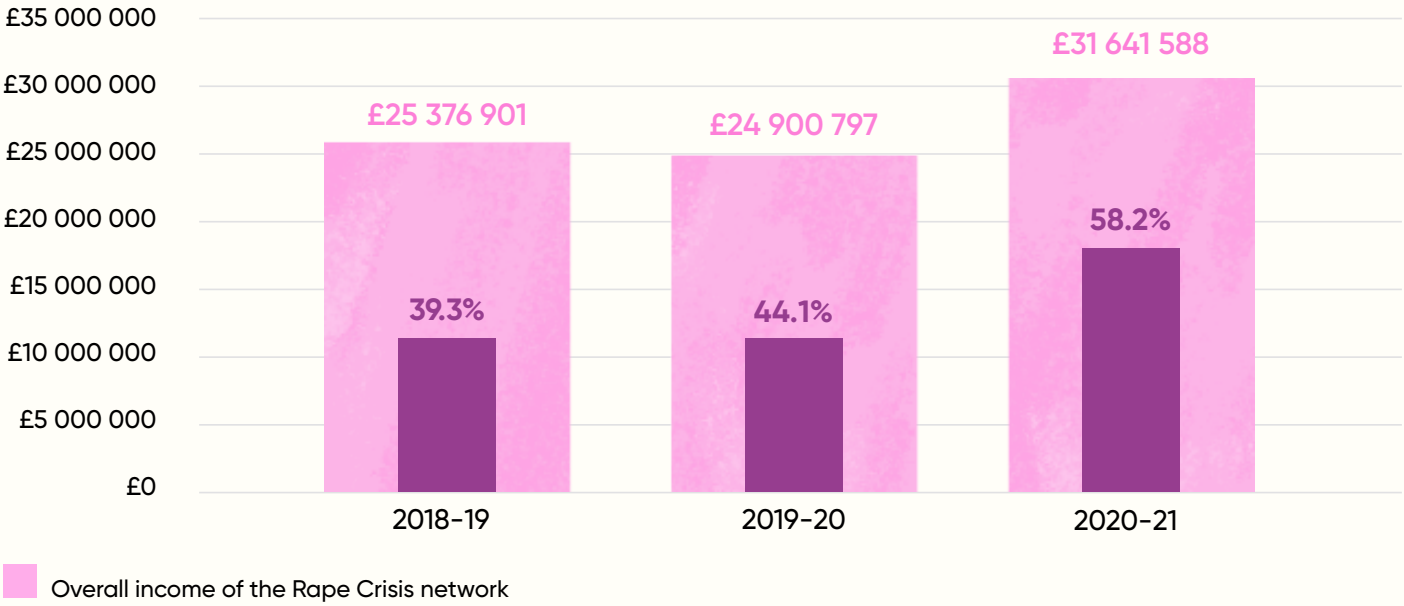
> At [our service] we have been weighing up the idea of whether or not to keep waiting lists open. At this stage we remain open however, we are concerned about the fact that our waiting times, of over 2 years for some locations, now go past the point where we have sufficient statutory/ trust income to fund them. We were already in a difficult position with referrals and waiting lists prior to Covid, but now we have over 500 women and girls waiting for our counselling, specialist support and group work. If I compare Q1 in 2020 to Q1 in 2021 we have seen a 47% increase in referrals. We also have increased the levels of counselling by 40% but it isn't touching the sides.
>
> Director, South West England

Many services have tried to find new ways to support those on waiting lists, which inevitably takes up additional resource. Services have been providing regular phone check-ins, new email services, and online social groups. However, many services cite that it has been much more difficult to close cases during the pandemic, with many victims and survivors not feeling able to move on whilst the cycles of lock-downs and remote service delivery continue. It has also been much more difficult to refer service users into other services and in particular statutory mental health services. This has resulted in services holding more victims and survivors with complex mental health cases, as services are often very reluctant to leave victims and survivors without the support they need. In some areas, this has also contributed in part to growing waiting lists.

In the face of increased need and demand, emergency funding largely from the Ministry of Justice, Police and Crime Commissioners, but also from trusts and foundations, has helped to facilitate a very significant increase in service provision, with Rape Crisis Centres providing an incredible 1,094,467 sessions of specialist support – an increase of 41% compared to the year before. Emergency funding was also vitally important in enabling Rape Crisis Centre to procure laptops, phones, and other infrastructure support for both Rape Crisis workers and also service users, to enable remote service delivery. These funding rounds occurred three times, in May 2020 where £25 million was announced for both domestic abuse and sexual violence services; November 2020; and again in February 2021. A significant proportion of this funding has been for the creation of more ISVA roles.

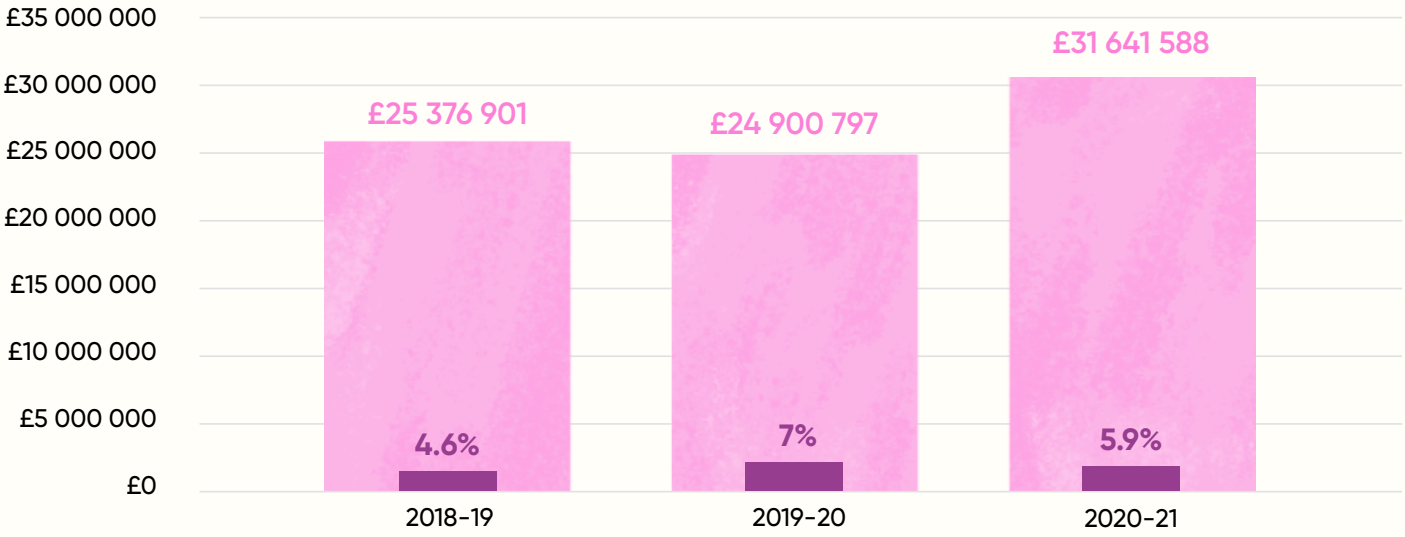
Overall, there was a very significant increase of total income across the RCEW network in 2020-21, an increase from the previous financial year of 27%. Average total income per Centre in 2019-20 was £607,336. This has increased in the last financial year to £811,322 – an average increase of 34%. This is largely attributable to the increased funding provided by Police and Crime Commissioners and the Ministry of Justice.

% of Funding from PCC & MoJ



Other sources of funding did not increase in a meaningful way. This is partially because bodies such as CCGs and Local Authorities categorise sexual violence and abuse as crimes, rather than mental health and wellbeing issues. This is despite the majority of victims and survivors not accessing the criminal justice system, and requiring specialist sexual violence and abuse counselling and therapy.

% of Funding from Health



For some services, this increased funding has enabled the recruitment of other Rape Crisis workers too, and the reduction of waiting times altogether: "our counselling went from a tragic horrific waiting list to having no waiting time." Yet there are well-founded concerns that services will not be able to sustain the levels of service delivery they currently provide, as these funds end, with the reality of redundancy notices looming at the end of the financial year.

One director explains:

> **We have been pleased that rape and sexual abuse has been acknowledged as an issue that is magnified by Covid, however, short term funding will not fix this problem. Increasing service levels in the short term bring huge logistical challenges for our organisation, including challenges recruiting skilled staff to short-term contracts and pressure put on managers and back-office staff to manage this increase in staff numbers. It also raises expectations in the community, and we see a parallel rise in referrals as we increase levels of service. We need long-term funding that allows us to meet ever increasing local demand in a sustainable way. There needs to be a much stronger prevention focus alongside the increase of sustainable funding.** Director, South West England

The impact of the Covid-19 on services and on victims and survivors will last far beyond the emergency funding provided to support services through the pandemic. A long-term funding settlement for specialist sexual violence and abuse services such as Rape Crisis services is urgently required to enable Centres to stabilise and develop their services. The cross-Government Victims' Funding Strategy is an opportunity to enable this.

Case Study

The Women's Centre Cornwall, Divas project

"Every woman's need was different"



The Divas are a group of women with learning disabilities and autism who fight for their rights against discrimination and abuse, and get their voices heard, and are a project of the Women's Centre Cornwall, based in Bodmin. Many of the Divas are survivors of sexual violence and abuse and are experts by experience, offering training packages to a wide variety of organisations in order to increase awareness, improve the practices of professionals, and to support others in understanding the impact of their experiences.

Across the Rape Crisis network, 30% of service users have a disability of some kind, and services experience that women and girls with learning difficulties are particularly vulnerable due to perpetrators of sexual violence and abuse seeking victims who may face additional barriers to disclose the abuse or be believed. The Divas work to highlight these issues with professionals, and de-bunk myths and stereotypes by demonstrating that women with learning disabilities and autism can be empowered and empower others to learn from their experiences. One of the Divas who delivers training public-facing work says:

> "I have trained over 100 police officers...my greatest achievement is doing presentations. I have done three presentations, to the learning disability and autism boards, and for Holocaust Memorial Day. I have got a learning disability but I can do what anyone else can do and just get on with it – with the right support I can do it." K, Diva and survivor

The work the Divas undertake is treated as integral to the work at Cornwall Women's Centre, and as well as training professionals and their communities, the Divas have obtained and are working towards qualifications.

People with a learning disability have a fundamental right to full and active participation and inclusion in society, yet many still feel socially left out and face stigma and discrimination in their everyday lives. Educational attainment can be challenging for people with learning disabilities, as they may face problems getting equal opportunities at school (Scior and Werner, 2015). Children and young people with learning disabilities are much more likely to experience bullying within school (Mencap, 2000), and additionally for girls experiencing child sexual abuse, this is yet another factor that can significantly impact her ability to succeed within the education system. These factors make it all the more impressive that the Divas are obtaining relevant qualifications that support their training work in the community. Dina, Community Engagement Managers at the Women's Centre Cornwall shares:

> "Women with learning difficulties in particular rarely get qualifications...they're really proud that they're demonstrating [their skills]. The women who haven't got learning difficulties – or might have some but are more on the spectrum, are really proud as well because many of them are very isolated and have little contact with anybody outside, but here they're working towards something, and have a goal and have a community." Dina Holder, Community Engagement Manager

The Divas are involved in a number of projects working towards their aims of educating and empowering women with learning disabilities who may have experience gender-based violence. These projects are led by the Divas themselves who make decisions and lead the direction of their work. They have created a Bill of Rights, based on Goodman and Fallon's "Pattern Changing for Abused Women: An Educational Program" in order to build women's respect for themselves, self-confidence and self-esteem. The Divas are building on this work, and are currently working on a short film around the Bill of Rights.

The Divas are also working on creating a training package for younger women, which also constitutes the evidence used for one of the Open College Network qualifications the Divas are gaining. The emergence of Covid-19 meant that the presentations for this qualification had to be carried out online, which posed considerable challenges. Dina said:

> "We got together and thought what can we do, how can we do this? We didn't think "we can't do this" because we know the women are quite vulnerable and quite isolated, so it was crucial that we didn't lose them."

At the start of the pandemic The Women's Centre Cornwall worked with the Divas in order to gauge the different IT needs and abilities, which was supported by one of the younger women with autism who was a keen gamer and had skills to support others to get online. The Centre provided laptops and devices such as WiFi boxes to facilitate the Divas accessing support online. For many of the Divas some initial work in the Centre was required, where different approaches were taken to explain how to use Zoom.

> "Every woman's need was different, so we would work differently, whether we would go out, or have someone come to the office. For some women we drew symbols and also gave sessions to their supporters and family members... Giving a one-off session isn't ok with learning disabilities, you have to keep repeating it and initially one of the women had said "no I won't do it", but now she is Zooming everywhere and leads on it for the church which she is involved in."

Another aspect of supporting women to go online was around the need to take into account online safety. In collaboration with ARC, a partner organisation supporting people with learning disabilities and autism, and the US TOO group, the Divas developed training to ensure that women with additional needs could keep safe online. Although resource, effort, and flexibility was involved in supporting the move to working online, for some women working in this way was not possible:

> "The pandemic has been very tough for some of our DIVAs. A small number the women were not able to be online or did not have people around her who were prepared to support her with the technological side of things...but they are still involved because we stay in touch with them."

The Divas have nonetheless continued where possible, and in order to continue their training work, the Divas learnt how to deliver their presentations online and developed the confidence to transfer their learning in order to share their expertise with learning disability and autism boards. Their work is growing in acclaim both locally and regionally, and is unique in the Rape Crisis network and the women's sector, with the leadership provided by the Divas:

> "We didn't say "you need to do presentations", they said they wanted to do presentations. The Divas presented and the board was very impressed. The commissioner then came to me asking for training for residential staff in learning disability services."

As well as raising awareness through delivering presentations the Divas continue to work towards qualifications that give value and recognition for the work they are carrying out.

> "A lot of the work happened pre Covid and it could have just fallen off but it didn't. Now they've passed their first unit and the assessor said she was absolutely amazed by the standard of the work they'd put together"

There are aspirations to complete further qualifications and but this is carefully balanced with the need to remain inclusive in a group where women have different and diverse needs. As Dina states,

> "we have to be careful to always make it inclusive, it's like intersectionality, some of the women have learning disabilities, some are autistic, and then some have both, we have people with different divergent issues. Ultimately, we work as a women's collective to support each other. We will always try to work to common good."

Covid and the criminal justice system

The pandemic occurred at a point in time when the criminal justice system had already collapsed. Rape Crisis England & Wales along with VAWG sector organisations had been arguing that rape and serious sexual offences (RASSO) in the criminal justice system had been effectively decriminalised by the police and CPS practices and culture[1], with a victim/survivor reporting rape having around a one in 60 chance of the case being charged (Home Office 2020). With such small numbers of cases being prosecuted, actual convictions are at the lowest numbers on record. Amidst these grim statistics and on the publication of the Rape Review, victims and survivors finally received apologies from Ministers[2].

Against the backdrop of police and CPS failures, jury trials were postponed and relisted, sometimes numerous times. The Crown Courts had a backlog of cases long before the start of the pandemic with outstanding cases at over 40,000 as sitting days failed to keep pace with the increase of cases. In July 2020, the Lord Chancellor and the former Chief Executive at HM Courts and Tribunals Service stated that courts were operating at about a third of normal capacity.[3] At the time of writing, the backlog stands at nearly 60,000.

According to the most recent CPS data at the time of writing, the average time for the police and CPS to charge rose to 143.7 days but many Rape Crisis ISVAs have cases that have been in the system for a number of years. The longest case in the Rape Crisis network is still open to the police six years after reporting, and still without a charge. The impact of this backlog on victims and survivors cannot be overstated. For many, the long uncertain waits with little communication and few updates can make staying with the process untenable, resulting in half of victims and survivors who report to the police withdraw from the process. Early on in the pandemic trials were postponed very close to the court date, sometimes 2 or 3 days before the trial was due to commence, and even on the first day of a trial. In some cases, victims and received notice of the postponement of their court case, but with no indication of the future date. At the start of the pandemic in March and April 2020, many trials were relisted up to 8 or 9 months later.

At the beginning of the pandemic where there was ambiguity around social distancing and the law, there was an impact on policing in some areas. In the first few months, Rape Crisis services shared that there had been some issues with police delaying interviewing with suspects, as well as witnesses. Some defendants have instrumentalised the pandemic to their advantage, stalling trials claiming ill-health due to Covid; one example of a trial that was derailed for this reason

1 "The Decriminalisation of Rape: Why the Justice System is Failing Rape Survivors and What Needs To Change" 2020, by Rape Crisis England & Wales, Centre for Women's Justice, Imkaan, and EVAW.
2 Government "End-to-End Rape Review Report" June 2021
3 "Recovery in the Crown Court" from Inside HMCTS Blog, 9th July 2020. https://insidehmcts.blog.gov.uk/2020/07/09/recovery-in-the-crown-court/?utm_medium=email&utm_source=

was originally scheduled June 2020, rescheduled for January 2021, and then rescheduled again for November 2021.

Whether due to the Crown Courts backlog or the stalling tactics of defendants, the effect delays and postponements have on victims and survivors who have already waited months - sometimes years - is significant, with many experiencing intensified trauma symptoms such as flashbacks, panic attacks, and heightened anxiety and stress as a result. The compounding traumas have led to some survivors having nervous breakdowns.

The pandemic in combination with the Courts backlog has changed the role of the ISVA, with ISVAs managing caseloads for longer and needing to provide emotional support because of the distress caused by delays. Because fewer cases are moving through the system there are increased waiting times for ISVA services. ISVA managers share the difficulties of asking for ISVA funding when there is often even more demand for specialist counselling services.

In some cases the postponement of trials meant the perpetrator has died whilst waiting trial, and in other cases, victims and survivors passed away before they could obtain justice. The effect of such cases on Rape Crisis workers is significant, as shown below.

> **'I had a male client in his early 50s, who died the day before his trial was due to start. He had physical health conditions that significantly impacted his life on a daily basis. The trial was postponed due to covid in May 2020, then re-booked for the end of November 2020. Which wasn't as long as a lot of my clients have had to wait for a re-scheduled trial, but this was still too late.**
>
> **The client was a very regular client who engaged well with support for over two and a half years. So, during a difficult time, with a large number of clients struggling with the impacts of the pandemic, both in their personal life and in the criminal justice system. To have this client die before trial, hugely added to the impact that the pandemic and work was having on me. I found it so difficult to continue to have faith in this process that clients are going through. The sadness I felt was overwhelming, that this client hadn't managed to give his evidence at trial. I feel like he died with unfinished business, something that was so important in his life to get through. The sadness is still there now thinking about this.**
>
> **I have no doubt on top of everything else, that this unfortunately affected my work with clients in a negative way. It wasn't until a few months later that I realised the extent and that it had amounted to me struggling with vicarious trauma, work related stress and burnout. In an already difficult and emotionally tasking role as an ISVA, the affects that the pandemic has had on me have been so difficult and I am still receiving personal therapy for this.'** ISVA Manager, North West England

Case Study

Learning Together

Group work in Rape Crisis Tyneside and Northumberland



Rape Crisis Tyneside and Northumberland (RCTN) had a well-established group work service for years prior to the pandemic. Due to the very large geographical area covered by RCTN and the long distances and travel times to and from the Rape Crisis Centre, online group work had been considered in order to meet access needs of victims and survivors. The access needs considered included women who had trouble leaving the house due to care-giving responsibilities, women and girls who may have anxiety and struggle with leaving home, those with physical disabilities, those with transport difficulties, and victims and survivors who may struggle to pay for travel expenses to and from the Centre. Penny Edwards who has been the group worker at the Rape Crisis Centre since 2015 says,

> "looking at referrals, it was really obvious that there was a lack of access. I thought it would be really helpful to have that online group work space, but for one reason or another it hadn't happened, and there were lots of concerns around confidentiality and risk [before the pandemic]."

Like with many other Rape Crisis Centres, the pandemic expedited processes that had already had initial consideration. Penny shares:

> "we were already on the verge of offering some digital access groups so my thinking was already pre-done. Even though it was a big step, it was at a time when everything went online, so obviously practical things needed to be written up, but the mind-set shift wasn't too big, I was quite calm about it."

RCTN runs 4 forms of group work, an 8-week Trauma Informed Core Group, a monthly Peer Support group, a 4-week Self-care group, and a taught 6-week Trauma Informed Mindfulness group. They also run empowerment workshops which are accessed by pre-formed groups of women within other services such as women's hubs within probation, drug and alcohol services and homelessness services.

RCTN went about delivering group work online by firstly piloting the online service with a pre-existing group that was already two-thirds of the way through a programme when the first lockdown was implemented. This group had been meeting in-person, had formed a bond, and therefore

required a proper finish to the therapeutic work they had been doing together. This pilot had positive feedback, and the learning from it shaped the delivery of the Centres online group work.

Victims and survivors waiting to access group work had a variety of responses to move to online group work, with some initially expressing that they would wait until things "went back to normal", when face to face sessions could be resumed:

> "Some women said yes they'd do it online and some women said they wanted to wait. At the start of the pandemic women would tell me "I'll just wait", and then three months on, when another group was coming on, I had to say that we don't know how long this pandemic is going to last. I was trying to really actively encourage women to take up the online offer."

However, Penny shared that at first approximately 50% of women experienced digital exclusion making it very challenging for them to access group work, and so in order to meet the needs of these women in order to get them online Rape Crisis Tyneside and Northumberland undertook one-to-one sessions with individuals.

As one of the first services developing this specialism, Penny shared her expertise with the rest of the Rape Crisis network through very popular webinars coordinated through Rape Crisis England & Wales, and also showed leadership locally by delivering sessions on how to carry out group work online to Sunderland Counselling service. Penny shares:

> "I'm not really a techie person, but in hindsight I think I was coming from a place of "we can do this, we will all learn together", so I started with non-challenging work and got braver as we've gone on with continual risk assessment and getting the online skills fine-tuned."

The benefits of group work have been especially beneficial for victims and survivors during the lockdowns, as many have experienced isolation. Penny shares that a number of younger women, especially those who left home for university and found themselves isolating particularly benefitted from the social interaction of group work.

RCTN now looks to offer hybrid group work, with some groups starting in-person with others remaining online. Whether in-person on otherwise, group work is a core part of service delivery for Rape Crisis Tyneside and Northumberland, with the service recently being awarded a three-year grant through the Henry Smith Foundation. Rape Crisis Tyneside and Northumberland understand group work as key element of a survivor's processing and healing, and continue to advocate for it locally, regionally and nationally:

> "I just think group work is so essential, I don't see how you cannot offer it as part of the healing journey. ...It's one thing having a professional validate your feelings, and telling you what you're experiencing is normal, that is hugely beneficial therapeutically, but it is a different thing listening to another woman say "that happened to me and that's how I feel, I thought I was going mad too", or be able to ask "how does that thing that happened to me twenty years ago effect me in my job", "why am I scared of my teenage son" - all of that is so different hearing it from another woman. That is phenomenally powerful."

Visioning the Future, reflection

In response to the rapid adaption of service delivery and evolving from the regular managers and directors meeting, a working group within the Rape Crisis network called "visioning the future" emerged, with 12 managers and directors within Rape Crisis Centres came together to look at how the impact of these changes on service users, services, staff teams, managers and co-ordinators. Four sessions were held to discuss visioning the future of Rape Crisis services delivery. With discussions focusing on:

Return
what we need to go back to

Retain
what new practices will we keep

Resist
what will we avoid returning to

Radical
what new things would we like to see going forward

Services responded by saying they wanted to keep the innovation of service delivery such as Walk and Talk services, the flexibility of working differently sometimes at weekends or evenings, wanted to resist the culture of online presenteeism. A need to gather and compare outcomes for victims and survivors was identified, in order to understand whether online and telephone therapy is as effective for service users.

At the time of writing, even when there is no lockdown and all laws around social distancing have been relaxed, working from home is still the rule rather than the exception, and hybrid working will persist unless there are stipulations, expectations, or incentives to encourage individuals back into the work place. The impact of this is not similar to flexible or agile working that had gone before – whole Government departments, and large corporations are now dispersed, with the old idea of 9-5 office working disappearing. At present, people are working hard to make the new ways of organising and working a success, creating procedures and protocols as they go.

The Rape Crisis network continue to learn from each other in order to stay on top of the fastest and biggest change in working practice for generations.

Recommendations

For funders and commissioners

- Rape Crisis Centres require longer-term funding agreements. This funding approach would enable services to plan better for the future and focus on service delivery rather than constantly respond to destabilising cycles of redundancies and recruitment.
- Rape Crisis Centres require funding for core costs. Nearly all funding available to services is for service delivery exclusively, with funders preferring to resource ISVAs, leaving very limited funds for counselling, back-office and management costs.
- Covid-19 funding was delivered in a more agile and flexible way from a variety of funders and commissioners; Rape Crisis Centres would benefit from increased flexibility around spending, diverting funds within projects, deadlines and monitoring and evaluation.
- CCGs and Integrated Care Systems must recognise the high levels of demand for specialist sexual violence and abuse community-based services such as the bespoke, wraparound and trauma-informed services provided by Rape Crisis Centres. CCGs, Integrated Care Systems, and regional NHS leads need to commit to reducing fragmentation (as per NHS SAAS priorities) in care pathways by appropriately funding specialist Rape Crisis Centres.

For Government

- Covid-19 Emergency funding demonstrated that Government departments could collaborate and work jointly in order to provide funding to services. The Government must create a long-term sustainable funding solution for all specialist sexual violence and abuse support services. There is an opportunity with the establishment of the Victim's Funding Strategy and the forthcoming Victim's Bill.
- The Government must address the recommendations outlined by Imkaan and other 'by and for' sector experts looking at the impact of Covid-19 on the experiences of Black and minoritised women and girls. Many of these are contained within "The Impact of the Dual Pandemics" (Imkaan 2020).

For Courts and Judiciary

The impact of Covid-19 on the justice system is particularly stark when considering the backlog of cases in the Crown Courts.

- We recommend the Government consult on specialist courts, and consult on piloting short-term judge-only trials in specific areas. This could significantly improve rape victims and survivor's experiences of the justice system, as long delays to trials negatively impact upon attrition rates and the wellbeing of individuals involved.
- We recommend that section 28 is a measure available to anyone who has experienced a RASSO crime, as courts now have the infrastructure to support pre-recorded cross-examination.

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