



Safer Pair of Hands:

Black and Minority Ethnic (BME)
specialist violence against
women work

'A Safer Pair of Hands' has been developed as a resource for projects funded through the National Lottery Community Fund's Women and Girls Initiative (WGI) to use in their influencing work with commissioners and policy makers and in conversations within the women's sector. It is the sixth public output produced as part of the Learning and Impact Services provided to projects funded through the WGI. The WGI was created by the Fund in 2016, in order to invest in services for women and girls across England. For more information visit the Women and Girls Initiative Learning and Impact Services web page.





This insights briefing was jointly written by the 11 group members of the Women and Girls Initiative (WGI) Black and Minority Ethnic (BME) Action Learning Set (ALS).¹ It draws on shared experiences of supporting women and girls and of funding and commissioning regimes and includes quotes from women supported by WGI-funded projects. It has long been recognised that BME women and girls have specific and additional needs which were not dealt with effectively by generic services – it was in recognition of this that the specialist organisations 'by and for' BME women emerged in the 1980s. Some of the members of the ALS have been developing their expertise for more than three decades, and that is reflected in this briefing. It has been well documented that the resourcing of, by and for, support services has not been equitable: a recent example from Imkaan (2018) being that the yearly income of 15 BME specialist services in London is less than that of a single mainstream Violence Against Women and Girls (VAWG) organisation.²

It is this context which means statements from funders that they are going to treat everyone equally are problematic: to do so ignores historical and current inequities, both for BME women and girls and the organisations that support them. Currently, most funding frameworks fail to recognise what is different and specific about the services provided by BME VAWG organisations: treating everyone the same presumes that all groups have similar starting points: that it is a level playing field. This insights briefing argues that this is not the case, that to be equitable requires recognising this, and that to do so will ensure that frameworks and decisions can be more informed. We make a strong argument for the distinctive work of BME women's organisations: their expertise and ethos, that they were the founders of the 'wrap around', holistic support which WGI sought to promote and expand. They have developed a practice which involves working with the whole person, their practical, social and emotional needs, from a place of solidarity and mutual recognition – they are BME led for BME women and girls. We argue that this specialist provision is a vital part of the VAWG sector and that commissioners and funders and the wider VAWG sector should want to sustain them into the future.

¹ An Action learning set is a structured method for small groups to work together exploring complicated issues by meeting regularly to create knowledge. In this case it was the WGI funded groups who work primarily with BME women.

² *From Survival to Sustainability* [https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf]



Current climate and specific challenges

BME women's organisations are facing similar challenges to much of the VAWG sector which affects their ability to meet the needs of women and children. However, research has also shown that austerity and commissioning regimes have had disproportionate effects on BME women's groups (Imkaan, 2016, 2018), which means that sustainability has had to take precedence over development. WGI offered a rare opportunity of funding that enabled new services, and/or ways of offering support to be provided, growth rather than running to stand still. Alongside this the 'hostile environment' has had specific impacts on BME women, which in turn increases the pressure on the groups that support them. The 'hostile environment' refers to a series of government interventions designed to reflect a tougher stand on immigration, resulting in strengthened internal and external border controls, an accentuated threat of being picked up by immigration enforcement vans, and the requirement of a range of public and private agencies to be involved in immigration checks, including the police, social care and private landlords.³

It is this which leads BME women's organisations to talk about their work as 'case work plus, plus, plus': that the women they are supporting have layers of issues and needs including: immigration status; racist harassment and abuse of themselves and their children; poverty; and for some destitution. Each and all of these have to be attended to if they are to have more control over their lives. These challenges are rarely dealt with in the round by other VAWG services, resulting in what some describe as 'dumping': when women's situations are more complex, they are referred out to smaller and less well funded BME specialist organisations. In addition, several members of the ALS reported recent experiences of what they perceived as disproportionate scrutiny by public bodies, especially when they had tried to hold these same bodies to account with respect to discrimination and racism.

Specialist BME provision is increasingly in tension with the current preference by commissioners for mainstreaming: folding all VAWG provision into a single tender. Generic organisations are more and more claiming that they meet the needs of BME women in such bids yet have no or a limited track record of doing so. The members of the ALS disputed such claims, since generic organisations in their areas invariably referred no recourse to public funds cases to them. Another strategy of generic organisations has been to approach BME specialist organisations to be part of consortium bids, but here their expertise is rarely respected, and the resources for 'case work plus, plus, plus' are not factored into the costings. This is an important issue for larger mainstream VAWG organisations. Current funding frames, therefore, fail to recognise the complex realities of BME women's lives.

³ To read more about the impact of the hostile environment, particularly on BME women, see Dhaliwal, S. (2015) 'What do women think? A view from Ealing/Hounslow' published on Mapping Immigration Controversy site and available at: <https://mappingimmigrationcontroversy.com/2015/03/01/what-do-women-think-a-view-from-ealinghounslow/>



What is specialist about BME women's organisations?

BME women's organisations have a fifty year history in the UK (Bryan et al, 2018; Gunaratnam, 2014). There is a substantial evidence base documenting their work, principles, policy interventions and ethos (Amos et al, 1984; Gupta, 2003; Imkaan, 2016, 2017, 2018; Rehman et al, 2016; Southall Black Sisters, 1990; Sudbury, 1998). This section identifies the key features that make BME women's organisations 'specialist'.

By and for

Firstly, they are led by BME women, who understand and operate at the intersection of racism and sexism, challenging this in wider society and within their own communities. They know the issues from within and have learnt to navigate power relations in their own communities. They are acutely aware of the persistent negative stereotypes of minoritised women, of the media narratives that limit women's confidence in seeking help.

Intersectional ethos

Secondly, BME women's organisations work from a specific ethos and value base reflected in the terms: empowerment, secular, inclusive, and rights-based. This intersectional framework is also a methodology for practice, which begins from the understanding and support for the whole person, drawing on experiential knowledge and skills within a black feminist perspective.⁴ BME women's organisations have built cultures of belief within minority communities, enabling women to find their voice, offering support for all the concerns and experiences that trouble them: for many their experiences of racist abuse are connected to their experiences of gender-based violence. This is achieved through relational support within spaces that create a sense of belonging, which in turn creates the trust within which women can speak about violence and abuse, as illustrated by the following quotes from service users at the Angelou Centre.

“ Angelou centre staff are like my sisters. I can trust you all and I know you will listen to me and believe me and help me. I don't have any sisters in the UK but I found many at The Angelou Centre, you understand my pain.”

⁴ See reading list at the end for resources on this.



“ Angelou Centre is my family, I come here every day and just want to do anything I can to help other women now I am stronger and safe - after all our abuse my child is having racism at school and he couldn't tell me - but he has his own worker and she is talking to the school and making it better.”

Solidarity networks

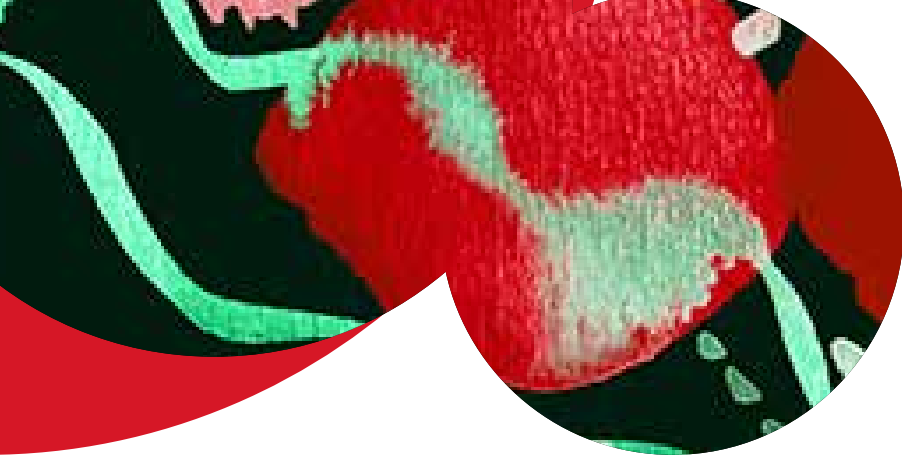
Finally, solidarity networks, both between BME women's organisations, and for women who have been isolated in dealing with violence, is an important aspect of this work. BME women's organisations do not operate in isolation, they believe firmly in bridge building and sharing good practice: they are located within the VAWG sector and within VAWG networks, policy and practice forums and they seek to influence and improve the responses of the sector as a whole. That said, their insight and expertise is often marginal to, and marginalised within, mainstream forums.

This ALS makes a distinction between the specialist BME VAWG sector and community organisations which lack an analysis of gender and power. Whilst there is a range here, many community-based organisations have much looser, informal structures and work with both men and women. They may have more credibility and recognition within specific communities, but many lack skills, and are unaware of, the complex issues involved in working safely on violence against women and children which BME women's organisations have built over decades.

What is different for the women seeking support?

Many minoritised women have either not sought support as they do not feel confident in the response they will get, or they have sought support but it has not met their needs. The following quotes reflect the frustration they experience where support is not forthcoming or does not reflect their needs.

“ I've lost my children now – I come here and meet women who get your help earlier and I know if I'd have had your support I would still have my children. I am grateful that you are helping me fight for more contact – in court no one talked about my abuse – I was afraid to talk about it as I thought it would make things worse – but instead it meant my husband could abuse me more there.”



“ You are the first woman who understood me and didn’t blame me for my situation. I spoke with many women and my friends and they all blamed me, but when I told you my story you didn’t blame me once. You understood me straight away and you stood by me and are fighting with me.”

They are, therefore, looking for the ‘right’ support, a service where they feel recognised, within spaces where they are welcomed and can feel at ease. Group members recounted how their service users report being asked in other organisations if they speak English when they have been born in the UK, being treated with ‘frosty harshness’ and being asked to provide proof of abuse. Knowing that you are not going to be stereotyped, exoticised or subject to racism is a form of safety, which leads to a sense that they will be believed within spaces where they can recognise themselves: they belong within the organisation. Validation is relational, so being in an environment where there are other women like you can amplify the sense that you are ‘not the only one’.

Holistic working

BME women rarely come with a single issue: holistic working means taking into account the whole person, whose experiences of violence and abuse may span childhood and adulthood and include experiences of racism, insecurity and poverty. They may face the threat of violence from multiple perpetrators and have profound concerns about confidentiality as a result. BME women’s organisations recognise and respond to these needs and concerns. Some of this is enabling women to challenge traditional ideas within communities about what they should do, strengthening their resolve not to return to abusive relationships within families or intimate relationships, and generating belief in sustainable futures. Specialist BME VAWG organisations have also developed specific expertise in relation to immigration issues, which are increasingly complex to negotiate: getting it wrong can leave women and children facing destitution and/or deportation.

BME women and children can use the space and activities to build trusting relationships with other women and children and also benefit from a sense of solidarity. We must not forget that BME women’s organisations are also spaces for relaxation, fun and enjoyment.



Distinct experiences

Whilst BME women's organisations are supporting women with distinct issues, they also recognise the need to simultaneously take account of culture. Culture is sometimes used as a barrier to speaking out and culture as sometimes used as justification for further violence: they try to navigate this contested territory without falling into the trap of culturalising particular forms of VAWG. The abuse and violence that BME women are subjected to is part of the continuum of VAWG, it takes place within the same gender order that enables and enforces VAWG in general. At the same time, there are specificities which entrap and give specific meanings to violence. Being subject to immigration controls, for instance, can change every single aspect of the experience of VAWG and of help-seeking - from being able to invest in being in the UK in case they are sent back, the additional costs of accessing their rights (legal fees, visa costs), and the ongoing threat of criminalisation.

The workers in the ALS have direct and long-standing experience of the barriers many BME women report in accessing support: this is not just about language and interpreting needs, but that they have less confidence that they will be seen or heard. They may not have knowledge of their rights or have a limited sense of entitlement to them, and indeed many actually have less rights (as trafficked women, women with no recourse, or women on spousal visas). Women may also have already been subject to either under-intervention or over-intervention by statutory agencies. This means that often their starting points are different, that they are coping with a wider range of experiences: support, therefore, reaches greater depths across multiple layers including loss, generational histories of trauma, transnational dislocations, destitution and racialised stigma. This is why the work is always violence plus, plus, plus and why it requires more time, over the medium and long term. That said, this kind of empowerment, rights-based advocacy work is often able to achieve multiple outcomes at the same time, as illustrated by this woman, for whom the holistic approach led to a police report, a push back against cultural restrictions whilst planting the seed for sustained change.

“ My worker understood how to explain sexual abuse to me and the system of reporting – I would not have told the police before... she told me my rights when the police didn't – and explained the court process – even if it doesn't go to court I feel stronger to have told my story – it might help another woman from my culture to know, and I am now training to teach others to get help.”



What is distinct about advocacy at BME women's organisations?

The organisations that were part of this ALS came from different regions of England, their locations and contexts were diverse, and this has implications for how they do what they do. Groups from the north of England, for example, stressed how few BME professionals there are in statutory services and not much more in the wider VAWG sector.

The complex and multi-dimensional range of BME women's needs means BME women's organisations are often facing many directions at the same time, providing what the group termed 'intersectional advocacy': a practice which addresses the multiple ways that gender, race and class play out in everyday lives. BME women's organisations are always doing more than they are funded for, going the extra miles, but there is little recognition of the costs involved in challenging bias and discrimination. They frequently need to hold women for longer in order for their needs to be met: creating financial security can be a huge challenge in no recourse cases, as can finding accommodation where women and children feel and are safe.

The simple fact is that BME women's organisations have to work wider, deeper, longer because that much more is required for BME women to gain independence and autonomy. It takes longer to build trust when women have previously experienced racism in accessing other services, for others they have been displaced and need support to establish new networks. This can be as true for young women born in the UK as for women subject to immigration controls. Intersectional advocacy begins from recognising the overarching context of discrimination: that it requires more work, and deeper, specific knowledge, to ensure BME women can access their rights and entitlements.

What is intersectional advocacy?

- Recognising the overlapping issues of oppression, discrimination and social identity in each woman's life
- Being open to exploring how these have played out in her life, the layers of abuse and violence she has encountered – working with current issues and historic legacies
- Understanding the complexities of family and community for women, and how this may make certain forms of action more difficult to take
- The importance of voice – finding, using and centring it
- Creating spaces in which BME women feel recognised, within which they can belong
- Challenging other organisations to recognise this complexity, to not offer options which are inappropriate for BME women
- Recognising who is not using services and finding routes to reach out



Key lessons and learnings

Too often funding frameworks fail to recognise the specificity of what women's organisations do, and in the case of BME specialist organisations, their limited capacity due to decades of under-funding.

What BME women's organisations value as 'evidence' of their work contrasts with the unrealistic, especially for small organisations, volume of quantitative data required by funders/commissioners. Too often outputs and outcome frameworks are not connected to women's lives and lack the depth that would document the changes women have been enabled to make. The emphasis on quantity, targets, numbers allow limited space for the model of wrap around, holistic support outlined here. A simplistic 'value for money' framework has led to an emphasis on volume and short-term changes, neither of which make sense in terms of the reality of many women's lives. There should be more of interest in change that is meaningful for women and which is sustainable over time.

We also wonder what the usefulness is of asking about service user 'satisfaction', since the available tools rarely specify what women are being asked to reflect on: is it that day, the overall response they have received, the stage of their journey, the direction their life is taking? There are methods more suited to BME women's lives, such as oral history and other reflection-based approaches that create a framework for women and girls' participation in their own representation.

The public sector Equality Duty offers a basis for the development of intersectional equality impact assessments to inform commissioning.⁵ Such an approach would ensure that funding frameworks and decisions do not, however unintentionally, discriminate against smaller specialist BME women's organisations and the model of support they have built over decades.

⁵ This duty places a responsibility on public bodies to eliminate discrimination, advance equality of opportunity and foster good relations. The duty applies to all nine areas of discrimination listed in the Equality Act 2010.



Moving forward

The members of the ALS concluded that BME women's organisations are 'A Safer Pair of Hands' in meeting the needs of women and children who have experienced violence and abuse. The following would support the unique contribution these organisations make.

- A requirement in tenders for applicants to document the overall ethos and values of organisations, alongside a clear track record and history which demonstrates knowledge and expertise in supporting BME women and children, including recognising how 'by and for' is part of what creates access for under-served groups and enables belonging, finding a voice and empowerment.
- Systems of monitoring and commissioning to include women's voices, their sense of what they have learnt or what has changed in their lives: evidence of impact needs to be meaningful in the lives of those it relates to. This might include visiting organisations and meeting the women they support.
- There is a need for principles for partnership working based on ethics, an equity in partnership arrangements within the VAWG sector. BME women's groups are often positioned as junior partners, and their knowledge and expertise rarely recognised or foregrounded. Nurturing and sustaining partnerships involves work, commitment and resources.
- Investment in research on BME women's experiences of violence and of effective and ineffective models of working with them.
- Building an evidence base on the needs of young black women and black children, which is currently a knowledge gap.



Contributors

This insights briefing was drawn together by Liz Kelly and Sukhwant Dhaliwal, (CWASU), based on the conversations within the BME Action Learning Set (ALS), which met during 2018 and 2019.

ALS members were:

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Ashiana Network (www.ashiana.org.uk)

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Hibiscus (hibiscusinitiatives.org.uk)

Latin American Women's Aid (lawadv.org.uk/en)

London Black Women's Project (www.lbwp.online)

Savera (www.saverauk.co.uk)

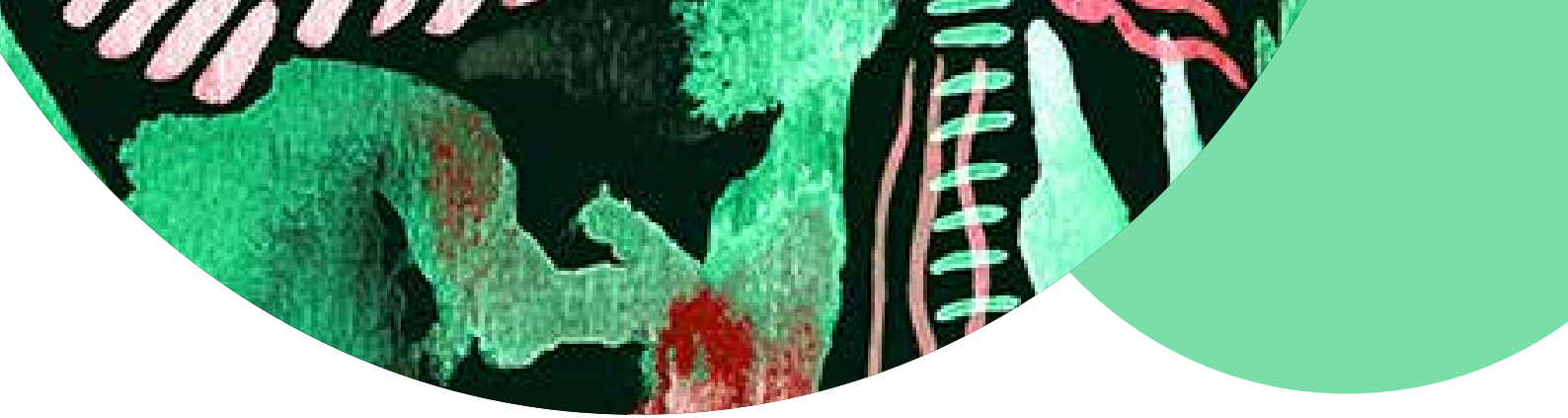
Saheli (saheli.org.uk)

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Key resources on black feminism and the BME specialist VAWG sector

- Amos, v., Lewis, G., Mama, A. and Parmar, P. (eds.) (1984) 'Many Voices, One Chant: Black Feminist Perspectives', *Feminist Review Special Issue*, Volume 17, Issue 1
- Anitha, S. and Dhaliwal, S. (2019) 'Traversing Gender, Race, Class and Religion: South Asian Feminisms in Britain' in *Economic and Political Weekly*, Vol. 54, Issue 17, pp. 37 – 45. [www.epw.in/journal/2019/17/review-womens-studies/south-asian-feminisms-britain.html]
- Bryan, B., Dadzie, S. and Scafe, S. (eds.) (2018) *Heart of the Race: Black Women's Lives in Britain*, London: Verso Books
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- Gupta, R. (ed.) (2003) *From Homebreakers to Jailbreakers: Southall Black Sisters*, London: Zed Books
- hooks, b. (2000) *Feminist Theory: From Margin to Center*, Boston: South End Press
- hooks, b. (2015) *Feminism is for Everybody: Passionate Politics*, London: Routledge
- Imkaan (2016) *Capital losses: the state of the specialist BME ending violence against women sector in London* [drive.google.com/file/d/0B_MKSoEcCvQwdjJXQm5GVDBlSmM/view]
- Imkaan (2017) *Safe pathways? Exploring an intersectional approach to addressing violence against women and girls* [www.sistersforchange.org.uk/wp-content/uploads/2019/03/93-Safe-Pathways.pdf]



Imkaan (2018) *From Survival to sustainability*

[docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf]

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Rehman, Y., Kelly, L. and Siddiqui, H. (2013) *Moving in the Shadows: Violence in the Lives of Minority Women and Children*, London: Routledge

Southall Black Sisters (2000) *Against the Grain: A Celebration of Survival and Struggle*, London: SBS

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Wilson, A. (1978) *Finding a Voice*, London: Virago

Wilson, A. (2006) *Dreams, Questions, Struggles: South Asian Women in Britain*, London: Pluto Press