

# The response of public authorities to violence against Black, Asian and Minoritised women in England

WINTER 2019

From 2016-2019, Sisters For Change worked with Black, Asian and Minoritised (BME) Violence Against Women (VAW) service providers across England to investigate BME women's experience of violence in England and public authority responses to it. We published two reports of our findings: *Unequal Regard, Unequal Protection. Public authority responses to violence against BME women in England* (November 2017) and *Unequal Regard, Unequal Protection 2. Spotlight on Manchester* (June 2019). This briefing note summarises the key findings of our reports and highlights areas where public authorities are failing to respond adequately to BME women victims of violence.

## 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,<sup>1</sup> and 50% of BME women victims of violence experience abuse from *multiple* perpetrators.<sup>2</sup> In addition, 40% of BME women live in poverty<sup>3</sup> 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.<sup>4</sup>
- 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.<sup>5</sup>
- 3** Sisters For Change analysis of cases of BME women victims of violence demonstrated that 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 in some instances, immigration status – cause multiple and intersecting forms of discrimination which has a direct impact on BME victims' experience of violence and informs their response to it.

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

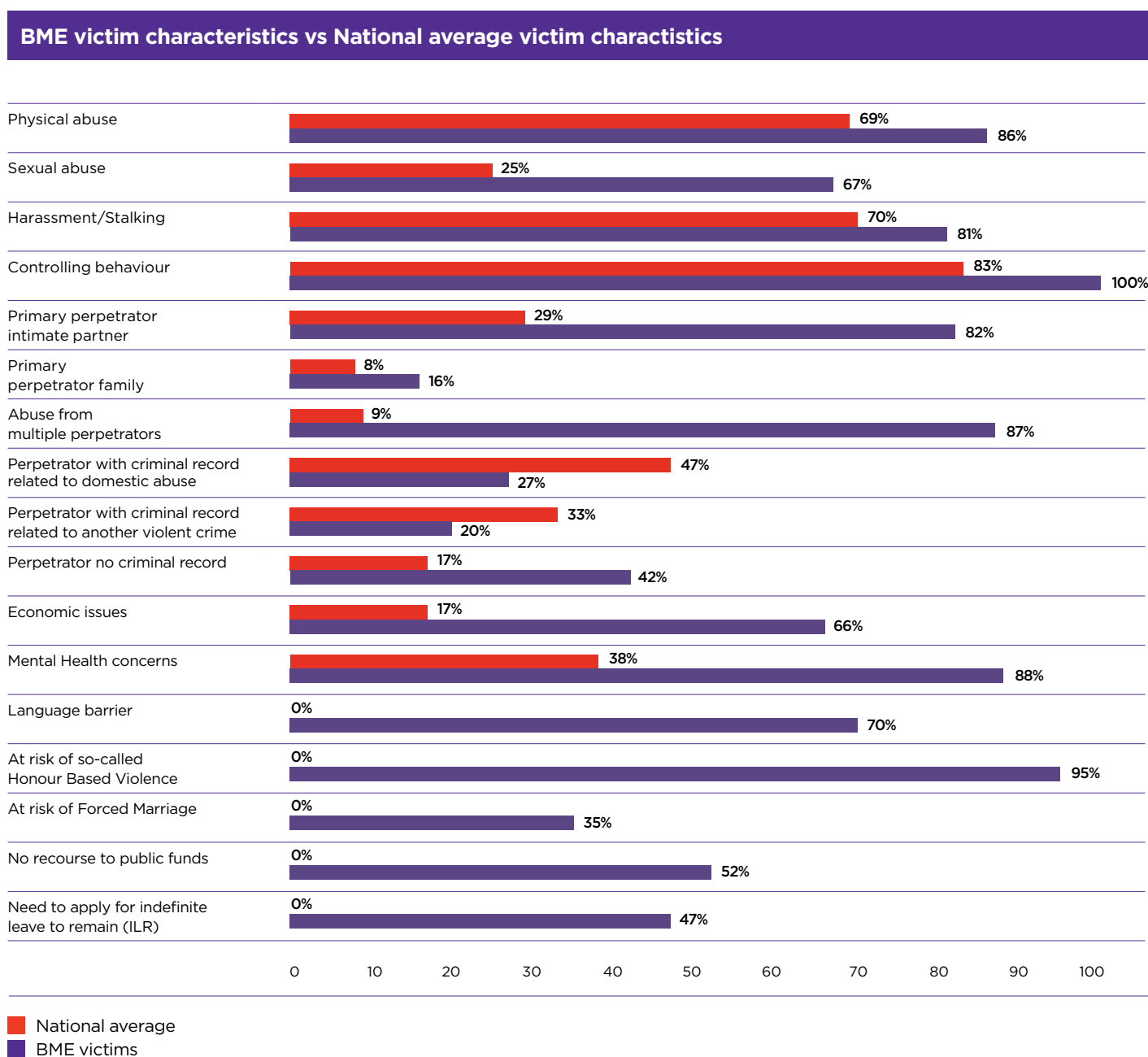
<sup>2</sup> Ravi K Thiara & Sumanta Roy, *Vital Statistics: The experience of BME women and children facing violence and abuse*, Imkaan, 2010.

<sup>3</sup> 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.

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

<sup>5</sup> Ravi Thiara & Samanta Roy, Imkaan, *Vital Statistics*, 2010

4 The chart below, taken from our 2017 report and confirmed in our 2019 report, compares characteristics of BME victims of violence against national victim characteristics.<sup>6</sup> Critical points of difference include significantly higher numbers of BME women experiencing intimate partner violence, with 82% of BME women victims of violence reporting their intimate partner as the primary perpetrator; significantly higher levels of physical and sexual violence reported by BME victims of violence; and significantly higher numbers of BME victims of violence reporting mental health concerns – 88% of BME women compared to 38% of the national average. Other important points of difference relate to BME women’s experience of violence from multiple perpetrators, economic status, language barriers and immigration-related issues. A further salient difference, not captured in the chart but report by BME victims, 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.<sup>7</sup>



<sup>6</sup> The chart 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.

<sup>7</sup> Data from BME VAW service providers on the basis of case histories.

## SPOTLIGHT ON BME WOMEN VICTIMS OF VIOLENCE IN MANCHESTER

BME women in Manchester – like BME women elsewhere across England – experience first-hand on a daily basis the negative consequences of the ‘hostile environment’ and the toxic debate around immigration in the UK. Many BME women in Manchester have suffered discrimination and racial or religious hate crime, ranging from verbal abuse to physical assaults and criminal damage to their property. Muslim women, in particular, report feeling targeted on a routine basis because of their dress and to feeling the need to be invisible.

Over 80% of BME women victims of violence in Manchester have suffered abuse or violence by an intimate partner. 43% have suffered abuse or violence from a family member, whilst 44% have suffered domestic abuse from multiple perpetrators. Over 84% of BME women victims of violence accessing specialist BME services lack the necessary English language skills to access physical and mental health services, housing services and welfare benefits. 59.3% have mental health issues and 85% are financially insecure. (Data from Sisters For Change & The Manchester Maya Project report, *Unequal Regard, Unequal Protection 2. Spotlight on Manchester*, June 2019.)

Sisters For Change and our partners reviewed a wide range of cases to assess how local authorities and welfare and health services in Manchester respond to BME women victims of domestic abuse. Our case evidence raises serious questions as to the compliance of local services with their human rights, homelessness, safeguarding and equality duties in relation to BME women victims of domestic abuse, including:

- + local authorities failing to take account of the religious and cultural needs of BME women victims of domestic abuse and failing to provide suitable accommodation to homeless BME women victims of domestic abuse and their children;
- + police and housing authorities failing to respond adequately to religious hate crimes;
- + health and social services failing to adequately safeguard BME women and their children;
- + the routine failure to provide appropriate interpreters for BME victims of domestic abuse with limited or no understanding of English;
- + the lack of any cross-border protocol between local authorities in Greater Manchester defining responsibilities for the provision of housing and care and support services when vulnerable people, including victims of domestic abuse, are transferred across local authority areas.

## PUBLIC AUTHORITY RESPONSES TO BME WOMEN VICTIMS OF VIOLENCE

- 5** Criminal justice and public authorities including the police have clear and defined legal duties under domestic and international law to protect victims of domestic abuse without discrimination on any ground, including race, colour, language, religion, migrant or refugee status, and effectively investigate reports of domestic abuse. However, the Lammy Review 2017 reported that 51% of people from BME backgrounds born in England and Wales believe that ‘the criminal justice system discriminates against particular groups and individuals.’<sup>8</sup> Such cultural and racial stereotyping by criminal justice authorities and statutory services has both a ‘chilling’ effect in terms of reporting violence and also an exclusionary effect in terms of impeding BME victims’ access to the services and support they need.
- 6** When BME women victims of domestic abuse finally disclose the abuse they are suffering, they are much more likely to talk to a friend or family member than to disclose abuse to the police or another official. This is clearly linked to feelings of mistrust of the police and criminal justice agencies and a fear that public authorities will not respond to their requests for assistance, either because of discrimination or because they fail to understand their needs. This is supported by the fact that 89% of BME women victims prefer receiving support from a BME VAW support service than from statutory services where they often feel misunderstood or judged.<sup>9</sup> BME-dedicated VAW services therefore 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.
- 7** Sisters For Change work with BME VAW support services evidences two additional significant concerns regarding the response by public authorities to reports of domestic abuse by BME women:
- (i) Public authorities, including the police, health and social services, demonstrate gender and racial stereotyping and discrimination in their responses to BME victims of violence, routinely failing to identify indicators of coercive control and sexual exploitation and regularly failing to accurately assess the care and support needs of BME women and girl victims of violence. Reports by BME women of marital rape are not being investigated properly and cultural prejudice is resulting in the humiliation and criminalisation of BME women.<sup>10</sup>
- (ii) Sisters For Change has documented multiple cases where BME women victims of domestic abuse have been threatened by social workers that if they do not leave their abusive partners and move away from the locality where they and their families are living, their children will be removed and placed in care.<sup>11</sup> BME VAW service providers believe there is a discriminatory and disproportionate response by social services to removing children from BME mothers. A 2017 report by Legal Action for Women supports this assessment, concluding that “while support for the mother who has been struggling to protect her children is not forthcoming, state intervention triggered by “safeguarding” powers is leading to more children being separated from their mothers and siblings.” Sisters For Change review of domestic abuse cases of BME women across England identified cases where children have been removed from BME mothers on the basis of (i) poor parenting skills, when in fact social services and child services were failing to take account of different cultural practices in relation to child rearing, and (ii) the BME mother’s failure to protect the children from domestic abuse.

For further information of any of the data or findings summarised here, please access the full reports available on our website, [www.sistersforchange.org.uk/global-law-reform-resource-hub/](http://www.sistersforchange.org.uk/global-law-reform-resource-hub/)

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<sup>8</sup> The Lammy Review, p6.

<sup>9</sup> Ravi Thiara & Samanta Roy, *Vital Statistics*, Imkaan, 2010

<sup>10</sup> Sisters For Change, *Unequal Regard, Unequal Protection. Public authority responses to violence against BME women in England*, November 2017, chapter 6.

<sup>11</sup> *Ibid.*, pp.57-59; Sisters For Change, *Unequal Regard, Unequal Protection 2. Spotlight on Manchester*, June 2019, chapter 4.