

Position Paper Series
VAWG and COVID-19
May 2020

The Impact of the Dual Pandemics:
Violence Against Women & Girls
and COVID-19 on
Black and Minoritised Women
and Girls



imkaan

Imkaan
52-54 Featherstone Street
London
EC1Y 8RT

T: 020 7842 8525

W: www.imkaan.org.uk

E: info@imkaan.org.uk

The Impact of the Dual Pandemic's: Violence Against Women & Girls and
COVID-19 on Black and Minoritised Women & Girls

© Copyright 2020 Imkaan
ISBN 978-1-913486-38-9



The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls

We recognise that we are dealing with two pandemics – violence against women and girls declared by the World Health Organisation in 2013 and Coronavirus COVID-19. During the two pandemics, violence against women and girls is increased but for Black and minoritised women and girls, racialised discrimination and the disproportionate impact of structural inequalities also become exacerbated. **No one is immune to coronavirus COVID-19, but structural inequality reproduces disproportionately across diverse communities and exacerbates existing racialised inequalities.** For any woman and girl with protected characteristics, the two pandemics increase her risks at multiple interlocking levels.

COVID-19 has had a devastating impact around the world disrupting social systems, dismantling economic structures and creating political crisis as governments struggle to respond. There has been much engagement in emergency planning and health system coordination as we remain locked down. Like the rest of the sector, Imkaan has participated in sector-wide meetings with government at all levels engaged in discussions about a wide range of social programmes, the welfare systems, criminal and justice systems, housing and other measures, providing advice, guidance and expert feedback on a range of initiatives. We have lobbied to ensure sustainable ring-fenced funding to the specialist high demand sector that is meeting the cumulative effect of need now.

We are clear that the experiences of Black and minoritised women and girls are seldom present in the wider response to COVID-19. The need for a counter-narrative centred on Black and minoritised women is the purpose of this work. We reject the need for simplicity in response to a single pandemic as we often hear from public officials and charity heads across sectors because the simple response does not address the existence of the two pandemics and pushes equalities to the side-line, as an add-on to response frameworks in a post COVID-19 period. We are aware that the restrictive measures under the Coronavirus COVID-19 2020 Act already threaten rights-based protections and reduce the equalities' narrative that are necessary to shape public policy and practice moving forward.

In all work that we do, in the immediate and long-term, we must maintain that both pandemics cause human suffering and trauma and that the VAWG pandemic is gendered and intersectional. This will enable us to reimagine a different world that will not be business as usual but rather, seek social justice instead.

This is the first of a series of position papers that will be published by Imkaan fixating a lens on issues from the margin that we wish to move to the centre. The data has been generated by two Imkaan surveys¹ and interviews, desktop research, Imkaan's strategic work and ongoing dialogue with the core-COVID-19 response group made up of CEO's from Imkaan's membership.

¹ The survey data has been generated from responses to two online surveys as well as qualitative interviews conducted by an external consultant, Fiona Sheil (April 2020).

Two Global Health Pandemics – Violence against Women and Girls and Coronavirus COVID-19

Violence against Women and Girls existed before COVID-19, rates and severity of VAWG increased during COVID-19 and unfortunately, VAWG will continue after COVID-19. The intersection between the two pandemics suggests that as the COVID-19 pandemic spreads, the VAWG pandemic also increases however, once the curve on the rate of coronavirus infection flattens, VAWG will continue to increase and in the post COVID-19 period when the coronavirus crisis is under control, high demand will continue to exist for specialist women's services and rates of VAWG will continue to increase as safety nets and public services rebuild from the crisis. **As the effect of VAWG is cumulative, it will require sustainable long-term resourcing for the specialist black and minoritised women's sector to address the immediate and long-term consequences of the two pandemics.**

The nature of the two pandemic and the impact on women and girls is evidenced in a report called 'Impact of COVID-19 Pandemic on Violence against Women and Girls' (Fraser, 2020) which suggests that during major health pandemics such as COVID-19, VAWG becomes more severe as women's insecurities and the vulnerabilities increase. For Black and minoritised women and girls the risk of violence is also racialised. The lack of violence prevention measures impacted by the breakdown of safety nets and other social protections also increases risks under the two pandemics. Restrictive measures such as lockdown increase all forms of VAWG such as sexual violence, sexual harassment, racial discrimination (racialised VAWG) and other forms of violence impacting Black and minoritised women and girls disproportionately due to existing inequalities. We agree that "COVID-19 does not cause abuse, it creates a conducive context" (EVAW, 2020).

To fully understand the impact of COVID-19 on VAWG, and the intersections between the two pandemics, there is a need for disaggregated data to inform policy, to shape funding structures and funding decision-making and to reinforce rights-based protections.

Evidence about the emerging picture already suggests that women are experiencing more severe forms of physical violence as well as coercive control and other forms of VAWG. For Black and minoritised women, this picture is also impacted by racial inequality. For women with protected characteristics, intersecting need from multiple discrimination is also evident.

The lack of disaggregated data to fully identify the scope and scale of the problem invisibilises the racial, gendered and intersectional impact of the crisis. Where the invisibilisation continues, Black and minoritised women will fail to be recognised in responses by government to address the crisis deepening the sense of systemic discrimination and exclusion that occurs from the existing situation of inequality.

The two pandemics compel us to reimagine a different system based on equitable distribution of resources that addresses the structural inequalities embedded in systems of wealth accumulation on the one hand and the lack of community ownership on the other. The analysis of the intersection of the two pandemics makes it clear that it cannot be business as usual in the post-COVID-19 period. Fundamental structural change is needed. COVID-19 exposes the weaknesses of the political systems such as lack of transparency, accountability and participation in decision making about the investment of resources in the social sector and civil society. Where the racial and gendered dimension of need is ignored, the experience of disenfranchisement of the

grassroots is deepened. COVID-19 highlights the inadequacies of the socio-economic frameworks that reproduce disparity through neglect as evidenced in the inability of safety nets to address the basic needs of vast groups thus increasing marginalisation.

Before COVID-19, the specialist Black and minoritised refuge sector experienced decommissioning at disproportionate levels. In 2018, 25 Black and minoritised women's refuges shared an income of £10 million (or an annual turnover of £400,000 on average). Ten generic refuges shared an income of £25 million (or an annual turnover of £2.5 million on average) (Imkaan, 2018). The generic organisation was awarded 6 times more funding than the specialist Black and minoritised women's organisation on average. Leading into the COVID-19 pandemic, Women's Aid, reported that 41% of women supported by the No Woman Turned Away project were BME highlighting that BME women faced additional barriers in accessing safe accommodation (Women's Aid, 2019). This is in line with one-third of specialist refuges for Black and minoritised women being decommissioned since austerity resulting in a reduction of 50% bed space capacity. During COVID-19, there is an increase in demand for Black and minoritised women's refuges which is exponential that is, Imkaan members have noticed weekly increases in need for refuge space among Black and minoritised women as the COVID-19 crisis continues.

Before COVID-19, (EVAW, 2018) documented that the fear of immigration enforcement was being weaponised by perpetrators of abuse (a pattern of perpetration including increased physical violence and coercive control also evident during the crisis of the two pandemics), women with insecure immigration status were subjected to economic abuse and the restrictive measures of the destitute domestic violence concession – DDVC – created a two-tier system applying only to women who entered the UK on UK spousal visas. This created a hierarchy of support for women fleeing domestic violence. During COVID-19, the hostile environment has continued (EVAW, 2018). There is still no firewall to protect women's access to services during this time of crisis (and beyond). Women's access to public services are restricted because of the triple threat they face – reporting, detention and deportation. NRPF rules are still in force and the DDVC has only been minimally extended to cover the initial period of crisis. The hostile environment and the two pandemics means that migrant women and black and minoritised women who are subjected to VAWG including so-called honour-based violence, forced marriage, and trafficking, will continue to experience barriers in access to services as inequalities are exacerbated. This is an issue of rights and protections that has never been addressed in UK law.

Before COVID-19, the WAHA² project, documented **"patterns of systemic and institutional failures and discrimination by public authorities when dealing with Black and minoritised women's cases of violence"** (WAHA, 2019). The research found failures in providing interpreting services by local authorities which prevented BME women from accessing information about their housing rights; gatekeeping practices by local housing teams resulting in the rejection of homelessness applications based on local connection (which was not applicable); systemic failures to believe Black and minoritised women's experiences of violence; failures to fairly assess housing support eligibility of women with EEA passports or EEA family dependant visas; poor vulnerability assessments conducted on a discretionary basis and failed to take account of intersecting needs and oppressions; discrimination and mistreatment by local housing officials based on race, immigration status, and lack of or low-levels of English literacy; and, moving Black and minoritised

² WAHA – Women against Homelessness Action is a project of the OYA consortium providing advice and advocacy to black and minoritised regarding their housing rights. The project documented its findings in a report called A Roof not a Home.

women and their children to unsuitable and unsafe accommodation; among other issues addressed by the research (WAHA, 2019). After COVID-19, the systemic and institutional failures continued even though the context was different. For example, women are now trapped in their homes with violent perpetrators and are subjected to changing patterns of perpetration. They have few options to move on. Imkaan members have reported that local authorities are generally failing to meet public duty and housing and move-on are viewed as non-priority during the early days of emergency measures.

This is the nature of structural inequality. It is the result of failure and neglect in public policy, and/or the existence of gaps in policy leading to government inaction, or inappropriate action that reproduces inequality. The reproduction of inequality is institutionalised influencing the way public bodies respond to need especially among Black and minoritised women and girls as this need is considered too complex to address during emergency measures. **When the two pandemics collide, violence and inequality increase resulting in a heightened state of urgency that requires a transformative social justice response based on the counter narrative that is, the need for rights, protections and resources is elevated.**

The Intersection of the Two Pandemics with Racial Inequality

It is not just a situation of gender inequality that needs to be addressed. Racial inequalities during times of crisis are also exacerbated. World leaders failing to understand the nature of pandemics play the blame game targeting specific communities of people which exploit racial divisions and increase hate crimes. This is done in the context of the continuation of the hostile environment targeting Black and minoritised women, migrant communities, women with NRPF and other insecure immigration status.

The Coronavirus COVID-19 2020 Act calls for increased policing to address the challenges imposed by the disease such as reinforcing restrictive measures however, emergency policing measures continue to be implemented as in pre-crisis times that is, targeting specific communities and exploiting pre-existing racialised dynamics which are normalised by new emergency legislation.

The disproportionate impact of COVID-19 on specific communities has been documented. However, the narrative expressed in the media is one that targets communities regarding pre-existing health conditions or the so-called biological racism (Khan, 2020) rhetoric that Black and minoritised communities are 'simply' prone to hyper-tension, diabetes and heart conditions among other ailments. In other words, it's their fault that they get sick with coronavirus. While we recognise that comorbidities increase the risk of mortality with COVID-19, the reality is that the high prevalence rates of COVID-19 are due to existing structural and health inequalities such as lack of access to quality health services and decades of ignoring the health needs of diverse communities in public health policy. **Inequalities, that are structural and that become institutionalised, produce the vulnerabilities imposed on communities and become reflected in disproportionately high rates of infection and mortality.** Changing the biased narrative is critical to ensuring that inequalities are not reproduced by the current response to the crisis. In a report by the Intensive Care National Audit and Research Centre (ICNARC), one-third of critically ill people in the UK are from BME communities that is, 13.8% are recorded as Asian, 13.6% as Black and 6.6% as other ethnic (Khan, 2020). This is also highlighted in the live paper by the organisation CharitySoWhite (2020) that found BME communities are over-represented as communities at risk (due to barriers in access to health) and BME women are disproportionately impacted by these health inequalities.

Racialised inequalities are also evident in how the health sector workforce is impacted by COVID-19. BME nurses feel particularly targeted to work on COVID-19 wards highlighting the inequities of the whole of the healthcare system (Ford, 2020) where socio-economic status, health and employment conditions intersect. One in 5 staff employed by the health service are BME (Butcher and Massey, 2020) and 44% of medical staff are BME (Siddique, 2020). The first medical staff to die from COVID-19 were all BME. BME healthcare workers at all levels are disproportionately at risk being overrepresented as a percentage of the population in the workforce and in deaths due to COVID-19. In media coverage, BME staff are whitewashed in media coverage that focuses on white healthcare workers.

When we talk about the health sector, we must move beyond the doctors and nurses and look at those who work as cleaners in hospitals, provide services in the hospitality industries that keep hospitals running, ambulatory care, and people who work in a range of occupations that are in high need during this time of crisis. You will find Black and minoritised women who are working without PPE to keep the health infrastructure from collapsing. To end the media whitewash, to produce the counter-narrative and highlight the Black and minoritised women who service the health infrastructure, we welcome the naming of new temporary hospitals to include the name Mary Seacole who was a British Jamaican nursing pioneer who nursed soldiers during the Crimean War working alongside Florence Nightingale.³

For migrant women, women with NRPF and other insecure immigration status access to healthcare remains restricted. Even though there is a moratorium for women among these groups to have free access to healthcare if showing signs of COVID-19, the hostile environment continues to deter women from accessing the system. This is because data sharing practices between the health sector and the Home Office continue during the crisis. The deterrent is evident in other ways as well. For example, these women face barriers accessing services for support when approaching generic providers. Some women in need of housing support have fallen off the radar and are exposed to unintended consequences such as sexual violence, prostitution, exploitation and trafficking.

Economic inequality and gendered poverty impact Black and minoritised women disproportionately. A report by the Women's Budget Group suggests that BME women are three times more likely to be in precarious and insecure work often on zero hours contracts (Women's Budget Group, 2020). This makes them less likely to qualify for furlough or Statutory Sick Pay. They are also more likely to be in low paid work, have lower (if any savings) and are already living in poverty. We know from our members that perpetrators aware of socio-economic conditions affecting women in refuges, such as the slowdown of the Universal Credit system that leaves women cash strapped, are putting pressure on women to leave the refuge and return home.

The report recognises that BME services already face funding difficulties (Women's Budget Group, 2020) and the additional costs incurred by reshaping services alongside cuts to core funding also leaves organisations under pressure. A member organisation invests £1,000 per week from reserves to support women who have no income and prevent their return to perpetrators. By week six of the lockdown, the organisation's reserve levels drop by at least one-third. The loss of income is non-recoverable.

³ Campaign started by Carol Copper, Head of Equality, Diversity and Human Rights at Birmingham Community Healthcare NHS Trust as reported by Ford, M. 17.04.20. "BME nurses feel targeted to work on COVID-19 wards" IN Nursing Times.

The situation of racial inequality before COVID-19 in the Black and minoritised women's sector was described as under-resourced, silencing, marginalising and squeezed out of strategic spaces. During the COVID-19 crisis, this situation is exacerbated not alleviated.

How are BME led 'by and for' ending-VAWG organisations responding to COVID-19?

Reshaping provision: All of our members have rapidly reshaped their support services which has essentially meant closing down the face-to-face and community-based aspects of their provision. This required an intense period of adjustment and work and additional resource which is ongoing and involves many different elements including:

- Adapting existing health and safety and risk assessment policies to take account of the COVID-19 context
- Contingency planning around each area of work where there are existing targets to be met
- Setting up structures for home working, purchasing equipment for remote working for staff and the women receiving support.
- Conducting regular health and safety assessments at the refuge, establishing ways of doing case work / case work conferencing, counselling, advocacy and multi-agency work through various platforms (telephone, webchat among others).
- Setting up regular structures for more frequent staff support and supervision
- Liaising with funders and other key stakeholders on existing contracts and agreements (operational and service delivery purposes).
- Supporting women (including staff) with updates on COVID-19 and implementing policies around social distancing/health needs.
- Developing strategies for managing staff shortages due to social isolation.

"Four key areas of service delivery that have had to be additionally resourced; digital inclusion (in the service and with women), remote support practices which entail adapting casework management practice, intensive training and guidance for staff, increased adaptive multi-agency working and capacity building/institutional advocacy with mainstream generic agencies"
(BME specialist women's organisation)

"Redirected outcomes for funded projects to include and consider additional needs due to the pandemic, adapted working conditions for staff taking into consideration staff caring needs, rewritten and restructured policies, protocols and procedures including governance docs such as organisational risk management".
(BME specialist women's organisation)

Communication with women: Accessible publicity and information for women to link them to support swiftly and safely has been a critical part of the early reshaping process. However, this has also presented specific challenges for the 'by and for' sector which is uniquely and deeply rooted in working at a community level to engage women and girls with support.

Nonetheless members have been adaptive and creative using diverse methods and approaches including the use of different social media platforms to publicise support in different languages,

linking in with local community hubs and utilising already established local links with statutory agencies to ensure that key workers have access to information. Members have also been feeding into Imkaan's national work on sector communication during this time.

Organisations have also been committed to finding ways of retaining some of the important elements of their community-based / peer support activities despite the current restrictions around face to face work. Whilst this does not replace the benefits of face to face support the provision of online support groups, health workshops and educational and recreational activities enables some women to remain socially connected to counteract the negative impacts of loneliness and isolation which have become more acute because of the multiple dual impact of VAWG and COVID-19.

"What funders don't get is that our services and practices are built on another set of practices — community development — being absolutely integrated into our communities, which gives us access to women."

(BME specialist women's organisation)

Referrals: Imkaan's members have a total of 293 bed spaces, with some bed spaces being able to accommodate women and up to three children per bed space, depending on the size and type of refuge. Historically, these bed spaces have always been full, and continue to be full due to the COVID-19 pandemic. Refuge provision, where available, is only one part of the service. The welfare of women and children are supported with access to connected support services including therapeutic support, outreach, welfare benefits, advice on family law, housing, immigration, child support, and employment, educational support and debt advice. These vital connected services provide an important route into other services. For example, in one London based organisation during the last financial year, 500 women accessed advice services, 300 young women and girls accessed the Young Women's Group service and over 150 women accessed counselling. This organisation has a total of 25 bed spaces. This means that the majority of women who are trying to access Black and minoritised violence against women and girls (VAWG) services or who are being assisted by Black and minoritised VAWG services are **still living at home**.

The stay at home policies have very specific impacts for organisations where community-based approaches are a core part of their ending-VAWG work. Self-referrals (60-70%) via community-based and word of mouth networks constitute a much higher proportion of referrals and women are generally less likely to utilise mainstream helplines or agencies like police and social services.

During the early phase of lockdown members commented on a slight decrease in self-referrals due to the time needed to reconfigure services and re-establish a presence. However, organisations quickly started to report a fluctuating picture with an increase in referrals. During lockdown – a contrasting picture emerges of referral sources comprised of mainstream domestic violence organisations and agencies like police, social care, health and housing.

However, there are concerns about how to manage and respond to the increases in demand for BME specialist support given the existing capacity:

One member commented on the quick turnaround where pre-lockdown they were receiving 5-6 referrals a week from statutory agencies – this had rapidly turned into 5-6 a day – whilst another member reported that referrals had doubled within a week - a significant challenge without any additional resourcing and in the face of staff reductions. The increases do correspond with figures

reported by the Police (BBC News, 2020) and other agencies (Women's Aid, 2020). Imkaan members in the North of England also report an increase in 30-50% but are struggling to find appropriate refuge spaces available and the sector expects that BME refuges will remain full. Moving women onto other accommodation post-refuge is also incredibly challenging and has not been helped by a slow strategic response to safe social housing to support vulnerable communities amidst COVID-19.

Also, if a resident becomes unwell it is challenging to provide additional space for self-isolation. We are aware of two refuges in London who had to go into self-quarantine for 14 days – this could continue as the crisis deepens especially in the context of a predicted surge in cases when lockdown restrictions are relaxed. In a recent letter to the Government, The Women Against Homelessness And Abuse Initiative (WAHA, 2019, Imkaan 2015) (led by Latin American Women's Aid and London Black Women's Project) supported by Imkaan notes that government announcements around funding whilst welcome will not address the *“devastating impact of ten years of government austerity cuts (Imkaan, 2015) which have decimated our national refuge provision, hitting Black and minoritised women's refuges the hardest. On average, 1 in 5 referrals to women's refuges are declined due to lack of space, whilst nearly 4 in 5 Black and minoritised survivors are turned away from refuges, an inequality that increases in regions of the country where there are no remaining specialist black-led VAWG organisations”*.

The unequal access to BME provision is noted by one of our members who has found that since they re-opened their doors last week (after quarantining) they have had to turn 6 women away, describing it a consequence of 'system de-investment' over the years. The disproportionate impacts and legacies of systematic under and de-investment and fears about the future of many organisations are similarly reinforced in research by the Ubele Initiative (2020) which highlights that 9/10 small and micro BME organisations are expecting to close within the next 3 months. These are likely to include vital organisations that provide safe spaces for Black and minoritised women/girls.

Support Responses to Black and Minoritised Women and Girls in a Climate of More Entrenched Inequality

This crisis is fuelling a situation where existing inequalities have become both more **VISIBLE** and **ACUTE** which demands an intersectional approach to supporting minoritised women/girls.

VAWG support work is being conducted in an environment where poverty and destitution-based issues and needs have become more entrenched and this is likely to continue given the socio-economic context.

“We are already seeing a rise in homelessness, rejection of women from mainstream generic DV agencies, increased food scarcity and a vast reduction in refuge availability.” (BME specialist women's organisation)

Income poverty: Women at the refuges often have very precarious, poorly paid jobs. They are more likely to be on zero-hour contracts and are working in businesses that are unlikely to benefit from Government support – many have no income to meet their basic needs. Research by Cambridge University (Adams-Prassl et al. 2020) shows that **women have been hardest hit by job loss during COVID-19** and are more likely to be working in industries where it is not possible to work from home e.g. food preparation, hospitality, cleaning and caring. There are also significant concerns about the safety of undocumented migrant women who are more likely to face

destitution. We know that Black and minoritised women are more likely to be represented within this category of income poverty.

*“Women who are working almost all on zero contract hours have lost their jobs.”
(BME specialist women’s organisation)*

Data from Imkaan member survey (2020) shows that within the first month of lock-down women have needed support for income poverty:

- 75% of organisations were supporting women with access to welfare benefits
- 50% with loss of employment
- 50% with the impacts of insecure employment
- Emergency essential items for daily survival: toiletries, nappies, sanitary protection, emergency medicine or other health related needs, food, equipment to support children with home schooling.
- Emergency loans and establishing travelling food banks (sometimes from their own pockets) has been necessary given that food banks are closed or at capacity.

Alongside this there has been a huge spike in applications for Universal Credit. A system which was already criticised for leaving vulnerable people with more debt, rent arrears and dependency on food banks to survive has been more overwhelmed through the pandemic(s). Access to Universal Credit has been much more difficult for women subject to domestic and sexual violence, refugees and rough sleepers (Citizens Advice Bureau, 2020). In the absence of government support to prioritise and FastTrack applications for those who are more vulnerable during lockdown, women have been unable to make an appointment and have **not been seen for assessment** quickly enough. A key aspect of violence and abuse is financial abuse (Surviving Economic Abuse) and coercive control by the perpetrator therefore women are unlikely to have their own bank accounts or ID which are a requirement for making applications for Universal Credit.

“The impact of this was very quick and continues to escalate as women are having difficulty accessing government support such as statutory sick pay or universal credit.” (BME specialist women’s organisation)

*“She found it impossible to speak to anyone on the phone. This client has been laid off their job due to coronavirus too so is struggling at the moment. We are hoping to offer her a food bank voucher if we can get these up and running.”
(BME specialist women’s organisation)*

“ID verification didn’t work and one woman was told that she had to put a partner on her application so it was refused” (BME specialist women’s organisation)

Lack of Resources during COVID-19 are Being Used to Justify / Reinforce Existing Forms of Discrimination

*“As this falls away the accountability structures fall away.”
(BME specialist women’s organisation)*

“Generic and statutory agencies tell women to get the BME specialist to fulfil tasks they should be doing.” (BME specialist women’s organisation)

*“Lack of centralised direction from government or local authority-a vague housing response eg. no moratorium on NRPF housing restrictions, lack of commitment to process around migrant women or communication, no specific resourcing of specialist services, a further exclusion of black and minoritised/migrant women from services that is excused by a lack of resourcing and the pandemic. The further stalling and lack of clarity around the direction of the DA Bill.”
(BME specialist women’s organisation)*

Imkaan members have shared significant concerns about COVID-19 being used by some agencies to make arguments about a lack of resource and the redeployment of resource to the pandemic to justify a minimising of their existing duty of care which is reproducing further inequality, exclusion and discrimination. In response, this has required more intense and high levels of institutional advocacy from Imkaan members to ensure women have access to their rights and entitlements. Some organisations have purchased phones/phone credit for women to assist with more regular contact with women identified as at risk of serious harm and homicide. Examples shared by members indicate that women’s needs are not being appropriately or consistently assessed. As a result, women are being refused support, told that *their domestic violence is not serious enough or are being told they are in priority need for housing*.

Police disclosures do not necessarily result in any further action or is re-framed as ‘family support’ so women are being encouraged to stay with family members rather than access specialist refuge provision which poses further risks to harm to women e.g. being tracked down and pressured to return to the perpetrator. Slow and/or non-responses are also placing women at more risk of returning to the perpetrator. One member states that despite trying to refer the case to the appropriate MARAC – the lack of response meant that ‘due to lack of assistance from the LA she is returning to her husband, the perpetrator. She is pregnant and has a 15-month old baby’.

“Women have had poor police/statutory agency responses and are being excluded from MARAC based on lack of ‘threshold’, which is informed by either a poor analysis/risk assessment or flagrantly minimising their risks because they are no longer following equalities duties - especially wider concerns such as destitution and harmful practices.” (BME specialist women’s organisation)

*“We are aware that Police are advising “cool down” space but women are at higher risk.”
(BME specialist women’s organisation)*

Migrant and Asylum-Seeking Women:

43% of the requests for VAWG support to BME specialists were from women needing support connected to immigration related issues and needs (Imkaan member survey, 2020)

The Step-Up Migrant women campaign, Southall Black Sisters (SBS), and Imkaan members continue to highlight the urgent gaps in protection for migrant women because of the restrictions to support and protection and a lack of a co-ordinated government strategy. During this health crisis, migrant women will be less likely to approach the main key responders to the crisis – police,

health for fear of immigration enforcement. Imkaan members report that women eligible for government support have been turned away from refuges without an assessment of their situation. We are aware of a recent case in the North of England where a woman was turned down by four refuges as she had no recourse to public funds. In another recent case, a woman with no recourse to public funds was turned away by housing even though she met the high-risk criteria on the DASH risk assessment. Whilst, another member reported that in 70% of cases where women had been refused access to services as having No Recourse to Public Funds (NRPF) that was a mistake.

VAWG and COVID-19 Context has Undoubtedly Created a Context for Higher Levels of Mental Distress and Need

For many women who are living with violence - access to a safe and confidential space to disclose or access support at home is challenging. The pandemic itself has created an additional layer of fear and anxiety and perpetrators are exploiting social distancing measures and using misinformation about COVID-19 as a tool for inflicting further emotional abuse and coercive control. If women do have an opportunity to make a confidential call during lockdown they are often disclosing and speaking to staff at great risk to themselves and their children. Staff are also struggling to sustain contact with women because of the ways in which the perpetrators are able to exploit the situation. Imkaan members report that they are seeing women once the violence has escalated quite significantly. The following case worker describes a situation with a new case referral:

“The woman was in her bathroom whispering and running the water from the tap to try to drown out the sound of the conversation. A told the client that if she was worried that someone was coming or overhearing, they would pretend that it was a sales call. A suggested to the client that she could say she needs to go to the pharmacy and then call us, but the client said that she was not allowed to go out of the house at all.” (BME specialist women’s organisation)

“Overall the team has experienced a lot of difficulty getting back in contact with clients because they are in the house with their perpetrator/s and unable to leave.” (BME specialist women’s organisation)

“Over the last 2 weeks women are dropping out of online counselling as they don’t have safe space to do it from home.” (BME specialist women’s organisation)

Women managing to access services are manifesting higher rates of self-harm, anxiety, and distress, driving a need for mental health provision and increased contact from services. One member expresses concern about the specific mental health vulnerabilities of self-harm amongst young women.

“We are seeing an increase of self-harm and suicide within younger women; we have a case where a young woman took an overdose.” (BME specialist women’s organisation)

If women become sick within the refuge and have to self-isolate for days in one room this has an impact on women's mental health. Also, in the absence of face-to face contact it can be difficult for staff to build trust and intimacy over the phone.

"Recent health warnings triggers added anxiety to already anxious and stressed client group." (BME specialist women's organisation)

One member had 52 women on the waiting list for counselling (at the time of the survey) and this reflects the demand and capacity issues facing other BME organisations who deliver specialist therapeutic support provision to Black and minoritised women and girls. Concerns exist about the readiness and capacity to respond to the likely surge in cases once lockdown restrictions are relaxed without additional support. It is highly likely that many women/girls including those already coping with existing mental health issues are likely to present to organisations with serious mental health issues and needs which have remained latent and un-addressed during the period of lockdown.

"There has been an increase in women feeling suicidal due to being trapped in their houses." (BME specialist women's organisation)

Organisational Challenges Faced by BME 'By and For' Specialists

Operating VAWG services as a BME specialist within a COVID-19 context has raised many challenges. As highlighted earlier, there has been an increase in referrals from mainstream organisations and BME organisations are supporting women who present with complex, intersectional issues and needs. BME organisations who are under-funded to begin with are experiencing additional costs to support staff, women, cover overheads and make other purchases. Even though staff are working from home, organisations are continuing to pay rent, utilities and other costs.

"Our specialist services are advertised by them and our work is increased, but we have not been afforded any additional resources nor have we been given any specific or transparent information about additional funding they will be receiving due to the pandemic." (BME specialist women's organisation)

Many organisations are feeling anxious about their survival now and going forward given the financial knock on effects and uncertainty of COVID-19 and identified several issues:

Digital inequality: Organisations have had additional costs of helping staff to work remotely, upgrading existing systems and providing laptops, i-pads and mobile phones and phone credits to women as well as the costs of creating web chat functions. **Between 40-60% of women in some services had no safe access to phones, no credit, and no access to the internet** (Imkaan survey, 2020) reinforcing existing digital inequalities further exposed through the lockdown.

"This will be a priority for us as an organisation to get upgraded around IT and digital equipment, no printers are home, lack of space, children and families to consider confidentiality, etc." (BME specialist women's organisation)

“We have not worked remotely, and the lack of resources has been the biggest barrier.” (BME specialist women’s organisation)

Communication from local authorities and funders was described as non-existent and inconsistent for several organisations. Overall, organisations did not feel sufficiently informed where there are service level agreements, targets, monitoring and reporting requirements in place and the lack of dialogue is a barrier to being able to develop a contingency plan leaving organisations in situations of further uncertainty. Funding applications that were in development have gone on hold amidst uncertainty. In contrast, some positively acknowledged the conversations they were invited to have with ‘non statutory’ funding bodies to plan delivery.

“Guidance from local authorities hasn't been as fast as required. No concrete plans have been provided.” (BME specialist women’s organisation)

“There is a lack of specific commitment to ensure funding continuity or flexibility around targets or use of funding.” (BME specialist women’s organisation)

“[The statutory funder] offered flexibility in the reports that need to be submitted in April which resulted in a two - day extension” (BME specialist women’s organisation)

For organisations delivering VAWG support but who are not currently commissioned by the Local Authority, communication has been poor and organisations shared examples of direct exclusion and a lack of partnership working which illustrates a lack of recognition of the vital work carried out by organisations who bring additional resources to the local area to retain essential support for victims of violence. These organisations are dealing with increased demand and need and require additional funding.

“Food banks were set up by LA but we were not informed only the commissioned services were, we have been told by someone else that housing is having a weekly panel but we are not seen as a priority as we are not a commissioned service.” (BME specialist women’s organisation)

“The communication is broad, non-inclusive of issues for black and minoritised women/ migrant women or marginalised communities and geared toward commissioned services only.” (BME specialist women’s organisation)

Staff welfare: Frontline staff are themselves feeling anxious about their health and the possibility of becoming ill. Alongside, managing staff shortages due to social isolation, delivering trauma-informed work at home whilst juggling caring and family responsibilities is incredibly stressful; and challenging. Organisations are offering what they can within existing resource (e.g. more regular welfare check ins, flexible hours) however many are not funded to offer staff clinical supervision. As one member has highlighted, the impacts of staff carrying out this type of work in isolation from home in addition to the stressors fuelled by COVID-19 ‘has harmful impacts in the longer-term’. It is critical that funders recognise the importance of supporting organisations with the ongoing and increased needs for positively supporting the mental health of staff.

Funding inequities: COVID-19 places existing intersectional funding inequities in sharp focus and is creating more instability and insecurity for a number of organisations, particularly those offering important lifelines to women but who are not part of the mainstream commissioning pathways.

Many Imkaan members with a track record, expertise and demand have been independently funded for many years because of funding structures that have perpetuated inequality.

“Local councils will only give money to their existing providers, not small independent organisations like us.” (BME specialist women’s organisation)

*“The disparity is evident with one Imkaan member who received 15K (out of 1.2M being distributed to women’s organisations) and some IT equipment, yet they are the only organisation that works with NRPF which has increased during this period’.”
(BME specialist women’s organisation)*

Key Asks

We welcome the announcement from government of £76 million of emergency funding. We call on government to ensure that **government departments manage the fund to ensure that existing inequalities in fund distribution are not replicated.**

Funding sustainability to support the cumulative effect is a key long-term priority. We call for ring fenced funding for Black and minoritised women's services. The ring fence addresses structural inequality as follows: ensuring that equitable distribution is at the heart of funding decision making, enabling Black and minoritised women's organisations to meet high demand for services. We suggest that government consider an intersectional social funding model.

In making this ask for ring fenced funding, we are clear that inequality is not the same for all organisations. For example, for small Black and minoritised women's organisations, current funding systems have little benefit. **A ring-fenced fund through equitable distribution will enable adjustments in fund allocations that address disproportionate and systemic under-resourcing and support small organisations.**

In consultation that includes the Black and minoritised women and girls sector at the centre, **government must agree a resourcing strategy that is about long-term sustainable funding to enable frontline specialist VAWG services, including Black and minoritised women's services, to continue to deliver support in the post COVID-19 period.** A sustainability strategy must cover 36 to 60 months of funding to the sector to address the cumulative effect of the two pandemics.

Second tier women's organisations, who deliver vital capacity and sustainability support to the sector must be resourced alongside frontline services through a strategic approach as outlined above to address the cumulative effect of the two pandemics.

We welcome the change in rule that women fleeing domestic violence will be automatically considered as priority need by the Council for housing. We call on government to issue appropriate guidance to Councils so that **ALL women are treated equally under this rule regardless their immigration status** and thereby ensuring that survivors of domestic violence have access to safe housing. To ensure compliance by local authorities, **there must be transparency and accountability under the Public Sector Equality Duty where a local authority rejects priority need for ANY woman.**

We welcome extension of the DDVC for three months leave outside the Immigration Rules and NRPF to support women access safe accommodation while they have indefinite leave to remain under the Immigration Rules. However, **guidance is needed to local authorities and across the public systems (health, education, criminal justice, housing and social care) regarding such measures to ensure consistency in response in line with the extensions.** Generally, there must be accountability and transparency in public body decision making in the carrying out of the public duties as there should be no moratorium on this duty.

We call for government to **eradicate the NRPF rule** and lift all restrictive measures to end the triple threat of *reporting, detention and deportation* which prevent migrant women/women with insecure immigration status from seeking the support they need. There must be an **end to the two-tier system based on immigration status preventing access to safe housing, protection and financial**

support now and beyond the crisis. Ending the hierarchical system of support should include amending the Domestic Violence Bill to include a statutory housing duty for ALL women including women with NRPF. We urgently require this to form part of the government's forthcoming Migrant Women review.

Any data being collated and shared should be disaggregated data across the protected characteristics, so that it is possible to see the intersecting impact of COVID-19 on Black and minoritised communities, Black and minoritised women and VAWG. All public systems (health, education, criminal justice, housing and social care) of data collection should be designed to collate this information as a minimum standard. Systems should be developed in consultation with national and local equalities groups.

We need an equality impact assessment of the dual pandemics on Black and minoritised groups. This should draw on the key issues highlighted in the submissions made by a number of key stakeholders to the Women and Equalities Select Committee Inquiry into Coronavirus and the impact on people with protected characteristics.

We call on government to ensure full compliance by public systems to the Public Sector Equality Duty of the Equality Act 2010.

We request a meeting with the Prime Minister and key government departments to discuss and consider strategies for addressing the disproportionate and gendered impact of COVID-19 on Black and minoritised groups already highlighted by Imkaan, EAW, CharitySoWhite, Ubele Initiative among others.

We urge local statutory leaders (housing, health, PCCs, social services) to ensure that effective pathways of assessment, referral and support are established with ALL BME specialist women's organisations and this must include additional support to manage the additional pressures faced by small, local organisations during the crisis (and post-COVID-19).

Acknowledgements

We thank Imkaan members for providing important information and context, particularly during this challenging time for Black and minoritised women/girls and the specialist services supporting them.

This report has been produced as the first edition as part of a series through collective work @ Imkaan. We acknowledge the contributions of the Imkaan research working group comprised of Dion Spence and Rahni Binjie in addition to Baljit Banga and Sumanta Roy. Amena Zaman led on the report design and art work.

Report Authors

Baljit Banga | Executive Director | baljit@imkaan.org.uk

Sumanta Roy | Head of Research, Evaluation and Development | sumanta@imkaan.org.uk

Please visit the website for more information about Imkaan at www.imkaan.org.uk

Please follow us on Twitter at @imkaan

About Imkaan

Imkaan is an intersectional second-tier support organisation for the specialist Black and minoritised women and girls ending VAWG sector. This sector is often referred to as BME (Black and Minority Ethnic) or BAME (Black, Asian and Minority Ethnic). At Imkaan we use the term Black and minoritised because we recognise that the global majority is comprised of Black and minoritised people who are subjected to minority status through migration. In the UK context, the term 'BME' and 'BAME' is imposed on us to distinguish us as 'other', 'outsider' and migrant. To achieve our rights, social protections and representations we must overcome systemic barriers. These terms also perpetuate division among us to prevent collective solidarity action. In this paper, we use the terms Black and minoritised. We use the term BME where it is used in literature referenced in this paper.

At Imkaan, the term 'Black' means politically black. By using this term, we recognise that oppression is historically rooted and a constant feature in our experiences of racism and discrimination in this country. By identifying and grounding our work in the historical roots of oppression, Imkaan also recognises that the experiences of oppression for diverse communities of women is interlocking and that there is no hierarchy of oppression. In this context, Imkaan works to centre representations, voices and participation of Black and minoritised women and girls from the margins across diasporic communities.

In carrying out this work, Imkaan recognises the multiple counter-narratives that must be constructed and visibilised. The process of visibilisation contributes to transformative change under a social justice framework. For this reason, it is important for us to define ourselves and our work. The work we deliver includes research and policy from Black feminist and intersectional perspectives, specialist training, capacity building and sustainability support to the membership and strategic advocacy.

References

- Adams-Prassl et al, 2020. Inequality in the impact of the coronavirus shock: evidence from Real time surveys, Institute for New Economic Thinking, Cambridge University.
- Butcher, B. and Massey, J. 17.04.20. "Are ethnic minorities being hit harder by coronavirus" IN BBC News.
- CharitySoWhite. 2020. Racial Inequalities in the COVID-19 Response: A Live Position Paper.
- EVAW. 2020. EVAW Briefing on COVID-19 and the Duty to Prevent VAWG. London. See: End Violence Against Women Coalition (EVAW), London.
- EVAW. 2018. Women Living in a Hostile Environment. London. EVAW. [online] Available at: <<https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EVAW-Coalition-Briefing-on-COVID19-Pandemic-and-Duty-to-Prevent-VAWG-April-2020-FINAL.pdf>>
- Ford, M. 17.04.20. "BME nurses feel targeted to work on COVID-19 wards" IN Nursing Times.
- Women's Budget Group. 2020, COVID-19: Gender and Other Equalities Issues. London.
- Fraser, E. 2020. Impact of COVID-19 Pandemic on Violence against Women and Girls. DFID.
- Imkaan. 2015. State of the Sector: Contextualising the Current Experiences of BME Ending Violence Against Women and Girls Organisations [online] Available at: <<https://www.imkaan.org.uk/resources>>
- Imkaan. 2018. From Survival to Sustainability. Black Services Matter. London. [online] <<https://www.imkaan.org.uk/resources>>
- Khan, A. 07.04.20. "Third of critically ill COVID-19 UK patients from BME background" IN Aljazeera.
- Met Police officers have made an average of nearly 100 arrests every day for domestic abuse offences during the lockdown, the force has revealed. More than 4,000 arrests have been made across London in the six weeks up to 19 April, while domestic abuse calls have risen by about a third. Available at: < <https://www.bbc.co.uk/news/uk-england-london-52418650>
- Murry, K. 2020. Impact of COVID-19 on BAME community and voluntary organisations, [online] Available at: <<https://www.ubele.org/news/2020/4/30/9-out-of-10-bame-micro-and-small-organisations-set-to-close-if-the-crisis-continues-beyond-3-months-following-the-lockdown>
- Sandhu,S. 04. 23. 2020. "Barriers to claiming benefits could get worse during the UK lockdown, frontline advisers warn". [online] Available at: <<https://inews.co.uk/news/coronavirus-benefits-claim-barriers-worse-uk-lockdown-dwp-universal-credit-2546025>
- Siddique, H. 03.04.20. "UK doctors' coronavirus deaths highlight crucial role of BAME medics" IN Guardian.
- Southall Black Sisters, 2020. SBS And Compassion In Politics, Supported By MPs And Women's Campaigners, Call On Hotels To Offer Rooms To Abused Women And Children. [online] Available

at: <<https://southallblacksisters.org.uk/press-releases/press-release-sbs-compassion-in-politics-call-on-hotels-to-offer-rooms-to-abused-women-and-children/>>

Surviving Economic Abuse. [online] Available at: <<https://survivingeconomicabuse.org/economic-abuse/what-is-economic-abuse/>>

Step Up Migrant Women. 2020. COVID-19: Domestic abuse services call for urgent support for migrant victims blocked from safety, healthcare and refuges – press release. [online] Available at: <<https://stepupmigrantwomen.org/2020/03/30/domestic-abuse-services-call-for-urgent-support-for-migrant-victims-blocked-from-safety-healthcare-and-refuges-press-release/>>

Women's Aid Federation. 2020. Over two-thirds of survivors responding to Women's Aid survey in told the national charity that domestic abuse is escalating under lockdown and 72 per cent said that their abuser has more control over their life since COVID-19 [online] Available at: <<https://www.womensaid.org.uk/survivors-say-domestic-abuse-is-escalating-under-lockdown/>>

Women Against Homelessness And Abuse (WAHA). 2019. A Roof not a Home. The Housing Experiences of Black and Minoritised Women Survivors of Gender Violence. London.

Women's Aid Federation of England. 2019. No Woman Turned Away. Women's Aid Federation of England. Bristol.

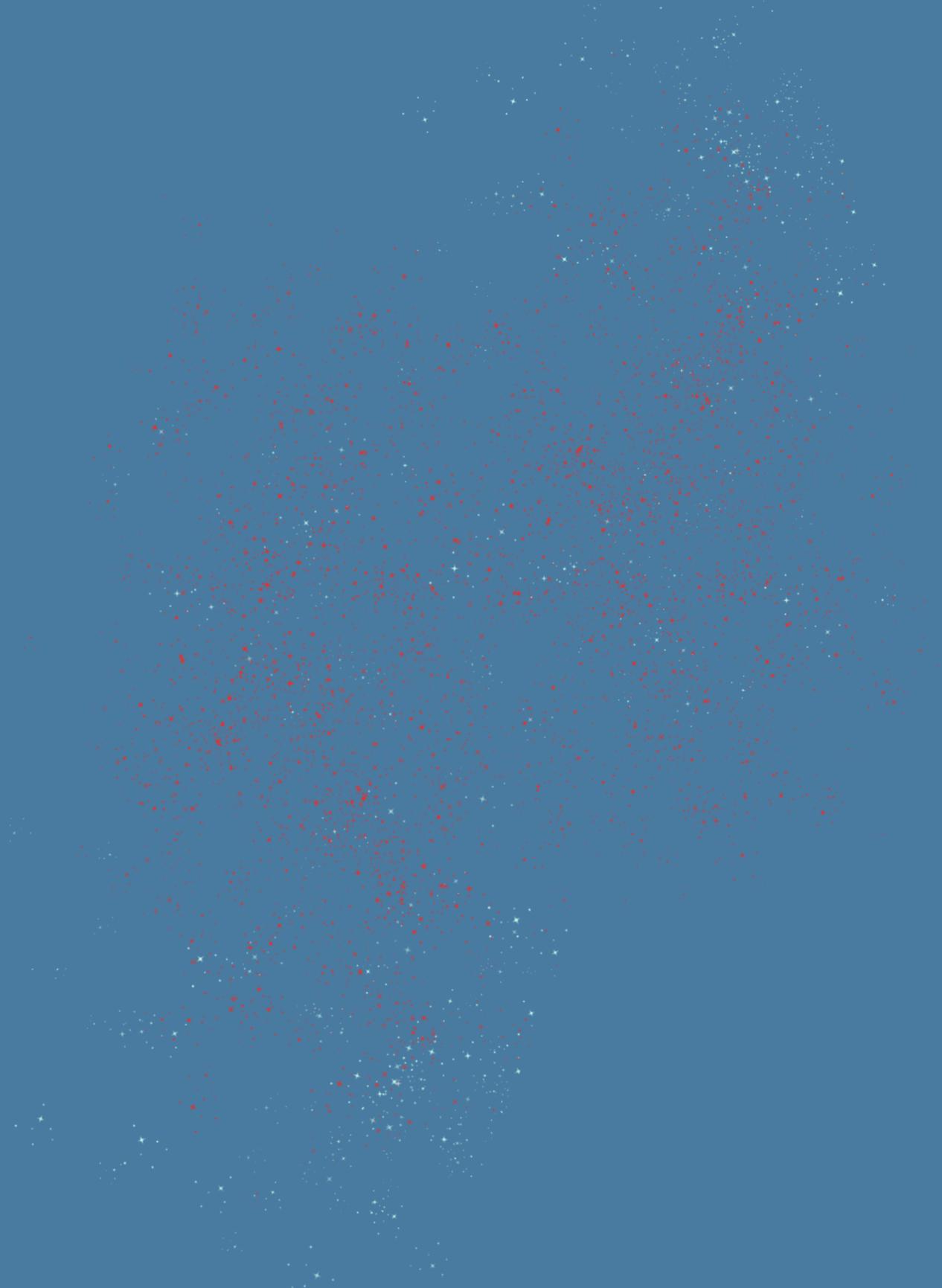


Figure 1. Relationship between the number of children in a household and the number of children in the neighborhood.