

Written evidence submitted by the End Violence Against Women Coalition (CVB0042)

About the End Violence Against Women Coalition

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

Introduction

The EVAW Coalition made a submission to the initial WESC 'Unequal Impact' Inquiry in April 2020 (available [here](#)), where we highlighted the specific experiences and needs of disabled women, BME women and older women, and said that the Government response should recognize and respond to these.

In this new submission to the 'Unequal Impact: Coronavirus and BME People' WESC sub-inquiry, we set out in more and updated detail how:

- BME women already faced very high levels of gender based violence before Coronavirus
- Coronavirus and the necessary public health measures are a 'conducive context' for increased domestic, sexual and other forms of abuse, which is harder to escape for some women
- BME women's ability to access justice, protection from further violence and support to recover and move on, is already severely hampered by both racialized responses from statutory agencies, and woeful financial support of the BME women's specialist support voluntary sector
- 'Hostile environment' policies, which have remained in full force through coronavirus, are a particular block to many BME women, including women with no recourse to public funds, being able to be sure of emergency police protection should they need it or access to refuge and other therapeutic support
- We recommend: ring-fenced funding for specialist BME women-led 'by and for' support services; abolition of NRPF; anti-racism training across public services.

In this short submission we rely heavily on the research and practice-based evidence of Imkaan and many other BME women researchers and practitioners.

1. BME women and girls face very high levels of gender based violence

BME women's greater risk of experiencing abuse is statistically very significant, is currently not well appreciated, and should have major implications for the policy and practice response, during and after any public health crisis.

Black women are also disproportionately 'victimised' with women who identified with Mixed/Multiple ethnicities statistically more likely to have experienced partner abuse in the last 12 months (10.1%) than any other ethnic group.¹

BME and migrant women experience higher rates of domestic homicide and are 3 times more likely to commit suicide than other women in the UK.²

Additionally, 50% of BME women victims of violence experience abuse from multiple perpetrators.³

Research has shown that BME women remain trapped in violent relationships for longer than white British women.⁴ Factors such as immigration status, language difficulties, and race-based discrimination have all been identified as additional barriers for BME survivors to exit violent relationships.⁵

2. Coronavirus is a ‘conducive context’ for increased ‘VAWG’, with higher barriers to escape for some women

Increases in the rate of reported domestic violence during the pandemic have been widely [reported](#) in many countries. In the UK, women’s crisis support services have received more calls and web-based enquiries since March 2020. The home is also where many women are sexually abused, and the isolation requirements of the Coronavirus pandemic increase the likelihood of sexual violence against partners in the home, and the sexual abuse of children in the home.

Isolation is an ideal context for control, for not being detected and for impunity, as connections to colleagues, friends and family are reduced. Even as restrictions ease in many areas of life, the requirement to isolate if experiencing or being close to someone with symptoms, remains significant, as does the need for some clinically vulnerable people to take more life-restricting precautions. It is clear to women’s support services that abusive men are using isolation requirements as an additional tool for abuse and control (for example in relation to child contact arrangements, through abuse of the contact tracing system, limiting access to information, and giving false information about the risks associated with the virus).

BME women already face higher barriers to support and justice when experiencing abuse⁶. This should be front and centre of policy on responding to and preventing abuse during the ongoing pandemic.

3. BME women encounter racialized responses from statutory agencies when reporting abuse; and the specialist BME women-led ‘by and for’ support sector is dangerously under-funded

BME women are more likely to report inappropriate professional responses from statutory and voluntary agencies than their white counterparts, including responses based on cultural, ethnic and religious stereotypes.⁷ These include frontline professionals working in the police, NHS, schools, social services, housing and other agencies having a poor understanding of gender based violence, its drivers and how some forms of abuse occur in different communities; not hearing disclosures of abuse when they are made; and responding to reports/disclosures/signs of abuse with disbelief, blame, a failure to recognize harm and urgency, and a basic lack of compassion. BME girls, for example, encounter racialized tropes and stereotypes when trying to disclose abuse in settings including schools and social services.⁸

At a time of extra pressure on many public services, and of ongoing school closures, this racist failing of BME women and girls may put those BME women and girls who seek help at even greater risk.

The catastrophic failure to protect the BME women's 'by and for' support sector

Black and minority ethnic women have built a set of specialist support services all over the country over the last five decades. These services are holistic and built around the specific needs of different BME women; they are staffed by women who understand the particular barriers to leaving abuse, the way it is experienced, the cultural and family contexts in which it might have happened, the needs and fears of women who use the services and much more. The workers in these services are often very multi-skilled, providing specialist therapeutic, legal, language and other help as well as basic material support. Surveys of service users always show that BME women prefer these services and feel safe and understood in them. They are precious and truly life-saving.

The decimation of this sector long pre-dates the Covid-19 pandemic, with competitive tendering processes favouring larger 'generic' organisations and contracts above comparatively smaller, specialist services run 'by and for' BME women which are systemically disadvantaged by these procurement arrangements.⁹ The result has been that in the last decade, 50% of BME specialist refuges have been forced to close or been taken over by a larger provider due to lack of funding, whilst others continue to operate without any local government support.¹⁰ There are now only 18 specialist 'by and for' BME women's refuges for the whole of the UK. Almost half of all the women that struggled to find a refuge space in the past year (identified through Women's Aid NWTa project) were from Black and Minority Ethnic (BME) backgrounds.

The precarious state of this precious specialist sector at the start of the Coronavirus pandemic was already a serious cause for concern. As BME women experience high levels of abuse, are isolated with abusers, have abusers threaten them in relation to isolation requirements and more, these specialist organisations have been needed more than ever.

At the start of 'lockdown' BME organisations were already underfunded by 39%¹¹ and had an estimated shortfall in refuge spaces in services led 'by and for' BME women of 1,172. As a result 'by and for' BME women's services have had to invest as much as £1,000 from limited reserves to support women in refuges with emergency food and other essentials, which is highly unsustainable.

Imkaan report that 40% of women who used services in these organisations were destitute due to insecure immigration status and their socio-economic circumstances. This means that Black and minoritised women and girls' organisations were supporting complex intersecting inequality issues with fewer resources. In the first month of lockdown, management capacity was stretched by 50% for BME organisations, meaning that half the organisations had no capacity to do emergency fundraising as managers were pulled to deliver frontline support.

A quarter of these organisations feared that they would not survive another 6 months under the COVID-19 crisis. Specialist refuges for BME women, as a result of funding structural inequality and reduced capacity, were already full at the start of lockdown. These capacity issues have been exacerbated by the need to provide additional space for women needing to self-isolate.

Furthermore, structural funding inequalities have not been addressed by the domestic abuse emergency funding from MHCLG which have not ringfenced funding for services for Black and minoritised women despite our [calls](#), and which are only intended to cover the period up to 31 October. This will result in a funding “cliff edge” and does nothing to address the long-term impact of structural funding inequality, nor will it provide the sustainability needed for these lifesaving services to survive and support BME women in the various “surges of demand” expected following the easing of lockdown restrictions in the medium-long term.

The impact of COVID-19 means that many specialist Black and minoritised services can expect not only multiple surges in demand, but also an increase in the complexity of cases, and public health requirements requiring an ongoing “mixed provision” of remote and in-person services. This will have ongoing significant impacts on the resources of Black and minoritised services that will not be addressed with short-term funding.

4. Hostile Environment policies put real women and families at great risk

In the broadest sense, the decision not to significantly relax or reform the whole set of ‘hostile environment’ policies, in the context of a highly contagious, life-threatening global health pandemic, has raised significant questions about the Government’s commitment to equality and human rights.

In the context of violence against women and girls, women with insecure immigration status who experience any form of gender-based violence usually have no recourse to public funds (NRPF) and can both fear disclosure to police and other state agencies; and be unable to access life-saving refuge provision (usually funded in relation to housing need).

From the outset of the crisis, women’s VAWG organisations have all called for the NRPF restrictions to be lifted. They put women in abusive relationships, and their children, at great risk and often make them unable to leave.

Survivors of domestic abuse are also likely to be impacted by the test and trace system, and the tracking app, in a number of different ways. As the government has refused to suspend data-sharing between health services and immigration enforcement during the pandemic, there are serious questions about the safety of the system for survivors with insecure immigration status. We also anticipate that perpetrators will be able to manipulate the app and the manual test and trace system and use them as tools for abuse. The lack of a firewall between the police and welfare services and the Home office is also the subject of a super complaint brought by Southall Black Sisters. Data collected as part of the Test and Trace Service must never be shared for the purposes of immigration enforcement, and this system should not provide a business opportunity for companies who cause significant harm.

5. Our recommendations

It is critical that equality issues are not siloed and separated into race/ethnicity, gender and social background, as this risks losing sight, for example, of the needs and rights of BME women and girls. We call for:

Ring-fenced funding for VAWG services run ‘by and for’ Black and minoritised women on a permanent basis

The emergency funding for VAWG support services during coronavirus must be extended beyond 31 October

Abolish the No Recourse to Public Funds condition which prevents migrant women with insecure immigration status from accessing vital, often life-saving support and routes to safety

There is still time to use the Domestic Abuse Bill to ensure migrant women are no longer left behind and have access to the same protections regardless of their immigration status by introducing: a principle of non-discrimination in line with Article 4(3) of the Istanbul Convention to ensure all victims of domestic abuse have equal access to protection and support regardless of immigration status; a provision to establish safe reporting mechanisms and an end to data-sharing for immigration enforcement purposes between vital public services and the Home Office, to ensure all survivors can safely report abuse to police and other services without fear of immigration control; extension of eligibility for the Domestic Violence (DV) Rule and Destitute Domestic Violence Concession (DDVC), so that every migrant survivor can access routes to regularise/confirm their immigration status and can secure public funds (which must be provided for at least six months) while doing so; a provision to ensure all victims of domestic abuse can access public funds and vital, often life-saving support and routes to safety; and that no survivor, whatever her immigration status, is treated as being in breach of her leave conditions for accessing those funds.

Leaders across statutory services need to implement as a high priority training for their whole workforces on racialized stereotypes as a whole, and specifically in relation to violence against women and girls, in order that they are disrupted and stop denying BME women and girls access to the support which is their right.

Domestic abuse and VAWG experts, including those supporting survivors facing multiple forms of discrimination, should be involved within all elements of the development and delivery of the Test and Trace Service to ensure it is safe for survivors. This must ensure that the data collected will only be used for public health reasons and that no data will be shared with the Home Office for the purposes of immigration control or enforcement.

Looking to the future and any 'building back better', it is critical that national government takes responsibility for having all those with commissioning power understand the absolute necessity of ensuring the specialist BME women's 'by and for' sector is protected and sustainable. BME women's lives are literally lost without it.

July

References

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² *UN Special Rapporteur on violence against women, its causes and consequences. Statement at the conclusion*

of a country mission to the United Kingdom 2014, UN

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=14514&>

³ *Vital Statistics*, 2010, Ravi Thiara & Samanta Roy, Imkaan

https://drive.google.com/file/d/0B_MKSoEcCvQwdHhTMnpWUTc1NjQ/view

⁴ Imkaan (2010). *Vital Statistics*. London: Imkaan.

⁵ *A Roof, Not a Home: The housing experiences of Black and minoritised women survivors of gender-based violence in London* (2019) Latin American Women's Aid & London Black Women's Project

⁶ Imkaan (2017). Tallawah: A briefing paper on Black and 'minority ethnic' women and girls organizing to end violence against us. https://drive.google.com/file/d/0B_MKSoEcCvQwcGo0NHRWbGVjdFk/view

⁷ *Intersectional Interventions to Prevent Violence Against Women and Girls in BME Communities* (2020)

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<https://www.endviolenceagainstwomen.org.uk/about/data-on-violence-against-women-and-girls/>

⁸ See for example 'People don't talk about it: Child sexual abuse in ethnic minority communities' (2020), IICSA and REF

⁹ Imkaan, *From Survival to Sustainability: critical issues for the specialist black and 'minority ethnic' ending violence against women and girls sector in the UK*, 2018

¹⁰ Imkaan (2016). 'Capital Losses'. London: Imkaan

¹¹ Sheil, F. 2020. *Calculating the Cost of Domestic Violence and COVID-19 on Specialist Services for Black and Minoritised Women and Girls in England, Scotland and Wales*.