

SERIES

Ensuring an inclusive & effective domestic abuse bill for all women

TOPIC

Improving public authority responses to violence against BME women



KEY POINTS

- + Characteristics of violence against Black, Asian and minority ethnic (BME) women and girls and their corresponding support needs are different from and often more complex than other women in the UK (para 1-4)
- + Specialist BME Violence Against Women service providers are one of the only entry points for many BME women victims to access statutory services and the justice system. Without them, exclusion of BME women victims from formal systems of support and redress remains a very real risk (para 5-7)
- + Failure to commission specialist BME services at the local level has led to massive cuts in funding across the sector and is failing BME victims of violence (para 8-9)
- + Implications for the Domestic Abuse Bill
 - > The Domestic Abuse Bill must recognise the different lived experiences of different groups of victims – specifically BME women – and the different needs, protections and support services that each group requires
 - > The non-legislative package accompanying the Domestic Abuse Bill must include provision of a central ring-fenced fund for specialist BME VAW service provision

BME WOMEN'S EXPERIENCE OF DISCRIMINATION AND VIOLENCE

- 1** BME and migrant women experience higher rates of domestic homicide and are 3 times more likely to commit suicide than other women in the UK,¹ and 50% of BME women victims of violence experience abuse from *multiple* perpetrators.² In addition, 40% of BME women live in poverty³ and BME women are more likely than other women to be living in a deprived area, have experience of the State care system and to suffer from discrimination and racism. Austerity policies have had the highest impact on black and Asian women – by 2020 black and Asian women living in the poorest 33% of households in the UK will have experienced an 11.5% reduction in individual income as a direct result of Government fiscal, tax and benefit changes. This is nearly double the drop experienced by white women from the same income bracket.⁴
- 2** Of BME women who experience violence, only 37% make a formal report to the police, on average only 9% make an application for a non-molestation order despite 56% suffering from post-separation harassment, and 1 in 4 have insecure immigration status, giving them limited access to welfare and housing benefits.⁵
- 3** In many aspects, therefore, BME women's experience of violence and their consequent support needs are different from other women. This results from a lived experience in which the factors identified above – race, ethnicity, language, family structures, social exclusion, income and immigration status – cause multiple and intersecting forms of discrimination and harms.

1 UN Special Rapporteur on violence against women, its causes and consequences. Statement at the conclusion of a country mission to the United Kingdom 2014, 15 April 2014 available at: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=14514&>

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

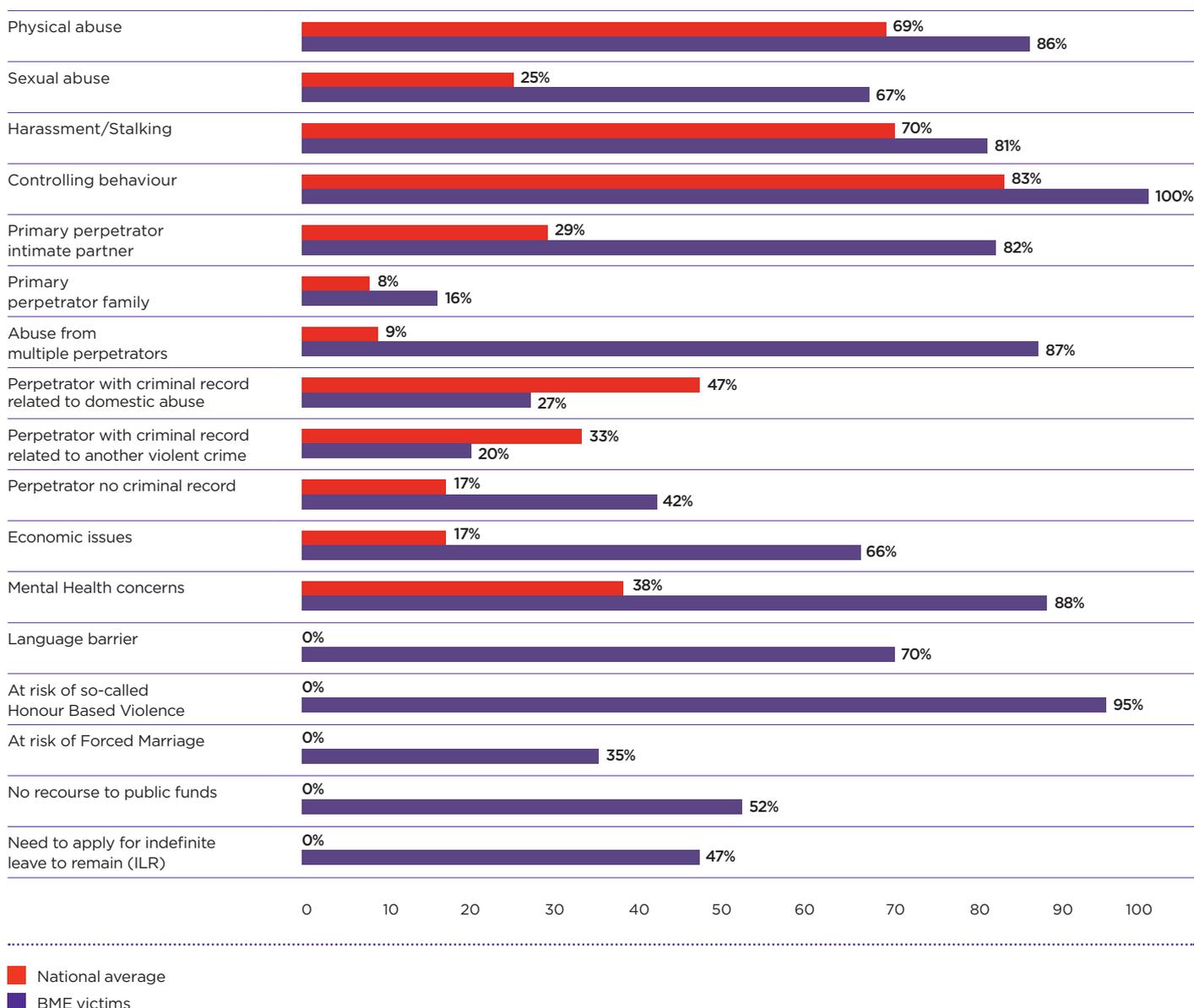
3 Zohra Moosa with Jessica Woodroffe, *Poverty Pathways: Ethnic minority women's livelihoods*, The Fawcett Society, June 2009. Poverty extends to two-thirds of Bangladeshi and Pakistani women.

4 Women's Budget Group, *New research shows that poverty, ethnicity and gender magnify the impact of austerity on BME women*, 28 November 2016.

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

4 Chart 1 compares characteristics of BME victims of violence collected over 2015-2016 from a typical BME Violence against Women (VAW) service provider against the national average characteristics for the same period.⁶ This data was collected as part of the research for Sisters For Change report, *Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England* (November 2017). As can be seen, the critical points of difference relate to BME women’s experience of violence from multiple perpetrators, BME women’s economic status, mental health concerns, language barriers and immigration-related issues. A further salient difference, not captured in the chart, is that the average length of domestic abuse suffered by a BME women victim is 8 years, while the national average is 2.3 years.⁷

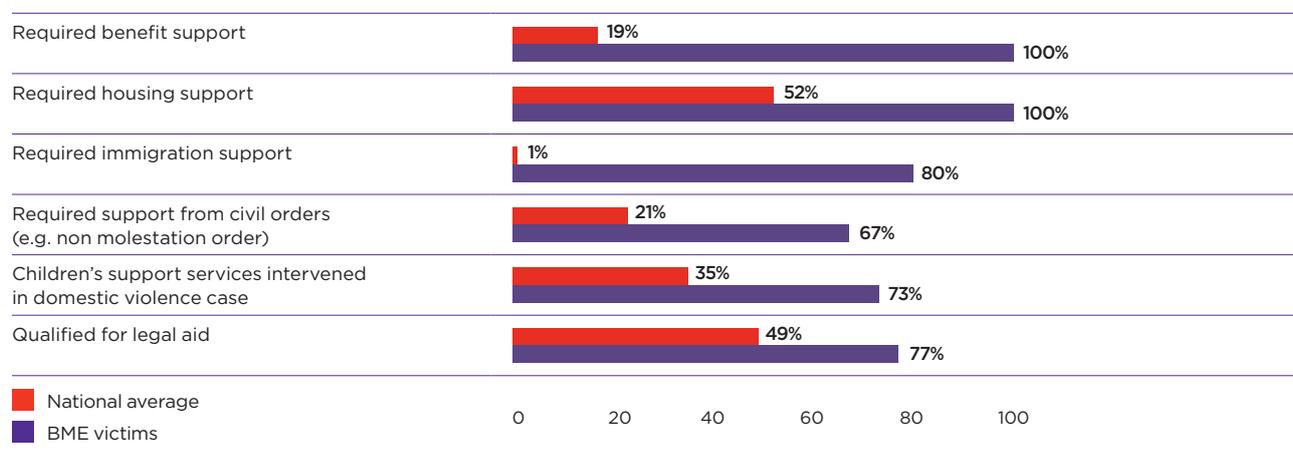
CHART 1: BME victim characteristics vs National average victim characteristics



⁶ Chart 1 is derived by comparing service data collected by a typical woman-led BME support provider in North East England versus national victim statistics provided by Safe Lives in a service report commissioned by the service provider for the 12 months to October 2016.
⁷ Data from BME VAW service providers on the basis of case histories.

NEED FOR DEDICATED, SPECIALIST BME VAW SUPPORT SERVICES

CHART 2: Types of support services required by BME victims vs National average



- 5 Due to this complex range of characteristics and needs, providing support for BME women victims requires more time, knowledge and specialist skill than that often required to support other women. Chart 2 highlights the types of support services that BME domestic violence victims access versus the national average.⁸ Key points to note include the fact that the majority of BME women victims require benefit and housing support once they report domestic abuse and 4 in 5 require assistance on immigration related matters.
- 6 Specialist BME VAW service providers estimate that approximately 50% of their casework relates to victims with insecure immigration status (e.g. where a non-British woman marries a British national and comes to the UK on a two-year spousal which subsequently lapses). This means that *de facto* these women have restricted or no recourse (or access) to public funds (NRPF), meaning that victims of violence cannot access welfare, housing and other social benefits.
- 7 Given the complex pattern of need and the specialist economic, linguistic, legal and immigration services often required to support BME women victims of violence effectively, it can be no surprise that an overwhelming majority - 89% - of BME women victims say they prefer receiving support from a specialist BME VAW service.⁹ BME VAW services offer a critical point of access for BME women victims of violence for support and assistance in accessing statutory services such as health, social services and criminal justice authorities. Without them, the further isolation or exclusion of BME women victims from formal systems of support and redress remains a very real risk.

“There is chaos around the women...the women are not chaotic. No one will face up to the fact that the systems we have to protect BME women are not fit for purpose.”

BME Violence against Women Service Provider

⁸ Source of data as described for Chart 1 - see footnote 6.

⁹ Ravi K Thiara & Sumanta Roy, *Vital Statistics: The experience of BME women and children facing violence and abuse*, Imkaan, 2010.

LACK OF FUNDING FOR SPECIALIST BME VAW SERVICES FAILING BME VICTIMS OF VIOLENCE

- 8 Despite this clear need for specialist BME VAW services, cuts in local authority funding in recent years has driven service provision towards generic, lower cost VAW services that are delivered through large consortia or housing organisations. These commissioning strategies have discriminated against smaller, specialist BME VAW service providers, with the result that most BME VAW service providers are now completely excluded from local statutory authority funding while still being referred the majority of their casework from statutory agencies.
- 9 Research reveals that while the UK domestic and sexual violence sector as a whole suffered funding cuts of 31% between 2011-2012,¹⁰ BME service providers experienced an average loss of 47% of funds and *all* BME refuge services experienced funding cuts of between 20-100%.¹¹ Recent analysis reports that two-thirds (67%) of specialist BME service providers feel “uncertain about their sustainability in the current climate.”¹² The impact on BME victims is stark: in the 12 months to March 2015, only 21% of BME women victims of violence in London seeking a refuge space were successful in obtaining one, with the remaining 79% turned away.¹³



RECOMMENDATIONS FOR THE DOMESTIC ABUSE BILL

- + The Domestic Abuse Bill must recognise the different lived experiences of different groups of victims – specially BME women – and the different needs, protections and support services that each group requires.
- + The non-legislative package accompanying the Domestic Abuse Bill must include provision of a central ring-fenced fund for specialist BME VAW service provision in recognition of the reality that current local authority VAW commissioning models which tend to fund larger, ‘generic’ service providers and fail to recognise the importance of the pathway provided by specialist BME VAW service providers for victims to gain access to statutory services and legal redress.
- + Government Domestic Abuse Consultation questions relevant to this recommendation: Q8, Q10, Q12

CONTACT

For further information please contact Sisters For Change at
research@sistersforchange.org.uk

¹⁰ Jude Towers & Sylvia Walby, *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls*, January 2012

¹¹ Katy Taylor, Women’s Aid, *A Growing Crisis of Unmet Need*, 2013 quoting Imkaan Member Survey 2011-12.

¹² Imkaan, *State of the sector*, November 2015

¹³ Imkaan, *Capital Losses: The state of the specialist BME ending violence against women and girls sector in London*, 2016. Of 733 BME women seeking a refuge space, only 154 were successful.