



The 'epidemic within the pandemic': Meeting the Needs of Racially Minoritised Women Experiencing Domestic Abuse during the Covid-19 pandemic

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3 **The ‘epidemic within the pandemic’: Meeting the Needs of Racially Minoritised Women**
4 **Experiencing Domestic Abuse during the Covid-19 pandemic**
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12 **Abstract**
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15 **Purpose** – In March 2020, the UK entered its first lockdown responding to the Covid-19 pandemic. In
16 the same month, the Domestic Abuse Bill had its first reading in Parliament. Charities and non-
17 governmental organisations critiqued the Bill for failing to protect migrants from domestic abuse,
18 and not complying with the Istanbul Convention. Drawing on interviews with staff from Southall
19 Black Sisters this paper foregrounds the experiences of practitioners within the women’s sector to
20 explore the unique experiences and challenges migrant and racially minoritised women encountered
21 when seeking support from domestic abuse during the Covid-19 pandemic. It highlights how the
22 pandemic related lockdowns created barriers to accessing support services and housing, creating an
23 epidemic within the pandemic, and how minoritised women and the organisations that supported
24 them had to overcome structural barriers and racism.
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27 **Design/Methodology/Approach** – In-depth semi-structured interviews were conducted with staff
28 from a leading women’s organisation that supports migrant and racially minoritised women. Four
29 participants were asked questions within four themes: domestic abuse before and during the
30 pandemic; accessing support for and reporting domestic abuse; accessibility of resources; and post-
31 pandemic challenges. A phenomenological approach was used to analyse the transcribed interviews.
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34 **Findings** – Participants consistently highlighted the unique threats and barriers migrant and racially
35 minoritised women faced when seeking support. Barriers included racism, language barriers, cultural
36 constraints, the triple threat of destitution, detention, and deportation, and political resistance to
37 protect migrant women from destitution/homelessness.
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39 **Originality/Value** – This paper provides a unique insight into the experiences of staff members
40 within a specialist by and for women’s support organisation in England and their perspectives on the
41 barriers racially minoritised and migrant women experienced during the Covid-19 pandemic. It offers
42 rare insights into how service users’ needs changed during the lockdowns, and how the pandemic
43 affected their ability to operate.
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46 **Keywords** – Domestic abuse, violence against women, Covid-19 pandemic, BME (Black, Minority,
47 Ethnic), Black and minority ethnic, racially minoritised women, migrant women, No Recourse to
48 Public Funds
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50 **Paper type** – Research Paper
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Introduction

The World Health Organisation (WHO) has called violence against women a major public health concern (WHO, 2021). Globally, almost one in three women have experienced some form of physical and/or sexual violence from an intimate partner (WHO, 2021). In 2018, an estimated one in seven women had experienced physical and/or sexual violence from an intimate partner or husband in the past 12 months (UN Women, 2022). Women from minoritised communities are often disproportionately affected by gender-based violence and suffer adverse health outcomes (Stockman, et al., 2015). This demonstrates gender-based violence, and specifically domestic abuse, is a significant public health and human rights issue which needs structural, government led responses that recognise intersectionality.

Responding to the need to address violence against women, the UK's Domestic Abuse Bill had its first reading in parliament in March 2020. The Bill was widely critiqued for failing to comply with the Council of Europe's Istanbul Convention on Preventing and Combating Violence against Women and Domestic Violence, which requires victims of violence against women and girls (VAWG) to be protected, regardless of their migrant/refugee status (Council of Europe, 2011; Domestic Abuse Commissioner, 2021; End Violence Against Women Coalition, 2020; Liberty, 2019; Refugee Council, 2021). In the same month, in response to the Covid-19 global pandemic, the UK went into lockdown.

As the Covid-19 pandemic took hold, there was international recognition that rates of domestic abuse were increasing. Responding to these concerns, the British government announced it was prioritising women's safety and allocated an extra £750 million for frontline charities. £2 million was dedicated to domestic abuse charities (BBC News, 2020; UK Gov, n.d.). Minoritised women are disproportionately affected by violence against women and girls in the UK and internationally (McIlwaine, et al., 2019). Drawing on in-depth interviews with staff from Southall Black Sisters, this paper will examine how the organisation and its users were affected by the pandemic. It will identify inequality in how domestic abuse was experienced and the unique barriers minoritised and migrant women encountered when seeking support. Southall Black Sisters is a 'by and for' non-governmental organisation in West London that supports minoritised women and stands against domestic abuse, honour-based violence, and discriminatory immigration controls.

This paper is divided into four sections. First, it will identify how domestic abuse is measured in the UK. Second, it will examine how domestic abuse changed during the Covid-19 pandemic. Third, it will examine how the pandemic impacted access to housing and accommodation services, and fourth, it will identify how Southall Black Sisters had to evolve to continue supporting the needs of women during the lockdowns. This paper seeks to foreground the voices and experiences of frontline practitioners, who are themselves minoritised, to contribute to existing literature, and add new perspectives, to the tangled web of the Covid-19 pandemic, the epidemic of violence against women, and the plague of racism and injustice migrant and racially minoritised women are subjected to.

The author will use the term racially minoritised in recognition of the social process that actively minoritizes ethnic minority groups and perpetuates unequal social hierarchies (Gunaratnum, 2003; Milner & Jumbe, 2020; Predelli, et al., 2012). The term BAME/BME is used significantly to refer to racially minoritised people and will be used when it was used in original sources being quoted. The author recognises both men and women can be victim-survivors of domestic abuse. As this paper focuses on the specific experience of staff from a women's support organisation, this paper will only refer to women's experiences.

Methodology

Postgraduate students and staff at XXX University conducted this research as part of a taught postgraduate module on the MA Applied Human Rights degree. All students volunteered to join the module as an elective on their degree. Institutional ethical approval was obtained prior to the research being collected and all students and staff on the module completed ethics and confidentiality agreements. Participants were recruited through the author's network. Each interview lasted 60-120 minutes. All interviews were conducted via Zoom, and were audio recorded, participants had their cameras off to aid confidentiality. All transcripts had participants' identifying details removed, were saved in a secure location, and were coded to ensure confidentiality. All participants signed consent forms and were able to withdraw from the study. Data collection took place in April 2021.

A literature review was undertaken to assess forms of domestic abuse, its prevalence within the UK, how intersectionality affects women's experiences, and the impact of the Covid-19 pandemic on its prevalence. Data from the literature review was used to inform the study and frame specific questions, for example literature claimed there had been a 7% increase in police recordings of domestic abuse. Reasons for this were contradictory, some sources attributed this to improved police recording, and others suggested it was related to the pandemic (Office for National Statistics, 2020). Gathering the experiences and opinions of frontline workers who support women experiencing abuse added value in shedding light on these incongruities.

Recognising the invisibility of the abuse minoritised women experience, this paper seeks to foreground the experiences of practitioners working in the 'by and for' women's sector. Adopting an interpretative phenomenological analysis approach enabled the study to explore the unique experiences and challenges practitioners supporting migrant and racially minoritised women seeking support from domestic abuse encountered during the Covid-19 pandemic. The interpretative phenomenological analysis methodology allows this study to prioritise the interviewees' lived experiences of supporting their clients during the Covid-19 pandemic. Four Southall Black Sisters employees were interviewed thus adopting a purposive sampling method (Bryman, 2016; Heap & Waters, 2019). Focussing on staff from one specialist organisation enables this paper to present a snapshot of how the pandemic affected a women's support organisation based in West London. The project does not seek to represent the experiences of the non-governmental sector broadly.

A mixed-methods approach was adopted using an electronic survey followed by a semi-structured interview. This convergent parallel design enabled the researchers to collect quantitative and qualitative data and analyse all results together (Creswell & Plano Clark, 2017). The survey included 13 questions and collected the age, gender, job role, and years of industry experience of the respondents. It used binary and Likert scales to collect data. The interview consisted of twenty-five questions using a semi-structured interview style. It was divided into four sections: domestic abuse before and during the pandemic; accessing support for and reporting domestic abuse; accessibility of resources; and post-pandemic challenges.

Measuring Domestic Abuse in the UK

According to the Crime Survey for England and Wales (CSEW), published by the Office for National Statistics (ONS), in the year ending March 2020, an estimated 1.6 million women aged 16 to 74 experienced domestic abuse. This is a prevalence rate of approximately 7 in 100 women (ONS, 2020). Police in England and Wales recorded 6% more domestic abuse crimes in the year ending March 2021 than the previous year (ONS, 2021). This suggests domestic abuse increased during the pandemic.

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3 Domestic abuse is often referred to as a hidden crime, it is both under-reported and reported figures
4 fail to fully represent the abuse perpetrated. Women's Aid, a national federation of frontline
5 domestic abuse services, argues that domestic abuse perpetrated by men against women is typically
6 more frequent, more severe, and has a greater impact than abuse perpetrated by women (Women's
7 Aid, n.d.). This echoes research that the measuring of domestic violence underestimates its
8 harmfulness. Walby and Towers claim women are more likely than men to be both repeat, and high-
9 frequency, victims of domestic violent crime and that the harm caused by a man against a woman
10 will be more harmful than the violence perpetrated by a woman (Walby & Towers, 2017). Statistics
11 on domestic abuse are therefore unlikely to represent its severity, or frequency.
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15 Women are often silenced by stigma, shame, a fear of not being believed, and a fear that the justice
16 system will not support them (McIlwaine, et al., 2019). This further contributes to abuse being
17 under-reported. Internationally, UN Women claims, "less than 40 per cent of the women who
18 experience violence seek help of any sort" and "[l]ess than 10 per cent of those seeking help
19 appealed to the police." (UN Women, 2022). It is therefore likely that the true number of people
20 affected by domestic abuse is significantly higher than official statistics. Racially minoritised women
21 in the UK and women living in patriarchal cultures internationally face additional barriers to
22 reporting and seeking help from abuse. Women from ethnic minorities are therefore likely to be
23 further under-represented in official statistics (Afrouz, et al., 2020; Khan, et al., 2018).
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27 The Covid-19 pandemic added additional barriers to reporting and seeking help from domestic
28 abuse: Wechsler's analysis of the reporting of domestic abuse during the pandemic in some
29 American states found women were less likely to report to the police if they were unable to make
30 phone calls without being overheard, and feared efforts to reduce the spread of Covid-19 resulted in
31 perpetrators not being detained. Many women were also concerned that if abusers were detained,
32 they might catch Covid (Wechsler, 2020). Some women may not have contacted support
33 organisations when they otherwise would have, had it not been for the pandemic. For women with
34 racially minoritised abusers, fears surrounding the pandemic co-existed with fears that if they did
35 call the police their abuser may be harmed due to racist practises (Anitha & Gill, 2022). This suggests
36 many women were deterred from reporting their abusers to the police and there was inequality in
37 seeking help.
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41 Reporting levels are also likely to be lower within specific groups, particularly racially minoritised
42 women. For migrant women, insecure immigration status is likely to create unique barriers to
43 reporting domestic abuse. Women with insecure immigration status may be unaware whether they
44 have legal grounds to remain in the UK and may fear the triple threat of destitution, detention, and
45 deportation if they approach the authorities (Thiara & Roy, 2022). Migrant women may also
46 encounter language barriers, a fear of having their children taken away from them, and fear the
47 isolation that may come from condemnation by their community (McIlwaine, et al., 2019). Women
48 from minoritised communities may also feel coerced into maintaining a family's perceived honour by
49 obeying their husband and under pressure to conform to community pressure and not seek help
50 (Khan, 2018).
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54 Disabled women are 1.5 to 2.3 times more likely than non-disabled women to experience abuse
55 (Public Health England, 2015). In addition, they might face barriers to reporting abuse: they may be
56 dependent on their abuser for day-to-day living, and may need their carer's support to make
57 calls/access transport (BBC News, 2021; Buel, 1999). Women who are experiencing abuse and who
58 are minoritised, and/or who have a disability are therefore likely to experience additional, co-
59 existing and intersecting barriers to seeking help. Due to these additional barriers, marginalised
60 women's voices are likely to be further under-represented within recorded incidences of abuse.

Domestic Abuse During the Covid-19 Pandemic

During the first Covid-19 lockdown people were ordered to stay at home and were only permitted to leave for essential purposes. The ostensibly neutral policy of 'stay home' failed to recognise the vulnerabilities of victims of abuse (Anitha & Gill, 2022). Victim-survivors and perpetrators were forced to be together within their homes all day, every day for months. They were prohibited from visiting non-essential places that may have previously offered a safe space to both escape abuse and seek support. Lockdowns forced victim-survivors into close confinement with their abusers, increased women's isolation and their exposure to violence increased. The House of Commons' Homes Affairs Committee recognised in April 2020 that domestic abuse incidents were "becoming more complex and serious, with higher levels of physical violence and coercive control." (Home Affairs Committee, 2020).

Minoritised and migrant women face multiple internal and external barriers that prevent them from seeking support ranging from language barriers, lack of knowledge of legal rights and support options, cultural pressures, and fear (Begum, et al., 2020). Mainstream services deny and rationalise domestic abuse against minoritised women which creates a barrier to them being able to access effective support (Femi-Ajao, et al., 2018). Prior to the pandemic racially minoritised and migrant women experienced higher rates of domestic homicide (End Violence Against Women, 2018), and were "three times more likely to be abused by multiple perpetrators" (Safe Lives, n.d.). Racially minoritised and refugee women were three times more likely to die by suicide than other women (Sisters for Change, 2017). Minoritised women needed specialist support, but years of government policy had introduced an increasingly 'hostile environment' for migrants and years of austerity cuts had slashed service provision (End Violence Against Women, 2018). The lack of effective mechanisms to adequately respond to the needs of minoritised women creates barriers to their seeking support and perpetuates inequality between women.

This was echoed in our interviews:

"The whole of society and its structures prevent women from speaking up.... there are many barriers that women face both internal and external. So internal barriers, are community, family, religion, culture, all these things, generate barriers to women, and stop them from speaking out, in fact punish them for speaking out. And then there are what I call external barriers, barriers that are created and set up by institutions, because they don't want to believe women, they trivialize women's experiences, they minimize the accounts of domestic abuse, they don't take them seriously, and then they discriminate against women... they discriminate against minority women.." (Interview 203)

Reports from support organisations and the CSEW indicate that domestic abuse escalated during the pandemic. This was mirrored in all of our interviews and the survey where all respondents agreed. In our interviews all respondents also felt control as a form of abuse had increased during the pandemic. One interviewee highlighted how coercive control became "end-to-end" during lockdowns with women being monitored twenty-four hours a day which increased their anxiety. Interviewee 201 reported that the increase of verbal and emotional abuse and psychological control had "definitely impacted" their clients and "led to them feeling very depressed, very isolated some of them have become quite suicidal".

"[T]he victim is with the perpetrator 24/7 so in a way that coercive control can be end-to-end, there's no respite for women, they're there, they're under their control, they're being monitored, they're being followed, you know, they don't even need to be followed, they're in the house under the same roof 24/7, and that is something that women have constantly reported that it's very hard to be effectively imprisoned in the home with your torturer, your perpetrator. Many of the women have talked about the heightened levels of anxiety, the fear that, that instils." (Interview 203)

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3 Lockdown periods also “made it harder for survivors of domestic violence and abuse (DVA) to
4 disclose abuse and access support services” (Szilassy, et al., 2022). In this study the interviewees
5 claimed the women they supported were no longer able to leave the home to seek help under the
6 pretext of doing the school run, seeing a doctor, or going shopping; some women were not able to
7 make calls or seek help as there was always someone listening to who they were calling and some
8 women did not want their children to see that the police had been called whereas pre-pandemic the
9 children could have been at school. This resulted in many women not being able to access support
10 services when they wanted to.
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13 Non-physical forms of abuse and its impact are harder to measure. Echoing existing research
14 (Afrouz, et al., 2020) the interviewees in our study stated perpetrators often used women’s
15 immigration status to psychologically abuse and control them, threatening they would be deported
16 if they spoke to anyone. Women were often so conditioned to believe this that even when they did
17 approach Southall Black Sisters and left their relationships, they still believed the Home Office would
18 go to their homes or arrest them on the street. This psychological abuse had a lasting impact.
19 According to interviewee 204 whilst many women were free from their abusive relationship, they
20 were not psychologically free as they still lived in “extreme fear”.
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24 The Domestic Abuse Act recognises that children who see, hear, or experience the effects of abuse
25 are victims of abuse. This recognises the psychological impact of abuse on family members (UK
26 Parliament, 2022). Two interviewees highlighted the psychological impact of domestic abuse on the
27 children of their service users: Without the “outlet of going to school” increased numbers of children
28 self-harmed which raised safeguarding concerns. Increased abuse and harm therefore extend
29 beyond the targeted victim and can affect family members, particularly children.
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32 *“I think it also impacts children, a lot of children. Just recently, yesterday, I spoke to a client who was*
33 *a victim of physical abuse in the past, but it was more sexual, verbal, emotional and financial abuse*
34 *and her older daughter had picked up on the abuse from the dad, and that resulted in the daughter*
35 *self-harming so as well as the victims struggling with their mental health you also have to pay*
36 *attention to the children ... [lockdown] definitely has impacted victims and their children.”*
37 *(Interview 201)*
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39 Our interviews support claims that the nature and frequency of abuse did increase during the Covid-
40 19 pandemic. The internal and external barriers that existed pre-pandemic were exacerbated and
41 were harder to overcome. Many women experienced increased abuse, and this had a heightened
42 impact on their wellbeing. Some women did not call the police to seek help when they would have,
43 had children not been at home. Many children were also more affected due to the lockdowns and
44 the inability to go to school. The escalation in abuse and the barriers to seeking help often meant
45 that when women did decide to leave, they often needed to leave immediately and to be able to
46 access emergency accommodation. For migrant women accessing this essential service had multiple
47 barriers.
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50 Accessing Housing & Accommodation services

51 *“[T]here’s two kinds of women here, one is migrant women with children, and one is women with*
52 *children.” (Interview 204)*
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54 Baljit Banga, the Executive Director of Imkaan, the UK’s only umbrella women’s organisation
55 dedicated to supporting Black and minoritised women and girls, argues that in addition to needing to
56 overcome the two pandemics of Covid-19 and violence against women and girls, minoritised women
57 and service providers also need to overcome racial inequality (Home Affairs Committee, 2020). A
58 report published by a range of organisations including Safe Lives, Respect, and Women’s Aid
59 Federation England, claimed services for minoritised people were severely under-resourced prior to
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3 the pandemic. Barriers to accessing support included “a lack of understanding and will to work with
4 migrant women, racist and discriminatory practices, a hostile data sharing environment, a failure to
5 uphold statutory requirements and depleted access to interpreters” (Dawsey-Hewitt (SafeLives), et
6 al., 2021). The shortfall in funding for specialist support organisations demonstrates an institutional,
7 government led reluctance to address the prejudice migrant women experience and to
8 appropriately accommodate their needs.
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11 Our research supports these claims. Interviewees said the women they support are often met with
12 discrimination by Social Services and accusations that women had made themselves “intentionally
13 homeless” (Interview 204). Some women who had to leave their homes in emergencies were forced
14 to sit in police stations until midnight whilst support workers “fought with Social Services”. One
15 interviewee said Social Services told her client: “why don't you just flip the house, you stay in one
16 part, he stays in another.” This demonstrated a complete lack of awareness of the dangers of
17 domestic abuse and how the point of leaving an abusive relationship can be a significant risk factor
18 linked to domestic homicide (Monckton-Smith, 2021).
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21 The increased demand for support from March 2020 placed huge strain on an already struggling
22 sector. Racially minoritised and migrant women were especially affected by this, twenty per cent of
23 minoritised women have No Recourse to Public Funds (NRPF) (Safe Lives, n.d.). Pre-pandemic, a
24 Women's Aid survey found there was only one refuge bed per region in 2017 that could
25 accommodate a woman with NRPF and on average, 67% of women supported by the No Woman
26 Turned Away scheme were not eligible to apply for the Destitute Domestic Violence Concession. The
27 combination of having a visa status that does not grant access to public funds, denies access to
28 settlement routes, and the extremely limited supply of emergency accommodation makes
29 minoritised women with NRPF extremely vulnerable.
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33 The vulnerability of migrant women with NRPF was exacerbated when the pandemic started: At the
34 beginning of the pandemic the government placed street homeless people in hotels, but anyone
35 with NRPF who was street homeless faced deportation (Crisis, 2020). The government “did not put a
36 plan together to support abused women” (Interview 203). Organisations including Southall Black
37 Sisters wrote to the government asking for more provisions and resources to help them cope with
38 the extra demand. When the extra funding came in April none of it supported women with NRPF,
39 despite claims it was to meet the needs of the most vulnerable (BBC News, 2020). Racially
40 minoritised women who were experiencing abuse and had insecure immigration status/NRPF
41 therefore faced multiple forms of co-existing and intersectional disadvantage which exacerbated
42 their vulnerability. This set them apart from other women who are able to access mainstream
43 accommodation and who did not face deportation or the threat of being separated from their
44 children. This demonstrates women's experiences of abuse are not universal (Anitha & Gill, 2022;
45 Begum, et al., 2020).
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49 Pre-pandemic, women with NRPF could sometimes access refuge accommodation that had beds
50 available to them through a No Recourse Fund. However, during the pandemic the spike in demand
51 for emergency accommodation fell onto an already crumbling system, and many women were
52 unable to access service provision. 64% of service providers who responded to a Women's Aid
53 survey said they saw a reduction in the availability of refuge spaces during the pandemic (Women's
54 Aid, 2020). The spike in demand for support services caused by the Covid-19 pandemic,
55 compounded shortages in provision brought on by years of funding cuts: Between 2010 and 2014, a
56 third of all referrals to refuges were turned away and 17% of specialist women's refuges were forced
57 to close (Women's Budget Group, 2019). Between 2010 and 2017 more than 75% of England's local
58 authorities slashed their spending on domestic violence refuges by 24%. The lack of refuge spaces
59 saw more than 1,000 vulnerable women and children turned away from refuges in six months in
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3 2017 (McClenaghan & Andersson, 2017). Racially minoritised and migrant women were
4 disproportionately affected as specialised service provision has never been as well funded as
5 mainstream provision (Imkaan, 2016).
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7 During the Covid-19 pandemic lockdowns and the 'stay at home' approach to limiting the spread of
8 Covid-19 meant women in refuge accommodation did not get moved on into alternate, more
9 permanent housing. The inability to move women on from refuge accommodation also prevented
10 refuges from being able to accept new referrals and refuges were forced to effectively close. This led
11 the Victims' Commissioner Dame Vera Baird QC to say there was an "epidemic inside this pandemic"
12 (Bowcott & Grierson, 2020). Some women experiencing domestic abuse and who wanted to leave
13 had nowhere to go. Frustration with the lack of provision was clear:
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16 *"There's probably more plans for what happens in the event of a nuclear disaster than there were*
17 *plans about what happens in these kinds of situations, so I would have liked to have seen genuine will*
18 *on the part of the government and foresight and vision, it's not that they didn't have the warning*
19 *signs, other countries [whose pandemics] had started earlier already knew, could explain what was*
20 *going on, you could see what was going on so they could have prepared much better."* (Interview
21 203)
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24 Women with children can apply for housing under the Children Act (1989) but interviewees said
25 responses were inconsistent, and in some cases dangerous. In some cases, interviewees said Social
26 Services were helpful and ensured "children aren't street homeless and suffering and then, by
27 default, the mother is supported because if they separate the mother from the child they're
28 contravening the child's human rights" (Interview 202). However, the same interviewee recognised
29 migrants with NRPF were treated differently from other women: "There's a lot of disdain against
30 them, the attitude towards them is terrible, absolutely terrible". Responses during and before the
31 pandemic were however not consistent, one interviewee shared that the support Social Services
32 gave women with No Recourse was better during the pandemic than before when Southall Black
33 Sisters had responded to threats to return women to their country of origin with letters to the
34 Director of Children Services or by engaging housing solicitors to challenge those decisions.
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38 *"Where women have children, even if they have No Recourse to Public Funds, we refer to the Local*
39 *Authority to exercise their statutory duty under the Children Act, which says you have to safeguard*
40 *vulnerable children. The problem is not with the duty, the problem is the implementation of that duty*
41 *and there is such inconsistency, like with police officers and in how social workers implement that*
42 *duty, some social workers are very good, very efficient, very committed. And then there are others*
43 *who are indifferent, who gatekeep"* (Interview 203).
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46 Interviewee 204 felt Social Services did not willingly help women with No Recourse. She said Social
47 Services often "refused" to accommodate migrant women with NRPF and instead either wanted to
48 put the children into care or place the children with the perpetrator. This response fails to recognise
49 that children who see, hear, or experience the effects of abuse should be recognised as victims of
50 abuse and placing the children with a perpetrator is unsafe. The UK's National Society for the
51 Prevention of Cruelty to Children (NSPCC) and others have recognised 62% of children who are
52 exposed to domestic abuse are also directly harmed by it (CAADA Co-ordinated Action Against
53 Domestic Abuse, 2014; Legislation.gov.uk, 2021; NSPCC Learning, 2021).
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56 Within the group of women with NRPF intersectional layers further disadvantage some women.
57 There was recognition amongst the interviewees that women in remote areas find it harder to
58 access support services, many women who experience economic abuse and controlling behaviour do
59 not have access to a phone or email, and women without children were recognised as very difficult
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3 to support as “they're not a priority with the Local Authority”. There was also recognition that
4 “Social Services are strapped for cash” and sometimes it is a capacity to help more than a desire to
5 help issue thus demonstrating Social Services did often want to help but there was no funding
6 (Interview 203). These examples, ranging from funding cuts to mainstream and specialised service
7 provision, the lack of available refuge accommodation for women with NRPF, and the lack of a
8 government plan to support minoritised women during the pandemic exacerbated migrant women’s
9 vulnerability. This was further intensified by a lack of will to help migrant women, a cut to language
10 support and translators, and the lack of support options for women without children.
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13 Evolving to Support Women during Lockdowns

14 On 17th March 2020, a day after the Prime Minister announced everyone should stop non-essential
15 contact, and six days before the first lockdown was announced, Women’s Aid claimed “the
16 government’s advice on household-isolation will have a direct impact on women and children
17 experiencing domestic abuse” (Women's Aid, 2020). In the first three weeks of lockdown sixteen
18 women were murdered, a significant increase from the already unacceptable average of seven
19 women every three weeks (Smith, 2020). Whilst the pandemic had not caused domestic homicide it
20 contributed to an escalation in the forms and frequency of abuse: Covid-19 had “been weaponised
21 by some abusers as both a new tool of control over victims and – in some cases – as an excuse for
22 domestic abuse and even homicide” (Bates, et al., 2021).
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26 Between April-June 2020, Refuge had a 65% increase in the average number of calls and contacts
27 logged on their database compared to the previous three months. Of their logged calls 81% of callers
28 described being controlled by their partner, 58% had been subjected to physical abuse, and 19% had
29 experienced threats to kill them from their abusers (Refuge, 2021). This was consistent with global
30 reports that domestic abuse was increasing (Ivandić, et al., 2020; Usher, et al., 2020). Support
31 organisations needed to quickly adapt to meet increasing demand from their service users and to
32 develop a working from home system for their employees. Inevitably the closure of buildings and
33 shift to working from home adversely affected racially minoritised and migrant women.
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36 Research states minoritised and migrant women suffer higher rates of poverty which reduces their
37 mobility, diminishes their resources, and impacts the services they access. “BME women, who often
38 preferred to access services in person or via community routes” were less likely to be able to access
39 online/telephone only provision (Home Affairs Committee, 2020). Women with insecure
40 immigration status are even more vulnerable to abuse and exploitation and face additional barriers
41 to leaving abusive relationships. Due to their NRPF status, migrant women risk poverty and face
42 destitution if they leave. Pragna Patel, Director of Southall Black Sisters during the pandemic, states
43 pre-pandemic, women from South Asian and African communities often fled abusive marriages with
44 only the clothes they were wearing (Patel, 2021). This was corroborated in our interviews:
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48 *“Yesterday morning we had a client where there was an incident with her partner who had kicked her*
49 *out. She made a report to the police and the police accommodated her for two days and then after*
50 *that she was homeless. For about a week she was just roaming the streets. She came across our*
51 *number, called us yesterday, and we just we put her in accommodation. ... [I]mmigration really is a*
52 *factor, and it's unfortunate that if you don't have recourse to public funds you're not really going to*
53 *get help from the Council”. (Interview 201)*
54
55

56 The closing of the physical buildings where support organisations operated meant a vital service for
57 women who were denied money, had no access to a phone, and who had no relatives or friends who
58 could help them was lost (Home Affairs Committee, 2020). Our research agreed with this:
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3 *“[D]uring the Covid period we lost a lot of women who would have walked in, who wouldn't have had*
4 *an appointment, who wouldn't have been referred from anyone through email or anything, but*
5 *would have just walked, knocked on our door and said, can you help me”. (Interview 203)*
6

7 Reaching out to existing and new clients and continuing to meet their needs was therefore a priority
8 for Southall Black Sisters and similar organisations. Southall Black Sisters developed a chat line and
9 online platform to reach new users. It also invested time and resources in training existing clients on
10 how to use WhatsApp and Zoom and by adding clients' mobile data to the package of food and
11 survival necessities it provided. Many women “felt suffocated by the lockdown and by the abuse on
12 top... so we were recording heightened forms, of fear, of distress, and anxiety.” In response to this,
13 the organisation increased the number of welfare calls and counselling it provided from one to five
14 days per week.
15

16
17 *“[W]ith migrant women that trauma is even higher, they felt quite trapped anyway, in a situation*
18 *where you don't feel you belong anywhere: You don't belong to the UK, 'cause they don't want you,*
19 *you don't belong back home because they don't want you, so where do you actually belong? They*
20 *feel like nobody [wants them] and so then the risks of suicide and self-harm are much higher, and*
21 *they're re-experiencing that kind of trapped way of living in their homes and not being able to do*
22 *anything or see anyone.” (Interview 204)*
23
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25
26 Minoritised, migrant women, many of whom have No Recourse to Public Funds, were left vulnerable
27 during the pandemic with few avenues of support. Southall Black Sisters' physical building that
28 women were often referred to through word of mouth, referrals by some police stations, or by
29 walking past, had now closed. Online chat, email, or phone contact were the only communication
30 channels available and for women living in poverty and in abusive relationships there was no
31 guarantee these women had access to a phone or computer, or the language skills to navigate a chat
32 line. In addition, if women with NRPF were found to be street homeless they were not eligible for
33 the government's scheme to accommodate rough sleepers and they were vulnerable to deportation.
34 Responding to the need for additional accommodation provision Southall Black Sisters joined forces
35 with Solace and directly lobbied the Mayor of London for funding to accommodate women with
36 NRPF. This resulted in 20% of private hotel rooms offered to women fleeing domestic abuse being
37 allocated to women with NRPF.
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41 Whilst the Mayor of London's funding enabled some accommodation to be available for women
42 with NRPF the scheme involved complex data collection and form filling, only operated in London,
43 was temporary and only ran until June 2021. There was no national plan to accommodate women
44 with NRPF creating regional disparities in access and unknown numbers of women were unable to
45 reach out for help. Temporary schemes responding to the Covid-19 pandemic perpetuated
46 hierarchies between women experiencing domestic abuse. Women's rights to shelter, safety, and
47 dignity were not protected. Ultimately this may have contributed to women being street homeless
48 and to women being deported when there was a legal route for them to remain in the UK. Tragically
49 it may also have cost women's lives as they had no where to go, to flee abusive relationships.
50
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52 Conclusion

53
54 Minoritised women, and particularly migrant women with No Recourse to Public Funds face
55 significant barriers to seeking support when they are in abusive relationships. They are more
56 vulnerable in their relationships given their insecure immigration status and this combined with their
57 disproportionate vulnerability to living in poverty makes them more vulnerable to being exploited.
58 This research study identified the difficulties a specialist women's organisation experienced in
59 supporting racially minoritised and migrant women in the UK and specific examples of the barriers
60 migrant women encountered when trying to access support during the Covid-19 pandemic. It
highlighted the discrimination minoritised women were subjected to during the pandemic and the

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2
3 importance of specialist 'by and for' women's services in providing holistic support to minoritised
4 women.
5

6 To better ensure all women in the UK are treated equally and to prevent the future discrimination
7 against racially minoritised and migrant women the UK should amend the Domestic Abuse Act to
8 provide protection to migrant women. This amendment would increase the UK's full compliance
9 with the Council of Europe's Istanbul Convention on Preventing and Combating Violence against
10 Women and Domestic Violence and reduce the discrimination between women based on race and
11 visa status. No woman should be denied access to shelter when fleeing abuse. The government must
12 therefore also appropriately fund relevant services to increase access to refuge accommodation and
13 housing for all women and fund outreach services that work with minoritised communities. It was
14 beyond the scope of this research project to explore the impact of the Covid-19 pandemic on
15 disabled women experiencing abuse, the author recognises more research is needed in this area to
16 ensure all women have an equal right to safety and freedom from abuse.
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10

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