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'The disparity is evident': Covid-19, Violence against Women and Support for Black and Minoritised Survivors

Introduction
The COVID-19 pandemic, which began in early 2020, with the first lockdown occurring in the UK on 23 March 2020, has had a devastating impact around the world, disrupting health, social and economic structures and creating political crisis for governments. Its wide-ranging ramifications go far beyond health. In the UK, the disproportionate impact on women and on Black and minoritised groups has highlighted the gendered and racialised nature of the pandemic where structural inequality has reproduced disproportionately across diverse communities, illuminating and exacerbating pre-existing gendered and racialised inequalities (Author’s own 2020; IPPR and Runnymede Trust 2020; Murray 2020). Barriers in access to health, housing, insecure employment, poverty, cuts to government support, and greater share of caring responsibilities became much more marked for Black and minoritised women particularly where racialised socio-economic inequality intersects with gender, race and disability (Women’s Budget Group 2020). The 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, now widely documented (Authors’ Own 2020; Kaukinen 2020; Mahase and Borah 2020; Safelives 2020; Women’s Aid 2020; Women’s Budget Group 2020). Early warnings from those working to eradicate violence against women and girls (VAWG) about the very real risks of lockdown became a reality as increased reports of violence-abuse and femicide began to emerge in the media (see Women’s Aid 2020; UN Women 2020; Harrison et al 2020). Although the pandemic context was an unknown, knowing that natural disasters result in a heightening of violence against women lent greater veracity to these concerns (see International Rescue Committee 2019).

For Black and minoritised survivors, widely noted to be disproportionately affected at multiple interlocking levels, both home and the wider structural context constitute sites of violence, constantly requiring navigation of safety within homes, public and online spaces and wider systems that re/produce violence (Imkaan and EVAW 2016). Additionally, during the pandemic, public debate about the origins of COVID-19 was instrumentalised and resulted in the scapegoating and vilification of communities of South East Asian and Asian origin (Human Rights Watch 2020), leading to both discursive and physical violence. The effects of such violence were reported by Black and minoritised organisations as they sought to support survivors of violence who were housed in white areas and subjected to abuse in public spaces, which included women being shouted at and punched (Sheil 2020). This was part of Black and minoritised communities being singled out and blamed for local lockdowns. This paper draws on research conducted during 2020 with Black and minoritised organisations about the challenges they encountered during the pandemic. It explores the ways in which survivors experienced and responded to expanded forms of abuse, the ways in which organisations reshaped their provision and the responses they and women received from mainstream service providers and the greater levels of intersectional advocacy that were required.

Method
The data on which this article draws was generated from research using a mixed method approach, more specifically an online survey, an online group discussion and one-to-one interviews. A survey was administered to Black and minoritised organisations and aimed to capture the ways in which frontline staff and managers were experiencing the pandemic, how they were reshaping support provision, the challenges they were encountering, and developing any innovation that could be shared across the sector. The survey incorporated both closed questions, not reported here, and open-ended questions to enable respondents to elaborate on their own perspectives about the changes wrought in support provision by the pandemic and changes in their work conditions and support available to them. The survey was completed by five organisations with respondents providing detailed responses to the open-ended questions. The survey was followed up with a focus group discussion with six managers and eight one-to-one interviews with a range of frontline staff, therapists and managers that were aimed at exploring in further detail some of the issues highlighted in the survey. Conversations focused on the demand for their services, the nature of referrals being received, ways in which support work was being experienced by staff and women, the challenges and innovations of remote support, the ways in which risk assessment and safety planning was being undertaken, the impact of COVID-19 and lockdown on women and children and how abuse was being experienced, the response to women from mainstream provision and the nature of advocacy and support being provided to women. The value of the group discussion was not only in generating detailed and rich data but in providing a space for staff to air and share their experiences, concerns and innovations with each other.

Data from the survey open-ended responses, the group discussion and one-to-one interviews was brought together to identify issues-themes related to the experiences of Black and minoritised organisations and staff during the pandemic. A reading and re-reading of the data was done by two of the authors and the issue-themes synthesised at two points, enabling a more comprehensive analysis. The findings provide nuanced insight into the challenges encountered by organisations, internally and externally, and the ways in which support had to be offered during a time when many marginalised survivors encountered greater obstacles to safety and support.

**Findings and Discussion**

The following section presents the key issues-themes that emerged from the analysis of the qualitative data.

**Starting from a place of inequality**

*Unlike white-led VAWG or women’s services we don’t have the same sizeable venues or buildings. Most of us, due to the lack of funding and years of under resourcing, have unsuitable premises or smaller premises so this affects how we phase back staff onsite and work with women effectively in terms of social distancing.*

The VAWG sector faced challenging times under austerity measures even before the pandemic began. The service provision landscape was significantly altered away from social justice and rights-based feminist responses to women and girls to a gender-neutral generic ‘one size fits all’ model. The unequal impact of funding structures that maintain inequity resulted in Black and minoritised organisations being positioned unequally as a consequence of decades of systematic dis-investment. This history of under-resourcing has been widely
highlighted (Imkaan 2018), with the funding shortfall estimated to be 39% at the start of the first COVID-19 lockdown in March 2020 (Sheil 2020a). Black and minoritised organisations were found to be six times less likely to obtain funding compared to generic VAWG organisations (Sheil 2020a). This unequal starting point had significant ramifications from the outset of the pandemic and are likely to continue in the pandemic recovery context. Whilst concerted lobbying by the VAWG sector in response to Government failure to include VAWG as an immediate priority in COVID-19 planning led to much needed emergency funding, concern remains about the short-term nature of these funds and the likelihood that this will impact more negatively on Black and minoritised organisations, as noted by Rosa (2021): ‘Post-pandemic, if that level of funding isn’t sustained, we’re going to see more and more BME women’s grassroots organisations fall to the wayside. They won’t be able to sustain their staff that they have now just about recruited during the pandemic.’

Black and minoritised organisations operated within this wider context of inequity when the pandemic began. Although things were reportedly slow in the initial weeks of the first lockdown, demand for services soon increased significantly (Cortis et al 2021; SafeLives 2020; Sheil 2020b). This was reported to be as much as 300%, with over 60% of these referrals coming from local authorities which were unable to support Black and minoritised women because of their migration status, language, the perceived complexity of cases given their intersectional nature, and other institutional barriers and discrimination that prevented safe access (Sheil 2020b). Further, 75% of women in need of refuge bed spaces were unable to be safely accommodated because refuges were full. Staff carried increased caseloads because they were unable to close complex cases in an online environment. Requests for information from community members about available support also increased. Notable for Black and minoritised organisations was the increase in no recourse to public funds (NRPF) cases, reported to be an eight-fold increase (Sheil 2020b). The Government’s failure to offer legal protection by amending the Domestic Abuse Bill and to ratify the Istanbul Convention means that migrant women will continue to depend on such organisations as their only route to support and survival (Patel 2021). The implications for staff workload are obvious given the greater intensity of support required and complexity of NRPF cases, which even fewer mainstream organisations were willing to support during the pandemic. In the face of challenges in mainstream agency responses, Black and minoritised-led organisations reported being left to bear the brunt of increased and complex cases.

**Provision of greater intersectional advocacy**

Discriminatory systemic responses from statutory agencies and mainstream VAWG services to Black and minoritised survivors who face intersectional discrimination have been consistently highlighted and underline the importance of intersectional advocacy provided by Black and minoritised organisations (CWASU 2019). While all health and social services were under pressure during the pandemic, the challenges of delivering VAWG support in a context of structural inequality were amplified and staff repeatedly highlighted the need to deal with poor or non-responses from key statutory agencies, which instrumentalised the lack of resource during the COVID-19 context to justify inaction. Discrimination in mainstream responses resulted in greater staff time spent with each survivor because of the increased need for intersectional advocacy, required to navigate the barriers and complexities encountered by survivors. This was especially the case with migrant women, acutely impacted by the pandemic, who bore the brunt of such discriminatory responses, described to be
‘appalling’ at times. Such intense work required by complex cases had to be done without the benefit of additional funding, which larger mainstream organisations were able to secure earlier in the pandemic. Black and minoritised organisations also reported cases being re-referred to them by mainstream providers in the absence of additional resources to fund the specialist advice and advocacy, illustrating how they themselves were subject to institutional discrimination from within the VAWG sector itself.

Poor responses overall from statutory services were highlighted - ‘they don’t reply to emails, there’s been extended delays’ – which meant that some, such as the police, were reported to increase their referrals to Black and minoritised organisations – ‘they have become very reliant on us ... to the point where they don’t know where else to refer the women’. Betraying a lack of understanding about women’s situations during the pandemic, housing workers were said to insist on seeing women alongside their support workers:

If we are ringing for updates, they are putting their foot down and saying, ‘no, we need the person there’... Housing officers are being really difficult, so staff have actually had to go out cos’ women are getting stressed that their housing isn’t moving along, so they are having to go out and have these conversations and passing the phone to the service user so they can verify things, putting them on loud speakers, so that they can have a three-way conversation.

Housing issues meant women stayed longer in refuges and those leaving during the lockdowns could not secure spaces in specialist refuges; as noted earlier, three-quarters could not be safely accommodated (Sheil 2020a). Social services resorted to punitive responses, using the argument of inadequate resources to relinquish responsibility, especially for those with insecure immigration status who had children.

I almost feel like its regressed... that really punitive approach to families is back on the agenda... ... I’ve heard lead social workers saying ... there is no money ... we’ve had to go straight to the legal challenge whereas normally we would have negotiated before it got to that stage on most cases.

Particular difficulties were reported with social services in cases of older teenagers where issues of ‘honour’-based violence were involved, which betrayed a lack of understanding about risk and safety:

They feel that just because they will be turning 18 soon why should they provide them a space or whatever help they need... they were like we can’t provide a place to everyone that wants to move out of their parent’s home, they have to figure out a way of living within their family house. I said no it’s a case of honour-based violence, so how can you neglect these things that can escalate within the family, but they said no.

Women with NRPF were at higher risk of escalating violence and destitution but found themselves denied help during the pandemic, even by mainstream VAWG services, exacerbating their already precarious pre-COVID situations: ‘the excuse you get is that ‘we have other women who have been referred before’ or ‘we’ve just filled the space’... in some cases, they have blatantly said we are not taking a no recourse case’. Challenges in conducting
immigration work, which requires face-to-face contact with solicitors, were also noted and took time to resolve during the pandemic. Cancelled or delayed court hearings, including for immigration and child contact, had a negative impact and increased women’s anxiety and stress levels and necessitated greater emotional support. Black and minoritised organisations also had to provide interpreting in the face of difficulties in accessing external interpreters, something used by perpetrators’ solicitors to exert pressure on women to provide statements at short notice - ‘this inflexibility was using the context as an excuse to be unfairly taxing’. All of these issues required greater levels of advocacy from staff during the pandemic period.

Furthermore, the failure to consider issues of access and inclusion in Government COVID-related communications meant that staff had to interpret information delivered through press briefings, NHS letters, and news channels as an added part of case-based support. Schemes such as ‘Ask Angela’, where women were encouraged to use local pharmacies and supermarkets as a gateway to specialist support, failed to consider translation or other issues linked to accessibility. Unsurprisingly, these situations created significant stress for survivors who needed access to timely support and added further pressure on an already under-resourced sector, reflecting how inequalities within VAWG provision have become more entrenched during the pandemic.

*Perpetrators became emboldened*

That COVID-19 and successive lockdowns created a conducive context for abusers to intensify their control and abuse over women and children, knowing that it would be harder for women to seek support, has been widely highlighted (Imkaan 2020; Women’s Aid 2020). Indeed, Women’s Aid noted that two-thirds of those experiencing abuse reported that their abuser had started using lockdown restrictions and COVID-19 as part of the abuse (Women’s Aid, 2020). In our research, women told services about increased scrutiny and intensified abuse from partners and sometimes family members, whilst facing a narrowing of help routes.

> Her husband was getting more aggressive, more so in front of their children. He has to work from home. There are four children at home and they have their schooling in the next room. When it was break time, her husband would swear. This escalated to him shouting at her, then banging, then throwing things at her.

Greater control and surveillance by perpetrators over wider aspects of daily life was reported, including eating, going to the bathroom, what women and children watched on TV, when and if they went out, the activities children engaged in, and when they went to bed. Concern was raised especially about children, with abuse of children and children-linked abuse of women widely reported. Particular issues facing young people were also highlighted, including those that shared accommodation with their peers.

> The increase of perpetration includes things we don’t naturally think of. For example, in thinking about domestic violence... young people also share flats. The flatmates they have known for years are... committing sexual assault, behaving inappropriately. The initial lockdown was bringing in different women.

Sexual violence, abuse by extended family members, and higher levels of verbal abuse were also highlighted. An intensification in all forms of abuse was accompanied by an actual-
perceived constriction in help routes, with fear and anxiety created by the pandemic about what lay outside of the home leading women to remain in abusive contexts. This was reflected in women presenting to support services at a point of serious and escalating violence.

**Impact on women’s mental wellbeing – responding to greater complexity**

Experiences of anxiety, depression and self-harming behaviours, as well as suicide ideation and attempted suicide, were reported to have increased significantly during the pandemic among women no longer able to socially connect with others and draw on support networks within Black and minoritised organisations. It was noted that ‘women are thinking about suicide a lot more. They are taking overdoses, trying to commit suicide in larger numbers’. It was further observed that:

> There is more depression. They can’t sleep because they feel depressed...They can’t come to the Centre, they can’t see other women... They have no family, the Centre is family to them. They used to do regular activities and they miss this a lot... Many only have each other.

Women were also reported to be experiencing heightened stress, panic attacks, and anger connected to the COVID-19 context and felt terrified to go outside even for shopping. Fear and anxiety linked to COVID-19 exacerbated women’s prior traumas and led to those supported in the past returning for support. Intersectional disadvantage resulted in Black and minoritised women experiencing things more acutely.

> Women are left not only with the trauma of the domestic abuse but with the increasing trauma of feeling isolated without any support, as well as dealing with the day to day challenges within the family context such as parenting, financial issues and uncertainty.

> We are seeing a lot more clients with more psychotic and advanced mental health challenges. We have seen a change in the complexity of issues women are presenting.

Older women and disabled women faced greater social isolation and other challenges and some living with children were reported to have been subjected to abuse from their children. Longstanding concerns about inadequate recognition and investment in mental health support within Black and minoritised organisations took on an added dimension in the face of increased demand and need for therapeutic support to manage the cumulative trauma and mental ill-health re/produced during the pandemic period.

Thus, support required during the pandemic differed as it gave rise to additional issues, which also reflect socio-economic factors that have a disproportionate impact on Black and minoritised survivors. Black and minoritised organisations supported 43,255 women at the start of lockdown and 40% of these fell into the category of destitution, caused by socio-economic factors, insecure immigration status and by precarious employment (Sheil 2020a:9). Those in contact with organisations were said to be doing so at a crisis point and at higher risk levels, with some being thrown out by perpetrators during lockdown with the threat of deportation. These combined factors resulted in women contacting services when things ‘got really bad’.
Women are not getting support and they are not able to wander into our centres and get reassurance, all they can do is call when they feel like they are at a point when they are going to be at serious risk of harm or death.

Intensified abuse and a constriction in help routes compounded trauma and resulted in greater referrals for higher levels of mental health and wellbeing support, alongside safeguarding issues. Financial challenges and uncertainty about their future along a number of dimensions - work, immigration status, housing - further added to this, especially for women in refuges who required intense emotional support from staff with an increased (often doubled) caseload. Poverty and financial pressures further intensified on becoming unemployed for women who were the main breadwinners/sole parents and were left dependent on government support or destitute where food banks became a lifeline. Women with NRPF often had to start from scratch. The huge hike in the price of specialist foods such as daal, spices and flour created further difficulty for women.

Alongside the provision of support for mental wellbeing, Black and minoritised organisations also dealt with practical aspects of support, partly because statutory services had ‘disappeared’. This was said to be ‘causing endless stress we have not seen before, from even the most stable clients. Women are worried about finances, furlough, working at home, and all levels of fear connected to COVID-19’. Examples were provided of women not getting food packages or young women being placed in care and given no resources for several weeks: ‘We had to buy her clothes. We had to send food packages... Women have not been able to pay bills’. Staff working in refuges had to split roles so that some conducted support work with women whilst others took care of practical aspects such as preparing emergency packs.

**Reshaping services and rapid adaptation to deliver remote holistic support**

Unsurprisingly, the need to rapidly reshape services, usually delivered through face-to-face support in community located spaces, placed Black and minoritised organisations under tremendous pressure during the COVID-19 context. Modes of survivor-centred provision had to be rapidly adapted to create accessible, safe and trusted pathways for disclosure and engagement with support through remote working platforms. Disparity in capacity to reshape support provision was noted between Black and minoritised and generic VAWG organisations. It was also differentially experienced within the former, where bigger organisations were better placed to do this with reduced challenges than smaller ones.

Practically making sure that all the staff had laptops and all the digital technology they needed to get on with the work ... we only had four laptops in the organisation and only three people had mobile phones. So all of a sudden 21 members of staff needed everything and we couldn’t just do it immediately.... The flip side to that is women we are working with not having access to these things as well... so all those things had to be considered.

Whilst adapting to the new circumstances, great effort was made in maintaining engagement with women and in finding innovative ways to connect with those that were newly referred. Support was uniquely reshaped depending on capacity. Whilst some suspended group work, others continued through a virtual platform, enabling women to connect to both workers and
to each other. Recognising that the boundaries of such work were harder to manage online, others required more time to redesign and adapt face-to-face groupwork and training provision for an online setting. Among the adaptations made to support offered were: provision of extra support within the refuge after children had gone to sleep; extending helpline hours; increasing time spent on cases because of the extra time it took to assess risk with perpetrators, children or family members at home; increasing wrap-around support to women with NRPF to include basic practical help with living essentials; and allowing a longer period for disclosure.

A particular issue identified was the difficulty of assessing risk remotely without face-to-face contact, especially for new referrals, which made it harder to build trust, identify ‘red flags’ and to draw on non-verbal cues such as changes in appearance and weight. To address this, staff broadened the communication channels with each woman to include video calls where it was possible and safe to do so. Special codes, words and actions were also developed to signal risk and to respond. Safety planning was similarly impacted in the presence of abusers and children and staff had to assess if women had safe spaces to be supported, given the higher likelihood of them living in extended family households. Whilst they had a heightened need for support in such situations, careful thought had to be given to the potential risks this presented.

We have developed codes. For example, the word ‘sunshine’ will be used to mean that everything is fine. When women are saying it is cloudy, things are not fine. Another example is having to arrange a COVID-19 refuge so that we can work with women for days, so they know what escape looks like. Such as taking the baby out of the pram so that things would not look different when they leave. These are elaborate systems.

While remote support enabled greater accessibility for some survivors, and maintained a level of support, concerns remained about the accuracy and safety of remote risk assessment. This has implications for best practice as services move into pandemic recovery phase and work towards achieving some new normal in the longer term.

Even whilst organisations were reconfiguring support structures, women’s capacity to engage was reduced. Having children at home resulted in women sacrificing their own needs. Having a physical safe space in the home when all the family were in the house also created challenges, especially for those who lived in multi-generational households. Others lacked access to the necessary technology for remote-online support or had inadequate data, with a service reporting that a quarter of women supported by them lacked such means. In some cases, women had to be supplied with smart phones and an organisation had opened a welfare bank which included Tech support so that women could access tablets and other equipment. Some women suspended therapeutic support for a few weeks and then returned.

The impact of reshaped services on women was reported to be considerable, especially in the early days of lockdown. Disengagement by women who were used to face-to-face contact left staff concerned about their safety and wellbeing: ‘Women are used to meeting support workers, solicitors, counsellors face-to-face and the lack of face-to-face is a shock for women with no support in the country. They feel completely on their own’. The absence of such
contact and the general anxiety and uncertainty created by COVID-19 resulted in some returning to abusive contexts.

We are dealing with clients over the phone, when earlier on we used to send a volunteer to take client from A to B, take them to a refuge to settle them, but now that they are going on their own they feel very frustrated, unsure. They are crying because they don’t know what is happening. Because of COVID they can’t interact with other women in the refuge. They feel they were better off with the perpetrator, at least they had some kind of social interaction whereas now they are completely isolated.

Some who had considered leaving were reported to have remained so that organisations were supporting significant numbers who were living with their abusers. Older women, used to engaging in face-to-face group work rather than one-to-one counselling sessions, were especially disadvantaged by remote support – ‘Their emotional wellbeing is not at the same level as before COVID-19… women are refusing counselling… and I fear the impact on them’. Conversely, remote support created opportunities for some groups who found it hard to attend in-person support. Importantly, working under the pandemic made organisations think about how to offer a range of women support in the future, with some saying they would expand their ability to offer remote-online support, including enabling women to chat anonymously. Clearly, whilst remote means cannot replace the benefits of face-to-face support and advocacy for Black and minoritised women, digital platforms can be used creatively to reduce barriers for some women across some activities.

‘Therapy room in your home’ - Challenges of delivering online therapeutic support

On zoom, you have a set up time, this finishes and that’s it. If in the office, she will get tissues and a bit of time. It’s not the same by zoom, not when you compare having eye contact in the room and over zoom. In the room, you can see hands shaking, have eye contact, when you have no energy, and can’t move. You can see that.

Whilst all support had to be reshaped, the reframing of therapeutic support was particularly challenging and is likely to have continued repercussions for organisations. Therapeutic support was adapted in different ways with some offering more frequent meetings with counsellors through shortened sessions while others focused on particular aspects such as mindfulness, de-stressing and ‘presentness’. Recognition of the negative impact on the wellbeing of women sharing refuge spaces, who became confined to their rooms without any facilities, led some organisations to provide alternative methods of emotional support, such as information packs, distraction packs, a socially distanced walking group, socially distanced guidance meetings on Government updates, 24-hour mobile phone contact, alternative online training opportunities, and weekly risk assessments. In general, it took greater efforts to engage women with therapeutic work, though the virtual space still enabled women to see a therapist and access a level of connection and intimacy, despite on-going concerns about using video calls in the home for therapeutic support. Importantly, services reviewed policies on who would be accepted for remote counselling to enable them to work safely; this necessitated re-negotiating and re-contracting to ensure safety and privacy and agreeing measures during sessions (earphones, being alone in the room). Safety words were created in the event someone entered the room and the session had to be ended. Despite this,
concern still existed about women being overheard and affected the depth of the work that could be done.

The difficulties for women in receiving therapy in their homes and often in their bedrooms cannot be understated, something that caused deep concern. Women desperate for some level of support during lockdown were reluctant to highlight the impact of this to their counsellors.

*When she finished her session... she had been in her bedroom talking... Everything started coming back... She needs something to distract herself. In the room, she tries to lift her head up, but thoughts are going around... when she falls asleep... she wakes up with a headache. She has had five sessions, but last week she told the counsellor she did not want counselling. She did not explain why to the counsellor, she only told the counsellor about the headache.*

For some, containment work with women replaced more in-depth therapeutic practice in recognition of the need to help women safely manage emotions and anxiety that surface in response to complex trauma. The absence of ‘normal’ processes that surround the provision of therapeutic support, such as travel and the processing that occurs to and from sessions, were noted to have an impact on women. They were said to miss the space to ‘just sit’ within a safe place, something which itself can be therapeutic for women.

*We took it for granted that when we offer clients appointments they travelled 30 minutes – it prepared them... In a way it was grounding them and then again on their way home they were clearing their mind – offloading – some would go to the park or shopping after. That was their way of coping as it’s not easy sharing and disclosing trauma.*

Maintaining the engagement of new cases was highlighted. Building trust is one of the key aspects of opening up and sharing experiences of abuse and trauma, something noted to take at least three sessions in normal times. During the pandemic, staff working remotely had to spend considerable time developing trust and ‘preparing women for therapy’. Greater and additional support was also required in between sessions, with some women asking for resources to manage their anxiety. Providing support where the ‘therapy room was in their home’ required greater flexibility from services. They had to think about doing different activities with women during support sessions rather than deeper therapeutic work as women found it harder to ‘switch off’ when located in the home – *we had to agree on consistency of time keeping or asking them to prepare themselves mentally for the sessions some minutes before*. Maintaining boundaries was a challenge for both women and counsellors, as ‘both were in their own homes’.

*They might not be ready when we call, it’s difficult to get them seated in a private setting. I had a client who took the call from the solicitor during the session – it’s hard for them to say they are busy.*
Impact on staff wellbeing

There are staff who are going through difficult times in their personal life whilst providing support to vulnerable women.

Conducting any form of front-facing trauma-informed support encompasses a multitude of practical and safety considerations and the transition to working from home created a high level of anxiety for staff as a number of issues had to be negotiated. Clinical supervision for advocates and increased support for counsellors had to be put in place, where this was possible. The fact that Black and minoritised staff are impacted by similar structural inequalities as the survivors they support makes the issues facing Black and minoritised organisations more complex. Staff faced difficulties in balancing childcare, home-schooling and other caring and household demands as gender inequality was exacerbated; there was a disproportionate health impact of COVID-19 on themselves and their families; and they had to deal with job loss and financial insecurity within the family. This rested alongside the difficulties for some of creating a confidential and contained working space in a household where multiple generations resided. Not only were there greater demands in their work life, which often saw the doubling of caseloads, but they also had to contend with increased requests for general emotional support from friends and family networks. The lack of recognition of VAWG support providers as key workers by the Government during the first lockdown added to the frustration and anxiety for practitioners.

The additional pressures created by having to navigate the pandemic context whilst having to respond to exacerbated structural inequalities took a physical and emotional toll on staff working in a sector where vicarious trauma and burnout are common experiences. Staff spoke about finding it hard to switch off, feeling anxious about the welfare of those they were supporting and finding it increasingly difficult to create boundaries between work and home spaces. The absence of informal opportunities to share and discuss cases with colleagues face-to-face also removed an important and valued space for peer-support and connection between work colleagues.

The stress levels in staff have increased, which requires more checking-in with staff on mental health, as this has disconnected us as a team. Staff are finding it difficult to switch off. The boundaries between staff and client have been so casual – it’s hard to re-assert the boundaries as clients are in their own homes. The conversation is difficult and depends on the relationship with the client. I’m trying to manage the staff virtually. The impact of stress is transferring to everyone at all levels.

Senior managers were also less likely to consider their own wellbeing, have access to support or recognise this as a priority given the competing demands under the pandemic.

You are not sure if you are writing funding bids or managing the organisation and you’re trying to balance the mental health needs of the team and managers and trying to make sure that the PPE equipment is equitable... I have never felt this exhausted.

Similar pressures have been observed across all levels of the organisation, not least because of the tremendous additional efforts needed to plan, strategize and put measures in place to ensure organisational continuity during and after the crisis.
The rapid reshaping of support and effective engagement with survivors highlights the creativity and resilience of those working in Black and minoritised organisations and their commitment to keeping women and children safe under extraordinary circumstances. Throughout the pandemic, organisations remained committed to ensuring survivors were not turned away despite dealing with increased demand and operating in a much more complex and difficult environment. Staff worked flexible longer hours providing VAWG-related as well as a much broader range of everyday survival-related support. Great effort was made to reduce disruption to survivors and to keep them safe, within the wider limitations imposed, although the cost to staff working from home to provide support to traumatised women cannot be under-estimated.

Conclusion
While the COVID-19 pandemic impacted all VAWG services, this article explores the issues and challenges that confronted, and the innovations crafted by, Black and minoritised organisations which are uniquely located within the VAWG service landscape. The accounts offered here provide a nuanced insight into the ways in which services supporting some of the most marginalised in society had to reshape support provision to ensure safety during the pandemic. The article adds to existing literature on the impact of COVID-19 on DVA and other forms of abuse. It highlights the changes in the nature of abuse perpetrated, its impact on wellbeing and in the demand for support, and the barriers encountered in accessing mainstream provision during the pandemic.

It is evident that remote support and working from home constituted a radical departure from the ways in which support is offered and received in normal times. Undoubtedly, support work became more challenging and complex during the pandemic for a multitude of reasons. Support services had to rapidly reshape and shift to online platforms, a process that required great innovation and additional resources, something denied to Black and minoritised organisations through systematic under-investment over several decades. The intensity and complexity of support work undertaken included the need to step up intersectional advocacy to hold mainstream providers to account and ensure they responded adequately to the needs of Black and minoritised survivors. The increase in NRPF cases and the disproportionate load carried by Black and minoritised organisations for immigration support added even greater complexity to the support women required, further amplifying workloads. The provision of one-to-one and therapeutic support to survivors who face intersectional discrimination was considered even more challenging under the pandemic. Women’s access to support was constrained by a lack of technology and further issues were reported with ensuring privacy and safety whilst women lived at home with children and in multi-generational households.

Despite the numerous challenges encountered, staff maintained a level of service to ensure avenues for safety and support to survivors. However, there was also a cost to staff wellbeing in working from home to provide support to traumatised women. Staff had to increase their remit, deal with heightened demand and increased workloads. Intersectional advocacy also became more intense and time consuming, occurring at a time when staff were adjusting to working from home and dealing with a gendered burden of care within their own families, without the usual support from their colleagues. Having to work longer hours from their homes and being unable to switch off, whilst offering remote support took its toll on staff
wellbeing, despite the effort of some organisations to put extra support in place. The pandemic created opportunities of access to some groups of survivors but also highlighted women’s discomfort with the lack of face-to-face contact. After almost 20 months, it is likely that some forms of remote support developed under the pandemic will continue for some groups. Whilst women have valued the support available to them, many Black and minoritised survivors who experience intense social isolation are likely to want to recover the sense of connection and support offered through face-to-face and peer group support. The ongoing repercussions of the pandemic on the lives of Black and minoritised survivors mean that it is even more vital that policy makers centre the needs of the most marginalised survivors within future VAWG planning.

This article largely draws on practitioner accounts and further research is needed to highlight the experiences of survivors during the pandemic through their accounts. This is of particular importance as services move out of lockdown and decisions are made about how support should be offered in the future. It would enable organisations to identify the barriers encountered and the opportunities created by remote modes of support.

References


