

The COVID-19 crisis and the “shadow pandemic”: Gender-based violence experienced by migrant women in the UK

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Introduction

Evidence has shown that the pandemic restrictions have increased rates of domestic violence globally (Loureiro, 2021). The COVID-19 crisis has shone light to the gender-based violence (GBV) crisis which pre-dates the pandemic, leading this to be labelled as the “shadow pandemic” (Dawsey-Hewitt et al., 2021).

In the UK, the police recorded an increase in domestic abuse-related crimes during 2020. This follows a gradual increase in domestic abuse offences over recent years (ONS, 2020). Recent research and reports from the domestic abuse sector suggest that the pandemic has had considerable consequences to women’s safety.

The increased demands faced by support services reflect the increase in the severity of the abuse suffered by women and barriers to help-seeking exacerbated by the pandemic (ONS, 2020; Walklate, Godfrey and Richardson, 2022).

This briefing analyses the extent to which these impacts have been disproportionately felt by migrant women, whose vulnerabilities and help-seeking have been constrained by state responses to immigration and domestic violence.

Minoritised women’s vulnerability to GBV and poor support provision

Minoritised women, including migrant women and BME women, are disproportionately affected by gender-based violence (Thiara and Harrison, 2021). In the UK, women from mixed ethnic backgrounds are 10% more likely to experience intimate partner abuse than any other group (End Violence Against Women Coalition, 2020). BME and migrant women are also disproportionately affected by homicide (End Violence Against Women Coalition, 2020). Violence against minoritised women is often underreported for a

range of reasons, including patriarchal silencing by communities, cultural notions of honour and shame, fears over loss of immigration status, language barriers and fear of reprisals (Anitha and Gill, 2022).

In addition to being more vulnerable, minoritised women also remain trapped in abusive relationships for longer (End Violence Against Women Coalition, 2020). They often lack social support networks and knowledge about specialist services in a new country, which can hinder help-seeking (Loureiro, 2021). Migrant women’s help-seeking can also be deterred by fears of not being believed and limited language proficiency, which can inhibit awareness of their rights and available services (Loureiro, 2021; McIlwaine, 2020). The *No Recourse to Public Funds* (NRPF) condition which applies to migrants with temporary immigration status including most migrants on work, family and study visas, as well as asylum seekers, has been identified as one of the main problems (Dawsey-Hewitt et al., 2021). Lack of access to most state social security and women’s shelters can trap migrant women with NRPF in abusive relationships (Loureiro, 2021; Dawsey-Hewitt et al., 2021).

Immigration controls also play part in women’s vulnerability; for migrant women without secure status, fear of being removed from the country can inhibit help-seeking from services (Loureiro, 2021). These fears are upheld by data sharing between the health services, police and the Home Office (Domestic Abuse Commissioner, 2021). Women with NRPF who are not on spousal visas are also excluded from The Destitution Domestic Violence Concession (DDVC) which acts as a mechanism for accessing temporary leave to flee domestic abuse and to apply for Indefinite Leave to Remain (Domestic Abuse Commissioner, 2021). Additionally, this mechanism excludes visa overstayers, even if abusers have prevented visa renewal as a means of coercive control (Anitha and Gill, 2022). This, combined with lack of access to social security, limited emergency accommodation and barriers to accessing other forms of immigration status further migrant women’s vulnerability to abuse (Magill, 2022).

Migrant women survivors have also been found to face discrimination from domestic abuse sector providers, particularly for women with NRPF or women who have additional needs, including the need for an interpreter (Dawsey-Hewitt et al., 2021). Refugees have also turned away from NRPF in fears that their funding will be denied (Anitha and Gill, 2022). Only around 4% of refugees in England accept NRPF and nearly 4 in 5 Black and other minoritised women are turned away from NRPF (Dawsey-Hewitt et al., 2021).

These issues are further exacerbated by the pre-existing poor availability and underfunding of services supporting Black and minoritised women. Specialist services “by and for” Black and minoritised women are much less likely to be commissioned (42%) in comparison to mainstream providers (82%), highlighting common procurement processes that tend to favour larger generic organisations over small specialist providers (Dawsey-Hewitt et al., 2021; End Violence Against Women Coalition, 2020). Pre-pandemic, domestic abuse sector services were already placed under considerable pressure due to austerity cuts, which had a disproportionate impact on providers “by and for” Black and other minoritised women (Anitha and Gill, 2022; Thiara and Roy, 2022). As a result, only 1 in 10 local authorities in England and Wales provided specialist services for Black, Asian and racially minoritised survivors of abuse (Dawsey-Hewitt et al., 2021).

Impact of COVID-19 restrictions on gender-based violence

Conducive context to violence

While it has been stated that “perpetrators do not need the Covid-19 context to entrap victim-survivors; they were already doing so before lockdown” (Hohl and Johnson, 2021, p. 2), the pandemic and related restrictions have nevertheless created a conducive context for increased gender-based violence (End Violence Against Women Coalition, 2020).

With the announcement of the first lockdown in March 2020, a UK domestic abuse charity

reported a 25% increase in calls to their helpline (Kelly and Morgan, 2020). Additionally, in the final months of the first lockdown, another domestic abuse helpline saw an 80% increase in calls (Cohen, 2020). The stay-at-home restrictions also had an impact on the profile of the perpetrators during the first lockdown, with an 8% rise in abuse perpetrated by current partners, but a decline of 11% in abuse perpetrated by ex-partners (Ivancic et al., 2021).

Evidence shows increased abuse not only against women, but also children (Women’s Aid, 2020). There was a rise in threats of violence disproportionately affecting Black and minoritised women during the first lockdown, including a 150% increase in young people calling for helplines about forced marriage (Batha, 2020; Anitha and Gill, 2022). Notably, Black women’s specialist third sector providers reported more disclosures at a critical stage of the abuse cycle, increasing the risk of serious harm (Anitha and Gill, 2022). This issue is also reflected in wider evidence, which shows that survivors reported worsening abuse during lockdowns (Women’s Aid, 2020). In the UK, femicides doubled in the first three weeks of the first lockdown, with 16 women murdered in this period alone (Roesch et al., 2020).

Lockdowns were said to increase stress and tension within families, fuelling controlling and abusive behaviours against women and children (Abdelshahid and Habane, 2021; Thiara and Roy, 2022). Perpetrators were reported to use the lockdown restrictions as a tool to escalate coercive control, preventing day-to-day activities and monitoring interactions (Women’s Aid, 2020). This included placing blame, disregarding women’s anxieties over COVID-19 or preventing women from leaving the house.

Shielding has also been forcing survivors to rely on perpetrators for essential needs, such as food and medication (Dawsey-Hewitt et al., 2021). For some women, merged households to care for children and relatives during lockdowns also increased the risk of multiple perpetrator domestic abuse (Anitha and Gill, 2022). This particularly affected minoritised women (Anitha and Gill, 2022). The lockdown restrictions have

further enabled perpetrators to control women who were on their partner's visa or asylum claims, and who would fear leaving the abusive situation would compromise their right to stay in the country (Magill, 2022).

It has been argued that the pandemic restrictions interacted with forms of structural violence, exacerbating existing inequalities (Phillimore et al., 2022). Critics have argued that the state response to the pandemic failed to take pre-existing inequalities into account. Black and other minoritised women have experienced the compounding effects of racial and gender inequalities (Abdelshahid and Habane, 2021). Black women are disproportionately affected by poverty, racism in the labour market and problems in the delivery of social security, all of which can increase financial dependency and risk of sexual exploitation (Dawsey-Hewitt et al., 2021; Krishnadas and Taha, 2020).

Evidence shows that 31% Black and other minoritised women fell behind on their bills compared to 11% of white women during the pandemic (Banga, 2021). Black women were also more worried about debt (WBG et al., 2020). Women with insecure immigration status have been among the worst hit by the pandemic (Anitha and Gill, 2022). Black and minoritised women's support organisations saw an eight-fold increase in cases involving survivors on NRPF (Thiara and Roy, 2022). Women with NRPF lack access to social security and social housing, which furthered their socio-economic vulnerabilities and heightened barriers to help-seeking at a time of economic pressures and unprecedented social isolation.

Domestic abuse sector organisations have reported not only increase in demand, but also increase in the complexity of survivors' needs during the pandemic (Anitha and Gill, 2022; Thiara and Roy, 2022). This has included increased cases involving NRPF and destitution, mental health problems and increased severity of abuse (Anitha and Gill, 2022; Thiara and Roy, 2022). Evidence from survivors also shows their worsening mental health and wellbeing during the pandemic, making them less able to cope with the abuse (Women's Aid, 2020).

The domestic violence sector has also raised concerns about the impacts of public responses to survivors being exempt from mask-wearing (Dawsey-Hewitt et al., 2021). Survivors were exempt from mask-wearing to avoid re-traumatisation, but they could also find disclosing this difficult, or be subjected to further judgement on why they were not wearing a mask (Welfare-Wilson et al., 2021). Furthermore, BME organisations have reported notable increase in experiences of anxiety, depression and self-harming behaviours, suicidal ideation and attempted suicide among women as a result of social disconnect (Thiara and Roy, 2022).

BME women face a multitude of individual, cultural and structural barriers to accessing mental health support, which have been amplified by the pandemic (Thiara and Harrison, 2021). For migrant women, the hostile environment to immigration which restricts access to public funds and passes immigration controls to statutory services adds further barriers to accessing essential support services (Griffiths and Yeo, 2021; Thiara and Harrison, 2021).

Barriers to help-seeking

During the pandemic, women have felt cautious to report violence that happened when not abiding by the lockdown rules (Dawsey-Hewitt et al., 2021). The stay-at-home rules and closures of in-person service provision during lockdowns also created barriers to help-seeking. Although the UK Home Secretary released guidance in March 2020 that women could leave abusive relationships to go to a refuge during the lockdown (McIlwaine, 2020), a third of women living with their abuser said that they could not leave during the pandemic (Women's Aid, 2020). The police only saw a spike in domestic abuse crime reporting after lockdown restrictions were lifted (Hohl and Johnson, 2021).

The official advice to stay-at-home to prevent the spread of COVID-19 cut survivors off from frontline services and support networks (Dawsey-Hewitt et al., 2021; Magill, 2022). Many women could no longer seek help under the cover of everyday activities, or call helplines

without being overheard (Magill, 2022). This is further highlighted by evidence of reduced referrals to domestic abuse services during the first lockdown (Panovska-Griffiths et al., 2022). Evidence shows that most BME women (71%) would prefer to reach out to friends or family for help, which further highlights the detrimental impact of the loss of social contact on women's help-seeking opportunities (Abdelshahid and Habane, 2021).

Many services moved their provision online during the pandemic; however, this impacted negatively help-seeking during the pandemic due to digital poverty and lack of safe spaces for women stuck with their abusers. Specialist services had to adopt increased flexibility to provide support and counselling for survivors struggling to find safe time and space to speak when sharing homes with perpetrators of abuse (Anitha and Gill, 2022; Loureiro, 2021). The sudden shift to remote provision not only created considerable challenges to specialist services, but also real concerns over survivors who became disengaged after being used to receiving face-to-face support (Thiara and Roy, 2022). However, digital provision also opened opportunities to reach other women who wanted to engage anonymously (Thiara and Roy, 2022). The move to remote provision also created challenges to other services; remote family court sessions reportedly put women in danger if they have had to attend court hearings while sharing a home with an abuser. Migrant survivors also faced particular challenges due to limited availability of qualified independent interpreters for court hearings (Proudman and Lloyd, 2022).

While the UK Government (2020a) responded to concerns over the rise in domestic abuse by changing rules so as survivors fleeing domestic abuse would automatically be considered a priority by council for housing, the pandemic nonetheless restricted women's opportunities to move into safe accommodation. Social distancing restrictions have meant that refuges have had to decrease their capacity (Dawsey-Hewitt et al., 2021). Minoritised women were disproportionately affected by the reduction in available emergency accommodation due to the chronic underfunding of specialist provision

before to the pandemic (Magill, 2022). The wider COVID-19 restrictions on social interaction also reduced women's access to vital social support when in refuges (Thiara and Roy, 2022).

Local authorities have been criticised for failing their duty of care in not treating the move on from refuges as a priority (Dawsey-Hewitt et al., 2021). When women were moved from refuges to temporary accommodation, reports suggests that some minoritised women were housed in areas where they became subject to racist abuse (Dawsey-Hewitt et al., 2021). For Black and other minoritised women, racial harassment compounded experiences of mental health distress, depression and suicidal ideation, leading some women to return to their perpetrators (Benga, 2021).

State and local authority responses to gender-based violence

The UK response to this "shadow pandemic" of violence has been criticised for being "piecemeal, fragmented and unequal" (Dawsey-Hewitt et al., 2021, p.52). Critics have argued that this response reflects long-standing failures to address the needs of survivors. Early in the pandemic, 22 organisations wrote a letter to the Prime Minister urging action to address the increased risk of violence against women and children. Among the initial actions, the Home Secretary announced £2 million support package for online and helpline support for domestic abuse and introduced the #YouAreNotAlone campaign to signpost survivors to support. The campaign was said to overlook the needs of migrant women because the messaging was only delivered in English (Human Rights Watch, 2020). The same criticism has been raised to highlight the limitations of the "Ask for ANI" scheme, which was developed later to encourage survivors to seek help through pharmacies and supermarkets (Thiara and Roy, 2022).

In May 2020, the UK Government (2020) announced a £76 million funding for charities supporting survivors of domestic abuse, sexual violence and modern slavery, and vulnerable children and young people. This included £28 million for supporting domestic abuse survivors

to access safe spaces and support services, and £10 million for technology to support survivors of sexual violence remotely (UK Government, 2020a). A further £10 million was provided for rape and domestic abuse support centres and Police and Crime Commissioners in England and Wales in November 2020 (UK Government, 2020b). Nonetheless, the delivery of emergency funding was criticised for delays and a lack of coordinated response, forcing frontline services to use their already limited resources to apply for emergency funding from different departments (Dawsey-Hewitt et al., 2021). Funding decisions were also criticised for not ringfencing funding for specialist Black women's organisations, disproportionately affected by austerity (End Violence Against Women Coalition, 2020), and in cases where emergency funding for safe accommodation was awarded to organisations with no background of providing domestic abuse services (Dawsey-Hewitt et al., 2021).

The policing response to domestic abuse during the pandemic has been described as "rather kaleidoscopic" (Walklate et al., 2022, p.223). Variations in the police responses to domestic abuse depending on the geographical location have been raised as a pressing concern even before the pandemic. Some forces increased the use of Domestic Violence Protection Orders (DVPOs) and implemented new reporting procedures to facilitate reporting through web chats, video links and virtual waiting rooms (HMICFRS, 2021). On the other hand, inadequate responses from the police, including interviewing survivors with perpetrators present, trying to convince survivors to remain with perpetrators, the use of No Further Action (NFA) outcome to release perpetrators, or releasing perpetrators without informing the survivor, have also been reported (Dawsey-Hewitt et al., 2021).

Racialised responses from police and other frontline services have prevented some minoritised survivors from reporting abuse (End Violence Against Women Coalition, 2020; Anitha and Gill, 2022). A survey with 116 Black and other ethnic minority women during the pandemic found that only 46% of the respondents said they would call the police if they felt unsafe (Abdelshahid and Habane,

2021). Data sharing between police and Home Office has also been identified as a barrier to help-seeking; organisations have raised particular concerns about the COVID-19 "track and trace" system, which may have been used for the purposes of immigration enforcement (End Violence Against Women Coalition, 2020). Policing of gender-based violence came under intense national scrutiny after Sara Everard was kidnapped, raped and murdered by an off-duty Metropolitan Police officer in March 2021. While this was described as a "tipping point" in tackling gender-based violence, critics have also pointed out that the deaths of Black and minoritised women, such as Sabina Nessa and Blessing Olusegun, did not lead to a similar public outrage (Mureithi, 2021; Shukla, 2021).

It has been said that particularly forced migrant survivors have been "abandoned by the state" (Phillimore et al., 2022, p.2020). At the start of the pandemic, the domestic abuse sector called the Government to do more to support women on NRPF (Magill, 2022). Emergent research shows that survivors with NRPF have been unable to access public emergency accommodation (Phillimore et al., 2022). The lack of statutory service knowledge on how to deal with situations involving NRPF women prevented their access to safe accommodation (Dawsey-Hewitt et al., 2021). Although in March 2020 local authorities were instructed to urgently accommodate people with NRPF to prevent the spread of the virus, just two months later local authorities were told to use their own judgement in assessing what support could legally be offered, on a case-by-case basis (Dawsey-Hewitt et al., 2021). The UK lacked a national plan to accommodate women with NRPF (Magill, 2022). While subsequently Wales and Scotland instructed local authorities to shelter all survivors with NRPF, a similar approach was not adopted in England and Northern Ireland (Human Rights Watch, 2020).

Migrant women have been said to bear the brunt of discriminatory responses from statutory services during the pandemic (Thiara and Roy, 2022). Specialist organisations have reported that survivors have faced discrimination and accusations that they have intentionally made

themselves homeless by social services (Magill, 2022). Providers have also witnessed social services refusals to accommodate mothers with NRPF, instead opting to leave children with the perpetrator or to place children into care (Magill, 2022). This punitive approach by social services is also evidenced by reports on attempts to relinquish responsibility to care for young people due to lack of resources, particularly in cases of teenagers at risk of “honour”-based violence (Thiara and Roy, 2022).

In the midst of the pandemic, the UK parliament voted on the Domestic Abuse Bill (now the Domestic Abuse Act 2021) intended to strengthen the support for survivors of abuse. The provisions of the Act have been widely criticised for failing to protect migrant survivors of abuse with NRPF (Loureiro, 2021; Magill, 2022). Despite widespread campaigning, the UK Parliament rejected to amend the Bill to include safe-reporting mechanisms and extend the destitute domestic violence concession to cover other migrant women besides women on spousal visas (Loureiro, 2021). The campaigns also called for the destitute domestic violence concession to be extended from three to six months, also rejected (Loureiro, 2021).

In June 2022, the UK Government announced it would finally ratify the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (known as the Istanbul Convention), ten years after signing it (Venis, 2022). However, the UK Government also decided to reserve Article 59, which would compel the state to protect women whose residency status depends on their abusive partner (Venis, 2022). This was explained by an ongoing pilot project supporting migrant survivors with NRPF, although critics have argued that the scheme is underfunded and constrained in its scope (Venis, 2022).

Conclusion

As illustrated by evidence, the COVID-19 pandemic has compounded women’s existing vulnerabilities to gender-based violence, abuse and exploitation. The heightened risks and increased barriers to help-seeking have been particularly hard felt by minoritised women and women with No Recourse to Public Funds.

Although COVID-19 restrictions were temporary only, many of the pressing issues highlighted here remain, given the continued hostile environment in the UK to immigration. Furthermore, since the height of the pandemic, the pressures faced by services and survivors have only been exacerbated by the cost-of-living crisis which further harms minoritised women.

The GEN-MIGRA Project is jointly funded under the Trans-Atlantic Platform for Social Sciences and Humanities (T-AP). Bringing together researchers and practitioners from four countries- Brazil, Germany, Poland and United Kingdom- it researches the impact of the pandemic on migrant women and their families. Find out more at: www.genmigra.org

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