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research article

The nature of domestic violence experienced by Black and minoritised women and specialist service provision during the COVID-19 pandemic: practitioner perspectives in England and Wales

Aisha K. Gill,¹ ak.gill@bristol.ac.uk
University of Bristol, UK

Sundari Anitha, sanitha@lincoln.ac.uk
University of Lincoln, UK

Our article seeks to understand the contours of what has been termed a 'dual pandemic' in the UK: twin crises of increasing domestic violence and abuse (DVA) alongside the spread of COVID-19, both of which have disproportionately affected Black and minoritised communities. Our article draws upon the perspectives of 26 practitioners who provide specialist DVA services for Black and minoritised women and girls in England and Wales. Based on interviews with these practitioners, we explore the nature and patterns of the DVA which their Black and minoritised women clients experienced during the pandemic. Our findings highlight the pandemic-related risks and challenges that lead to specific manifestations of DVA within Black and minoritised communities and reveal the practice and policy landscape of the 'by and for' DVA sector during the pandemic and beyond.

Key words domestic violence and abuse • COVID-19 • 'by and for' services • Black and minoritised women • intersectionality

Key messages

- This article illuminates the complex nature of the UK's dual pandemic and its consequences for Black and minoritised DVA victims/survivors and the 'by and for'² services that support them.
- While the insights of the 'by and for' practitioners affirm many commonalities in women's experiences of DVA during the pandemic, they also offer new evidence for the specificities of Black and minoritised women's experiences of DVA in the same period. These specificities derive both from the particular forms of DVA prevalent in these women's communities and from intersecting structural inequalities that hinder effective help-seeking and access to support.
- Practitioner perspectives offer insights into the hostile policy landscape within which 'by and for' services operate in England and Wales and document some momentary financial respite as a result of the increased government funding in October 2020.

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Introduction

In response to the COVID-19 pandemic, the UK government implemented successive lockdown measures to slow the spread of the virus and protect vulnerable populations; the first of these measures began in March 2020. The lockdown policy, expressed in slogans such as ‘stay safe, stay home’ and ‘stay home, protect the NHS, save lives’, drew upon existing constructions of the home as a space associated with safety, security, comfort and familiarity (Blunt and Dowling, 2006), in this case from the dangers of the pandemic. But this assumption of safety does not match the lived realities of many women and girls for whom home is a dangerous space at the best of times. During the lockdown-imposed retreat from the wider world, women and girls across the world faced an escalation in domestic violence and abuse (DVA) (Kourti et al, 2021; Women’s Aid, 2020; Piquero et al, 2021). A growing body of scholarship on women’s experience of DVA during the pandemic has highlighted the ways in which presumably gender-neutral policies can have very different gendered consequences. In the UK, much of this scholarship presumes a commonality in women’s experience of DVA during the pandemic, but this commonality is not always the case. Although the racialised impact of the pandemic on health and socio-economic outcomes has been well documented (Haque et al, 2020; HoC, 2020; IFS, 2020: 3), little attention has been given to Black and minoritised women’s³ specific and unique experiences of DVA in the context of the pandemic.

To address this lacuna, our article draws upon the perspectives of practitioners who provide specialist DVA services for Black and minoritised women and girls in England and Wales. It uses these perspectives to better understand how the dual pandemic operates/functions at the intersection of gender and race (Imkaan, 2020). For minoritised women in the UK, the disproportionate impact the pandemic had on their communities, coupled with the increased risk of DVA during lockdown, created an exceptionally volatile set of circumstances. According to research by Thiara and Roy (2022) ‘significant changes in the nature and pattern of violence and abuse wrought by the pandemic, which resulted in both heightened need and demand for services and greater obstacles to help, highlights the pandemic’s gendered impacts’ (Thiara and Roy, 2022). The experiences of frontline practitioners – especially those who are minoritised – working in ‘by and for’ services to meet this demand can thus help shed light on the hitherto unexplored ‘dual pandemic’ (Imkaan, 2020). Understanding the nature of the dual pandemic and its consequences for practitioners as well as service users can help us improve the policy landscape in the future, and can help us determine how structural inequalities exacerbate DVA issues for Black and minoritised women and girls.

We first present an overview of the existing scholarship on Black and minoritised women’s experiences of DVA in the UK and then outline the history and politics of specialist Black and minoritised women’s DVA organisations in the UK. Next, we detail the study methodology, which involved interviewing 26 practitioners working for specialist DVA services catering to Black and minoritised women. The sections

on the findings explore the nature and patterns of DVA experienced by Black and minoritised women during the pandemic. We then locate these experiences within the practice and policy landscapes that shape specialist Black and minoritised women's DVA organisations in order to reflect on the successes and challenges facing this sector during the pandemic and in the future.

Black and minoritised women's experiences of domestic violence and abuse in the UK

While gender remains the most common predictor of DVA, not all women experience this violence in the same way or are at similar levels of risk. Data gathered for the 2018–19 Crime Survey of England and Wales show that the rate of DVA within many racially minoritised populations was higher during this period than for their White counterparts (ONS, 2019: table 6). Black and minoritised women and girls may also experience particular forms of DVA, such as forced marriage, 'honour'-based violence and female genital mutilation (Begikhani et al, 2015; Gangoli et al, 2018; Chantler and McCarry, 2020). For example, research documents particular contexts of DVA for Nigerian and Zimbabwean women in the UK, such as the practice of bride price, which leads to these women's commodification and disempowerment within marriage (Femi-Ajao, 2018; Mubaiwa, 2020; Ajayi et al, 2022). For women who migrate to the UK upon marriage, their distance from familial sources of support may increase their isolation and impede help-seeking. Socio-cultural norms such as the notions of 'honour' and shame associated with women's sexuality may also play a role in preventing Black and minoritised women from disclosing DVA and escaping abusive relationships (Aghtaie, 2016; Femi-Ajao 2018; Rai and Choi 2018; Gill and Harrison, 2019).

This increased risk of DVA for Black and minoritised women and girls cannot, however, simply be explained through a focus on individual circumstances (lack of awareness of services), personal factors (such as level of education or language proficiency), or family and community structures and socio-cultural norms (for example, notions of 'honour' and shame, son preference). Broader structural factors such as socio-economic disadvantages (for example, poverty, deskilling and class dislocation upon migration), racism, the role of state policies, including service responses, immigration and welfare policies, funding regimes and transnational legal regimes form a crucial 'conductive context' (Kelly, 2007) that can facilitate or sustain the violence that takes place in private spheres (Kanyeredzi, 2018). For example, research documents how perpetrators weaponise their knowledge of the policy and service landscape, such as the hostile environment towards migrants (Anitha et al, 2018), to limit the lives and possibilities of their victims. Black and minoritised victims/survivors of abuse in the UK also face a range of barriers to accessing services (Femi-Ajao, 2018; Imkaan, 2020), including inappropriate professional responses from statutory and voluntary agencies. Therefore, the nature of DVA experienced by Black and minoritised women, its impact on this group and their responses to it can only be understood by examining how gender intersects with other social relations of power such as those based on ethnicity, race, (dis)ability, class, immigration status and state policies (Crenshaw, 1989).

Based on this recognition of the particularities in Black and minoritised women's experiences of DVA in ordinary times, this article explores and analyses the perspectives of DVA practitioners from 'by and for' services who supported DVA victims/survivors

during the COVID-19 pandemic. Their insights illuminate the ways in which the pandemic has shaped the nature of DVA within the communities they serve and their organisational experiences of providing support for victims/survivors.

Domestic violence organisations serving Black and minoritised women in the UK

Specialist domestic violence services for Black and minoritised women (for example, South Asian, African-Caribbean, and Middle Eastern women) were established in the UK in the 1970s and 1980s to meet the hitherto unmet needs that arose from these victims/survivors' location at the intersection of multiple disadvantages (Anitha and Dhaliwal, 2019). Long before Crenshaw (1989) conceptualised Black women's marginalisation within White feminist and anti-racist politics and these women's particular experiences of DVA through the lens of intersectionality, anti-violence feminist activists within Black and minoritised communities in the UK were crafting strategies to respond to these multiple exclusions through self-organisation and activism aimed at addressing their specific needs (Anitha and Dhaliwal, 2019). Such strategies specifically focused on the intersections of multiple inequalities (including gender, age, class, ethnicity), which compound the effects of DVA for individuals who are located at the axes of these disadvantages and exclusions. The concept of intersectionality has therefore long shaped the vision and identity of specialist 'by and for' DVA organisations in the UK and continues to inform their frontline practice (Larasi, 2013) as well as their expectations from and negotiations with policymakers. The nature, extent and impact of violence against women and girls (VAWG) in Black and racially minoritised communities and the impact of COVID-19 are both examples of an intersectional phenomenon: the differential experiences and impact of individual and community exposure to COVID-19 is the result of multiple and interrelating structures of inequality (Maestripieri, 2021; Richardson Foster et al, 2022).

'By and for' services are uniquely run *by* Black and minoritised women (as both staff and as trustees) who have an in-depth understanding of, and expertise in, the nature and forms of domestic violence within their communities as well as the requisite experience, knowledge and skills to overcome any barriers to accessing support (WGI, 2020). Their remit is to provide specialist support *for* women from these communities – hence the term 'by and for' services. However, year-on-year budget cuts since 2010 have led local authorities to search for savings, and an easy target seems to be DVA services for Black and minoritised women (Imkaan and EVAW, 2020). Black and minoritised women have to be housed in refuges far from their residences to keep them safe, as community networks within their hometowns risk exposing their location to the perpetrator(s). 'By and for' refuges have thus been located in local authorities that may not have significant populations of the community they were established to serve. In the absence of any counterbalances, these services have been closed on the basis that they do not meet local need, though they were always intended to meet a *national* need. Moreover, commissioning agendas have also led to the decommissioning of 'by and for' services in favour of awarding a single contract for all DVA services within a Local Authority to a generic DVA service provider or even to housing associations over VAWG sector organisations. This has undermined the very existence of 'by and for' services.

Many 'by and for' Black and minoritised services thus entered the pandemic in a position of historic disadvantage, having endured years of austerity-induced funding

cuts and ideological attacks on the very need for their existence (Imkaan, 2016). These constraints are arguably a routine aspect of work in the UK DVA sector, but they are particularly prevalent in the 'by and for' DVA sector, which has suffered disproportionately due to austerity-related cuts – in the decade before the pandemic, 50 per cent of 'by and for' DVA refuges were forced to close or were taken over by larger providers (Imkaan and EVAW, 2020). When the pandemic struck, practitioners at 'by and for' DVA services found themselves on the frontline. According to Mittal and Singh (2020), government measures fell short in addressing the pandemic of VAWG, which meant that specialist non-government organisations had to quickly adapt to lockdown policies and the new risks arising from COVID-19, both for themselves and for the people they served (Davidovitz et al, 2021; Gofen and Lotta, 2021; Collins and Augsberger, 2021; Cortis et al, 2021). Given this context, this article documents the voices of practitioners from 'by and for' services on their experiences of working to support victims/survivors within the practice and policy landscape of the COVID-19 pandemic and beyond. In doing so, it also offers insights into how these policy and practice landscapes might be improved to reflect existing needs.

Methods

The aims of this study were to understand (a) practitioner perspectives on the nature of DVA experienced by Black and minoritised women and girls during the pandemic; (b) the changes in practice to support those experiencing DVA at this time, including the challenges and examples of best practice; (d) practitioners' experiences of multi-agency working; (e) any additional issues or risks as restrictions ease; and (f) the experience of the 'by and for' services within the practice and policy landscape of the pandemic and beyond.

Semi-structured interviews were undertaken with a purposive sample of 26 practitioners from 16 specialist 'by and for' DVA services in England and Wales; all these practitioners were themselves Black and minoritised women. Eight of the 16 organisations at which the practitioners worked provided refuge services as well as advice, outreach and advocacy services; eight provided advice, outreach and advocacy services only. Three of these organisations were also active in campaigning and policy work. Nine provided DVA services for women from a range of minoritised groups, two provided services for South Asian women, and one each catered to the needs of women from the Middle East and Afghanistan, women of African-Caribbean heritage, women from Asia, migrant women and Muslim women.

Interviews were conducted during and following the second lockdown in 2020–21. Participants were selected based on both the authors' knowledge of the 'by and for' DVA sector and by using the snowballing technique to recruit additional participants. Data collection took place between 30 October 2020 and 15 January 2021. Each interview lasted 60–90 minutes. All the interviews were conducted on Zoom and were recorded with the express permission of the participants. Approaches such as video conferencing provide an opportunity for real-time exchanges similar to those experienced during on-site interviews (O'Connor and Madge, 2017) and allow researchers to access verbal and nonverbal cues. Ethical approval was obtained from the Ethics Committee of University of Lincoln.

The recorded interviews were transcribed by a professional service and the transcripts were coded using NVivo. The codes were created by the authors using

the constant comparative method, an inductive process that involves undertaking a close reading of the transcripts to capture significant and/or recurring themes and concepts and attaching labels to the responses. The principles of constructivist grounded theory ([Charmaz, 2006](#)) and the goals and values of feminist research paradigms guided the data collection and analysis. Constructivist grounded theory proposes a way of developing theory that is grounded in systematically gathering and analysing data instead of imposing theory onto data; it also recognises the positionality and prior knowledge of the researcher. In keeping with feminist approaches that also recognise the positionality and politics of the researchers, our analysis is grounded in the data, but our conceptualisation of the problem through the lens of intersectionality informs our approach to data analysis and our focus on specialist 'by and for' services. The authors jointly have four decades experience of researching and publishing on DVA with a particular focus on the experiences of racially minoritised victims/survivors. This includes unique insider understanding of the policy and service context in the UK derived from working directly in the specialist VAWG sector (as the caseworker/manager of both a generic and a 'by and for' refuge and as trustees of both 'by and for' and generic domestic violence services). Both authors have also contributed to policymaking, training practitioners and legal reforms, work that has been informed by their research in these communities; they have also been involved in crisis interventions related to domestic violence in these communities in the last two years.

Research findings

The following sections explore two connected themes: the impact of the pandemic and the lockdowns on the nature and patterns of DVA experienced by Black and minoritised women in England and Wales; and the experience of the 'by and for' services operating within the practice and policy landscape of the pandemic and beyond.

Domestic violence and abuse during the pandemic

An escalation in the prevalence of DVA was widely reported by the media during the first lockdown (for example, [McDonald, 2020](#)), with early research indicating that those already in abusive relationships experienced an escalation in the intensity and frequency of their abuse during the pandemic ([Williamson et al, 2020](#); [Women's Aid, 2020](#): 7). Several practitioners we interviewed reported observing this escalation within days of the first lockdown being announced in the UK, when women were trapped at home with their perpetrators:

Even in the most awful circumstances, women could get a brief moment of respite by going to the shops, dropping their children off at school, talking to someone on the road because they bump into someone, there are moments of some kind of respite. Here it's 24/7 you are imprisoned, and the psychological impact of that is much greater; so they all talked about difficulties and challenges of coping in a coercive and controlling situation, when they are imprisoned.

Socio-economic differences in the amount of schooling young people received during the first period of national lockdown are well documented (Andrew et al (2020), Benzeval et al (2020)). School closures had a systemic and more profound impact on young people from poorer backgrounds (Major et al, 2021). Not being able to attend school also meant being unable to secure food, health resources and access to services for the lowest-income households (Blundell et al, 2021), and it widened educational inequalities among children of different socio-economic backgrounds (Reimer et al, 2020). The lockdown also diminished women's and girls' opportunities for help-seeking from formal and informal sources of support. Several practitioners we interviewed reported that the pressures this created led to an escalation in self-harm, suicidal ideation and other mental health issues that stretched their services beyond capacity.

What the practitioners reported to us in their interviews reflects research findings showing that abusers started using lockdown restrictions or the consequences of the virus itself as part of their abuse tactics (Women's Aid, 2020; Thiara and Roy, 2022). While some aspects of pandemic-related DVA in Black and minoritised communities reflect broader patterns of DVA escalation in terms of risk and intensity, there are also unique aspects of DVA specific to these communities, including particular forms of harm, for which the pandemic has been a conducive context. For example, pre-COVID-19 in the UK, living in separate nuclear households may have afforded limited protection from DVA perpetrated by in-laws. However, when households merged to manage caring responsibilities for elderly relatives and to create 'support bubbles' within which family members across generations could socialise without violating lockdown rules, it created new risks for some women. The manager of a refuge service for South Asian women reported:

Many women have called to say, 'It's not just my husband now, it's my sister-in-law, my brother in-law, my mother in-law; they are kind of locked up in that same space, and the level of verbal abuse I'm getting it just makes my mind blow up, and I just go in my bedroom, and I cry and I want to scream and bang my head on the wall, I really don't know what else to do.' Many of the women who ring us don't even have a small garden, and this woman told us, 'When I want to go out for fresh air, they keep asking – why are you going out?'

Research documents that the broader assumption of male-on-female violence that informs much of the theorising on DVA, particularly in the west (Hester, 2013), may not reflect the experience of women from some Black and minoritised communities (Mirza, 2017). Patterns of high levels of perpetration of DVA by women's in-laws in countries across South Asia (Ragavan and Iyengar, 2020; Gangoli and Rew, 2011), Africa (Ashimi and Amole, 2015) and the Middle East (Morse et al, 2012) are replicated in the UK within these diasporas. Knowledge and understanding of such specific forms of DVA enabled those interviewed for this study to anticipate the risks associated with lockdown and find ways of communicating with their (existing and potential) clients in a safe and effective manner.

In the context of COVID-19-related job losses, several organisations working to support Black and minoritised women experiencing DVA reported enhanced risks.

One frontline worker who also lived within the close-knit community where her organisation delivered DVA services observed:

We have a significant percentage of our communities where the husbands, men in the family, are taxi drivers [...] they can't work. [...] Northern Ireland have given grant based funding to their taxi drivers. Scotland has done the same. However in Wales we've had nothing for them, and that's where they are. Financially things are really tough. And I think people forget, in a household it could be a ticking time bomb. It adds to pressures. You've got the kids at home; you've got families at home all day. Indoors all the time, add pressure of no money coming in, and you think how easily it will escalate.

Structural factors that are likely to exacerbate the risk of DVA include poverty and economic strain (Fahmy and Williamson, 2018), which disproportionately affect people from minoritised communities (Francis-Devine, 2020). The economic impact of the pandemic may not have been evenly felt across different communities; Black and minoritised workers are more likely to have jobs where fewer tasks can be performed remotely and are therefore more likely to have experienced reduced hours or job losses and, consequently, reduced earnings (Adams-Prassl et al, 2020; Major et al, 2021). Practitioners noted the additional challenges arising from increased money-related stress and the presence of a now-unemployed perpetrator in the house all day.

Another stressor that disproportionately affects people from minoritised communities is racialised policing practices. Research notes that during the pandemic, emergency powers have exacerbated unfair, excessive and discriminatory policing, especially against racialised communities (Harris et al, 2021). Practitioners noted how the fear of police response to lockdown rule-breakers was deployed by perpetrators to exert control and isolate victims. They were concerned about the impact of such fear on Black and minoritised victims/survivors of DVA, for whom a lack of trust in police may result in additional barriers to disclosure and help-seeking. Two practitioners who worked with women and girls of African-Caribbean heritage drew attention to this issue:

The police have also been given more power, but we the public don't know that; what specific power they have got, so we kind of don't know our rights in this situation. [...] The whole kind of distrust with the police being heightened, police abusing their power within COVID; then you've got the whole domino effect it has on the Black community itself [which] means we are less likely to report cases [of DVA].

Some of the themes and enhanced risks of DVA that were created by the pandemic were common for women from different communities and across different national contexts (Sacco et al, 2020). However, the practitioners we interviewed reported that Black and minoritised women in the UK faced additional vulnerabilities or disadvantages that were created or exacerbated by the pandemic due to the intersection of gendered and racialised disadvantages, and these impacted both the nature and extent of DVA they experienced as well as their opportunities for seeking formal and informal support.

Forced marriage during the pandemic

While early evidence shows that forced marriage in the UK declined during the pandemic, the practitioner interviews painted a more complex picture. The number of calls from victims/survivors seeking support from the Forced Marriage Unit (FMU, 2021) underwent a 44 per cent drop during 2020, the latest year for which the statistics are available. Similarly, there was a 28 per cent drop in the number of Forced Marriage Protection Orders granted during 2021 (MoJ, 2022). The assumption put forward by the Forced Marriage Unit is that the curtailment of international travel may explain the decline in the number of people seeking help (FMU, 2021). While this might have been one of the factors at play, it has been documented that in cases of forced marriage, the coercive pressures may be exercised over a period of several months or years (Chantler and McCarry, 2020). The pressure to force someone to marry may, therefore, still exist in the absence of an immediate potential of international travel that might impel a victim to seek help. Additionally, the practitioners we interviewed also noted other pandemic-related factors that may indicate an unmet need for support in the face of emerging barriers to help-seeking rather than a decline in risk, particularly for in-country forced marriages.

Several respondents noted the forced marriage risks posed by school closures during the first lockdown for young women and girls. The erosion of familiar routes to disclosure and support, such as teachers or peer networks, took place in a context where the coercive pressure to marry could now be relentlessly exercised by multiple family members. The outreach worker for one organisation who supported those at risk of forced marriage reported:

I think one of the things about other members of family being involved in that threat, it's almost like [...] they're working together to really break down that individual. [...] You're going to be, you know, no longer a member of this family, this is going to happen to you. And that person actually believes that's going to happen to them because there's been no other moral compass, no one else in the family that supports what they want to do. So this young woman called us, she was literally saying, 'there's no way out for me, if I don't do this [agree to the marriage], next year I'm going to not be allowed to go to college, and this is my only way out'. So that was a kind of intensive trauma that they're experiencing.

The lockdown rendered particular forms of coercion deployed to break down resistance to forced marriage less visible, meaning that perpetrators were able to escalate their abuse without attracting the attention of services that might otherwise contact them due to the young person's absence from school, as one practitioner noted: 'We had a young woman who contacted us who was self-harming, she was basically saying that because of lockdown now, her dad had used it as an excuse to lock her in the bedroom.'

As this young woman was familiar with the work of the specialist 'by and for' DVA service that had previously conducted outreach and awareness-raising sessions on forced marriage in her school, she was able to reach out to them to seek help. Just prior to the pandemic, this particular DVA service had to close down its forced marriage outreach programme due to lack of funds; in the absence of such outreach work,

potential victims may not know where to turn. Continued funding of community outreach work is essential to address particular forms of DVA such as forced marriage (Khan and Mikuska, 2021).

The lockdown also created particular opportunities to conduct small weddings at short notice, ostensibly to avoid the impact of a future, harsher lockdown or to comply with existing restrictions on attendee numbers. Respondents from four organisations working with victims/survivors of forced marriage noted that the smaller-than-usual family circle involved in the ceremony may minimise the knowledge of the impending wedding and, thereby, the possibility of third-party referrals. As one practitioner noted:

You've got families that are having small weddings, because you can have 15 or 30 people. You can end up having quite a lot of women being forced into marriage, as there's not much knowledge of what's going on [...] that restriction allows you to have those weddings without making it public as usual.

A few respondents stated that the number of cross-border forced marriages seemed to have fallen in 2021 due to the limits on international travel imposed during the pandemic. However, the support worker for one organisation anticipated a rise in transnational forced marriage as the pandemic recedes: 'I think the FM [Forced Marriage] Unit needs to be more ready for responding to those cases. I think funding really needs to be available for having staff in place to be able to respond to those increases that will happen.'

The pandemic has both exacerbated risk of forced marriage for some categories of women and girls, particularly those at risk of in-country forced marriage, while creating some respite from cross-border forced marriages. As we emerge from the pandemic, the risk of both in-country and cross-border forced marriages will increase, requiring a high level of preparedness from services.

Women subject to immigration control

One group of women hardest hit by the pandemic is those with insecure immigration status. The particular difficulties facing women who are marriage migrants – many of whom might have come to the UK on spousal visas after marrying a British national or resident – arise when they are given visas as dependants (during what is known as the probationary period), which means that their residence in the UK is tied to their marital status. Consequently, if their marriage ends, they could be deported and separated from their children. This is one of the many ways in which state policies on citizenship and residency regimes exacerbate existing power imbalances between men and women and one of the many ways in which intersectional inequalities – in this case derived from the convergence of gender and race/immigration status – exacerbate vulnerability for some victims of DVA.

Specialist DVA organisations working with Black and minoritised communities have historically been at the forefront of campaigns to increase protections for women with insecure immigration status (Anitha, 2011). However, the pandemic has diminished support options for women with insecure immigration status. Women's refuges have been operating at capacity because of increased demand in the face of heightened DVA prevalence, the difficulties of rehousing residents and lower occupancy rates

due to COVID-19 safety measures. Several respondents reported the difficulties they faced in securing refuge spaces (particularly from generic providers) for women with no recourse to public funds (NRPF), as recounted elsewhere (Mort et al, 2020; Jolly et al, 2020).

Despite being underfunded and small compared with some of the larger generic providers, 'by and for' organisations have generally housed a disproportionate number of women with NRPF, a pattern that seems to be continuing during the pandemic. Several organisations reported a return to the stark 'choice' of living with the violence or homelessness (Anitha, 2011):

It's hit hardest with migrant women with no recourse [NRPF], there's nowhere for those women to go. And in the context of COVID-19, when refuges were shutting because they need to protect the residents in them, or because they couldn't move residents on, there was even less space for these women.

Following the government instruction in March 2020 to bring 'everyone in', local authorities accommodated a significant number of homeless people who were previously ineligible for support. However, in the early weeks of this measure there was little clarity about whether the policy included women with NRPF who were fleeing DVA, leading to a gap in provision, as documented in the case of Manchester by Safety4Sisters (2020: 23–4). For those with NRPF who were housed under the 'everyone in' policy, there was inadequate planning for what should happen once this provision ended.

In the midst of the difficulties facing women with insecure immigration status, two organisations reported some good outcomes. One practitioner stated that the Home Office managed to process their client's application for the Destitution Domestic Violence Concession within three days rather than the three months it usually takes; another recounted a positive experience with their local police force, which helped a woman with NRPF exit an abusive marriage and obtain support. Though this was one of the rarer accounts of successful multi-agency working to meet the needs of migrant women, it offered a glimpse of hope in an otherwise challenging landscape.

The experiences of these 'by and for' practitioners draw attention to the ways in which intersecting social relations of power based on gender, race, class and immigration status can help illuminate the causes and consequences of the dual pandemic. The next section discusses what future challenges the sector may face in view of its uncertain funding climate and the ongoing consequences of the pandemic.

Surveying the future of specialist 'by and for' DVA services during and beyond the pandemic

The initial lockdown policy did not make any provision for women experiencing DVA. Following mobilisation by the DVA sector and media attention to this issue, additional government funding eventually became available in October 2020 through the Domestic Abuse Capacity Building Fund. This enabled DVA services to meet the extra demands on their services and adapt to new modes of socially distanced working; it also benefited several smaller, independent 'by and for' services organisations that participated in this research. As one practitioner noted: 'So this year has been very

difficult because of COVID; but it's probably been one of our best years, you want to know why? For the first time, we've actually got money.'

They also reported that the broader climate of uncertainty and short-term funding cycles remained unchanged, however. The pandemic brought the financial insecurities of smaller, independent Black and minoritised specialist DVA organisations into sharp relief at a time when the demand for their services was ever-increasing:

I think the future is looking really difficult. [...] It's like a tsunami of cases that's coming through, the needs of women have multiplied, and it is much harder for us to survive. I think next year is going to be really difficult. Two or three years of sustainability we used to have has been shortened to six months. Everybody is given six months funding, and it is crazy. With the job situation being what it is, the staff become really insecure, and they end up leaving, which is sad.

Being from small- and medium-sized organisations, the research participants were keen to convey their precarious financial situation and their reliance on government grants. The director of one of the affected organisations took stock of the challenges facing her organisation and the wider 'by and for' DVA sector:

It's a tough, tough world out there at the moment for specialist providers such as ours. We struggled, even prior to the pandemic. [...] We are very clear about what our specialisms are, what our uniqueness is, which is around being led by our women. [...] We understand the particular nuances, the complex needs of the women that are reporting those abuses; and in turn we are making our responses very tailored to their needs, so there is a unique service that we provide. We try to be a holistic service provider, so that women aren't going from place to place. Language is just one part of it, you know? It's just one added thing. But one of the things we've seen prior to the pandemic is the generic organisations are delving into this specialist work saying – 'We can do this, and we can do that too'. And they are bidding for services that are specialist. And they are getting the contracts. So it's a huge issue for us.

The director of an organisation that is now struggling to maintain its specialism in the face of competitive tendering from larger providers noted how same process that has decimated Black and minoritised specialist DVA services in the UK is now paradoxically being replicated for those larger 'generic' DVA services, which are facing similar competitive decommissioning pressures from even larger organisations. As local authorities seek economies of scale, they are increasingly tendering their refuge spaces to providers such as housing associations that have never worked in the VAWG sector and may not offer women-only spaces. As one practitioner noted:

The generic organisations, they want the tiny piece of the cake that comes in our direction. [...] When I started work in this sector, a Black or minority ethnic organisation was called a specialist organisation, but now the generic Women's Aid organisation, it is a 'specialist' organisation, and housing associations are not a specialist organisation. So the whole terminology has changed to erase our existence, the rationale for our existence [...] Our future is really risky.

In this context, the support worker from one organisation that was in a consortia with other 'by and for' providers explained how they have responded to this appropriation of the term 'specialist':

Now we tend to describe ourselves as 'by and for' services because they can't really take that away from us, you know what I mean? It's really important for us to say 'by and for' [Black and minoritised women] because they are using all the terms of intersectionality, specialism; all the terms that we have used, this is now us.

Several 'by and for' practitioners reiterated the well-rehearsed critiques that transnational feminists have levelled at White feminists' celebration of a 'global sisterhood' (Morgan, 1996) that assumes a set of common political interests, concerns and needs based on gender (Crenshaw, 1989). This homogenisation elides the manner in which social relations of power shaped by race and access to resources may actually place some women's needs at cross-purposes to those of other women – or, in this case, that may place some organisations' growth at cross-purposes to other organisations' survival. Far from undermining a collective feminist project, conflict need not be divisive; as Steans (2007) argues, respect for difference is a necessary condition for forging solidarity. But for our practitioners, this solidarity seemed hard to come by.

Research indicates that Black and minoritised women are more likely to approach Black and minoritised specialist services for help, as these are the spaces they trust and in which they feel safe, understood and less alone (EVAW, 2015: 4). This clearly illustrates the need for a diversity of service providers, including small, independent providers that offer specialist support and knowledge that not all larger organisations can provide. If these organisations no longer exist, numerous at-risk women and children may never receive the help they need.

The omissions in policymaking and commissioning of services that have led to the erosion of these specialist Black and minoritised DVA services and neglect of the issues they have raised are unlikely to be reversed in the wake of the Domestic Abuse Bill 2020, which was passed during the pandemic. Despite campaigning from Black and minoritised organisations including Southall Black Sisters, Latin American Women's Rights Service and Step Up Migrant Women, as well as from opposition MPs and mainstream charities, MPs voted 331 to 207 against a proposed Clause 22 to lift the NRPF rule for migrant women experiencing domestic abuse (The Public Whip, 2020). This legislation not only fails to address the needs of migrant women but also fails to redress the current funding regimes that are eroding 'by and for' services, as a senior worker at one organisation reported:

It's the same issue with the Domestic Abuse Bill [...] part 4 is focused on how refugees will be funded in the future, and again we are like, don't let local authorities decide on specialist refuge provision because they are going to just say – 'Well, it doesn't meet the local need'. It's got to be a nationally, or a regionally funded provision. [...] I see the long-term outlook is just not surviving, to be honest.

Several practitioners recommended that the Communities and Local Government strategy for funding the third sector should ring-fence resources for DVA services more broadly and, within that, for Black and minoritised specialist DVA services.

While the pandemic offered a respite from the existential crisis confronting the specialist 'by and for' DVA sector in the UK, this looks likely to be short-lived. Despite the attention the pandemic has drawn to the differential racialised health and economic outcomes experienced by people from Black and minoritised communities, this knowledge has not translated into policy agendas for DVA and specialist services provision.

Conclusion

This article has illuminated the complex nature of the UK's dual pandemic and its consequences for Black and minoritised DVA victims/survivors and the 'by and for' services that support them. The experiences of the 'by and for' practitioners interviewed for this study affirm many commonalities in women's experience of DVA during the pandemic, such as increased exercise of control in a context where women are trapped with their abuser, perpetrators' weaponisation of the pandemic and its related rules, fewer opportunities for respite and help-seeking, and additional stressors created by the socio-economic and physical/mental health impacts of COVID-19. Additionally, they alert us to the differences in women's experiences of the DVA during the pandemic. These include, in particular, pandemic-related factors that create conducive contexts for specific manifestations of DVA within Black and minoritised communities, such as the additional risks posed by support bubbles and merged households for multiple-perpetrator DVA and the escalated risk of forced marriage in the context of school closures. Beyond family and community contexts, our findings document how structural inequalities can exacerbate power imbalances that underpin DVA and hinder effective help-seeking and access to effective support that can enable migrant women to escape abusive relationships. During the pandemic, these structural inequalities derived from factors such as racist policing and the hostile environment for migrants, which left many migrant women seeking to escape DVA unable to access pandemic-specific provisions for the homeless. Existing racialised economic and health inequalities that are reflected in the differential health and economic impacts of the pandemic also shape the impact of DVA and the broader contexts within which it is experienced.

Using an intersectional lens to understand how and why these inequalities operate is therefore critical to documenting the racialised differences in VAWG that occurred across communities during the pandemic. This intersectional understanding will facilitate the design of tailored 'by and for' policy responses that can successfully mitigate the potential structural inequalities caused and/or exacerbated by the pandemic. Specialist or 'by and for' DVA organisations have a long history of self-organisation, organisational culture and politics that enables them to understand and respond to the commonalities and specificities in these manifestations of DVA across different communities and at the intersection of different social relations of power. This specificity in women's experiences of DVA is now increasingly being recognised within academia and even by those at the frontline of DVA service delivery who are not 'by and for' services. Larger generic DVA services in the UK have now begun to 'talk the talk' if not 'walk the walk', which would require desisting from competitive outbidding of the smaller 'by and for' services during the commissioning process. Additionally, in the absence of policy responses that can actually deploy this understanding of intersectionality and the rich history of self-organisation to make a difference for

those (at risk of) experiencing DVA, equal protection for all victims/survivors remains unrealised and unrealisable. Practitioners from these services identified dimensions of Black and minoritised women's experiences that may be elided in accounts that homogenise women's experiences of DVA during the pandemic. In the context of some financial respite as well as pandemic-specific challenges, the practitioners we interviewed offered reflexive accounts of their location within changing policy and practice landscapes. Their experiences of the shrinking spaces for the 'by and for' DVA sector offer a cautionary tale for the future of anti-violence practice beyond the pandemic. They also offer insights into the nature of the policy reform that is needed to ensure the survival of these 'by and for' DVA services.

Notes

¹ Corresponding author.

² 'By and for' services are specifically orientated for Black and racially minoritised communities and are delivered and led by Black and racially minoritised practitioners who represent the communities with whom they work.

³ Instead of the acronyms BAME (Black, Asian and minority ethnic) or BME (Black and minority ethnic), we prefer the term 'minoritised', which derives from a social constructionist approach. 'Minoritised' denotes that people are actively minoritised by others on the basis of the social construction of race rather than because they are in fact part of a minority, which the terms BAME or BME imply (see [Milner and Jumbe, 2020](#)).

Conflict of interest

The authors declare that there is no conflict of interest.

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