



Safe at Home in Scotland – Survivor Consultation

Migrant and Black & Minority Ethnic victims and survivors of domestic abuse

Throughout the *Safe at Home in Scotland* project, the additional challenges facing migrant and Black & Minority Ethnic (BME) survivors have been repeatedly raised by services. Many of these, such as No Recourse to Public Funds with its associated economic disadvantages and severely limited housing options, pre-exist COVID-19. But many have been compounded by the pandemic.

Between August and September 2020 we ran an online survey as part of *Safe at Home in Scotland*, consulting survivors on how they feel and what they need as we move into the 'new normal'. For both this survey and the larger survey we ran as part of *Whole Lives Scotland* earlier in 2020, the BME response rate was low. We recognise that, as a result, the voice of migrant and BME survivors is not adequately represented in the findings from these pieces of work. Following feedback from specialist services, we wanted to make a pro-active effort to engage some survivors from the BME and migrant community and try to address some of the barriers that may prevent them from contributing to an online consultation.

Shakti Women's Aid, a specialist domestic abuse service supporting BME and migrant victims, supported us to set up an online focus group through which we heard from five women about their experiences during COVID-19. Shakti also provided translation support for the session, however all attendees could speak English, so it was not required. We recognise that this means we did not hear from survivors who do not speak or speak limited English and we know this is a barrier to involvement in consultations and to accessing services.

Safety concerns and support needs

"I don't have any family or friends here. I'm basically on my own."

The women we spoke with told us about a high level of **isolation** which framed the other needs they discussed. Isolation as survivors of domestic abuse, with some having had to leave their homes, combined with the isolation of being migrant women living apart from family and friends and all sources of support. On top of this, lockdown brought a unique type of isolation for many, with corresponding **mental health impacts**.

"The mental impact of this is much bigger than anybody can or had thought unfortunately...It's the emotional impact and the lack of communication. We are humans. That's how we survive."

Whilst the pandemic has resulted in **health concerns** for many, one woman highlighted the higher death rate amongst BME communities which was a factor that added to health anxiety.

"A lot of black...what's it called? BME, Black and Minority Ethnic Groups, yeah, were catching the virus. So, I was really worried about myself. If I catch this virus, who will take care of my kids? I just feel cut off and helpless in this regard."

For some of the women who were very isolated, the anxiety related to health concerns was clear.

"I used to really be scared of even touching the envelope because that might bring in COVID you see? ...whenever I touch the handle, I used to be scared. I touched the mail, I was really scared, and along with taking care of your small child who's very innocent and they don't know what is happening around, and you know, for them controlling them is a big task. Ask them to wash hand again and again was a big task for me."

For the mothers in the group, there were also pressing anxieties about **childcare** if they became ill.

"What if anything happens to me? I have nobody. I have nothing, and my biggest fear would be that he will be automatically given back to his father...So, that remains a huge scary factor for me."

I struggle a lot in silence, but I try and find strength to keep going because I know the moment I fall, that's my child gone. I can't afford that. That's what I live for. It's the only thing I have."

With the lack of childcare came daily stresses such as trying to shop for food with young children during lockdown. Several women mentioned issues **accessing food**.

"I had to go shopping and you know, during the panic buying, everybody was buying, I had to go out there and struggle and then we took two young kids who you can't leave in the house. Some shops were not allowing bringing in kids. So, you have to find the shop which would let you take your kids in. So, it was really stressful."

Children's wellbeing was at the forefront of the minds of the mothers in the group. The effect of not being able to go to school or outside was huge for families.

"So, along with me, my son was also struggling. I could see that sadness in him being home all the time, no school, no friends, you know, and I was really scared to take him outside."

Concerns about the additional isolation brought by lockdown were especially strong for children whose lives had been disrupted by the homelessness process. The lack of support options and activities during the pandemic were a serious concern.

"So, at the time that all of this had happened, his dad had left home unexplained to him obviously. Then we lost our house, lost the car, he stopped going to nursery... All of that had stopped. All of that has been taken away from him. To add to it, he had no access to any of his toys, any of his books, his library, none of it. Everything that he'd known and loved, had any kind of attachment to, was lost."

Whilst the return to school was seen as a positive in terms of reducing isolation and bringing activities back into children's lives, it also intensified health concerns.

"I have no idea what to do because I can't again ask him to sit home...the best thing I can do is send him to school, but then again he's not safe. I'm really scared."

Safety concerns were clear for survivors for whom abuse had intensified during lockdown, for example due to the perpetrator being at home all the time or increased stalking behaviours. Others who had left the perpetrator still lived in fear of their return.

"My ex-partner is not even in Scotland anymore...However, his threat has always remained...He popped up out of nowhere without previous planning, without previous liaison with me knowing that I work."

It is also important to consider here that it is more common for women in some ethnic minority communities to live with extended family where there can be multiple perpetrators. We know that for survivors on lockdown with a perpetrator, there can be no respite. Finding space to seek support or report abuse is very difficult.

"So, with the pandemic, he was kind of furloughed and then he was here all the time and he was really unhappy about it. He was like a sort of caged animal or something, and I've got two young kids. One of them is a baby and he just was increasingly like difficult to live with, increasingly aggressive, increasingly violent more and more and more often. You know, everything you do is in the house. Like...and the only time I could talk to a support worker or anybody was if I could take me and the kids out of the house, and then of course the kids are there and they hear things and it's really complicated to be honest, to find a safe space to inform anybody of anything."

"...he would call my friends, reach out to them in [country], "[She]'s going crazy. She's given the police to me. Just speak to her." So, he would be calling my acquaintances as well. If he knows how to speak [my language], I guarantee 100% that he will speak to my family but he can't because he doesn't have the language."

It was clear in responses that safety meant a lot more than being free of the perpetrator. Health concerns, as discussed, were central to the idea of safety, as was being **connected to support and information**.

“There are so many reasons and factors for us to be scared or feel unsafe. A) my ex-partner, B) our health, C) the lack of...I mean, I was housed in a place I’ve never lived in before. I had absolutely no clue where I was. I had no internet connection. No interaction with the outside world. I was forced to be shielding because that was my circumstances. I had no access to my surgery, my GP...I couldn’t even figure out what the news was like. I don’t have TV. I wasn’t allowed to have a TV connection in it because the excuse is it’s a homeless accommodation...”

A desire for **economic security** was also key, this meant support to **secure employment** and **housing**.

“So, for me to go back to work, I need childcare and I don’t know who is safe or doesn’t have the COVID. Like finding childcare right now is a bit tricky. So, I feel like I have to stay home for maybe one more year or something, and this is really affecting me not having a career, not having a job.”

“...my job is going to end soon...I’m back into that insecurity of income and that affects my housing situation... I’m still fighting a divorce case that I can’t even take to court because I can’t afford to pay the legal bill...but I know when that comes to it, I will need to prove that I am able to support my child and not having a house sort of throws everything out the window for me. I want to be able to work and provide for [my child] and I want to be able to live securely in a safe place.”

Accessing support

“Obviously when you can’t talk to people face-to-face and when services are overstretched, it’s difficult to know, you know, where to turn to I suppose.”

All women in the group had actively received support from Shakti during lockdown and as restrictions eased. The need for and impact of specialist support was clear. It was described as a ‘lifeline’ providing vital help to make sense of other services and apply a ‘higher pressure’ when needed. Also, to address pressing practical needs and reduce isolation, particularly during the pandemic.

“They are the biggest support, my immediate family to me. They were always there for me, always, even during COVID. They cannot come face to face, but on the phone they were really helping, whom to contact and where to go, how to you know, cope with this and do you need something?”

“But during the pandemic, Shakti was bringing food and they were also calling from time to time. I really appreciated those calls because I felt like. ‘Oh, there is someone out there who knows that we exist.’”

Some women had reached out to other agencies for support, some had not. When it came to police reports, we heard both of positive practice and past experiences that reduced trust in reporting. Some shared a sense that the police were too busy to help or it was too risky to seek support because of the virus. One woman had not been able to report an assault which she attributed to low capacity during the pandemic and had not reported breaches despite having an interdict against the perpetrator.

“Like the police is not working full capacity to support survivors and victims, and like up until this point, I haven’t reported what I wanted to report long time ago when I felt that like I can talk about it and report it, because COVID-19.”

“We had not contacted the police in the last six, partly...a huge part of it is because of this, because I honestly was believing in the fact that they were overwhelmed with COVID response.”

Survivors discussed experiences of housing services during the pandemic. One shared that the Council had not responded to calls to attend repairs at her home or to resolve anti-social behaviour. This added to her anxiety about the safety of her home and her sense of isolation during lockdown.

“And then again I ended up calling Council. Still they did not attend me...it [result of anti-social behaviour] was scary because of the COVID thing, and I was really scared that if something happens to me, who’s going to take care of my son, and it was all piled up you know. I was really scared. I used to cry sometimes because I have no family here. I have no-one. No friends, no family, and whenever I used to call back in [home country], my mum, she used to be scared. She was worried about me because I’m living alone. What if something happens? What if you’re ill?”

Delays to housing allocations during COVID-19 were also highlighted.

“So, like people who were on bidding system, they had to wait for three months without any bidding system, and so, that with cause delays significantly is in them having to get safer places than living in homeless accommodations.”

Progress across the legal system was another problem. Court proceedings were delayed, including child contact cases and divorces, and responses from solicitors were slow for some.

“The second thing was that some lawyers were on furlough. Mine was actually and that...made my case a bit like delayed. Instead of having an immediate divorce based on unreasonable behaviour depending on the history of domestic abuse or history of abuse as so that I was getting from him, I had to wait, like wait until now. So, it's a year after separation and it's a simplified divorce, and I feel like I was forced to do that...”

Whilst the pandemic and actual or perceived service capacity had a clear effect, many of the barriers highlighted existed before the pandemic. The lack of resources available to migrant and BME survivors was clear, including the lack of appropriate housing options. One woman was housed in emergency accommodation hours away from her child's nursery, after not being housed at all for some time.

“It's not caused by COVID, but I think COVID sort of exposed all of the faults in the systems that we've got...I had become homeless just before lockdown...which meant we had nowhere to go to. Council wasn't able to help...it's not as easy as, “Oh, you take yourself and your stuff and you just move into a family's house or a dear close friend's”. I don't have any of those...it was only because Shakti had put pressure on the council, they managed to put in homeless accommodation and I'm still in that position.”

“...you feel like you're being in a punishment cell for what you've been through with all of the lack of resources like internet and knowing news and things like this you can really feel isolated. So, I feel that there is kind of resources to help to women, but there is always, always a level of what I would call it? It's like a level of neglect. Like you don't need this. Why would you need internet if you're like, if you're in a homeless accommodation?”

The challenges in accessing and navigating systems highlighted how vital institutional advocacy from domestic abuse services has been for these women, not just during COVID-19. Discussion highlighted how systemic issues disempower already disenfranchised people.

“We talk a lot about empowerment. It doesn't happen in real life. It doesn't exist. We are constantly enforced to deal with the situation on our own. If we are lucky, we get organisations to help us like Shakti, and other Women's Aid organisations, but many people aren't in that lucky position.”

This was clear in experiences of the legal system. Trying to understand the law and rights without English as a first language was discussed. The lack of communication from lawyers to clearly outline options, or of understanding of domestic abuse, was also highlighted. The lack of legal aid further reduces the capacity of survivors with limited economic resources to exercise choice.

“Lawyers who, I'm sorry to say the word, ignorant, not about the law but about how to deal with survivors and how to communicate really well with them and give them the right information so they can make the right decisions for themselves so there is no like regret. Like now I'm regretting like why I couldn't find another lawyer? Why I couldn't find another one to ask to? Why it's so hard to stay on the line for hours waiting for someone to pick up the line and give you legal advice? Because it's for free you need to wait and wait and wait. Sometimes you chase them for days. It's so frustrating.”

Socially distanced support

We asked the women's views on socially distanced support going forward. Perhaps related to isolation, moving to phone support and away from face-to-face contact had caused some anxiety.

“During the pandemic when we were informed that we need to social distance and there is going to be phone support instead of face to face support for example, that was a big effect on me.”

Navigating multiple systems remotely was very challenging for some, magnified by the limits to communication and support. For some this felt overwhelming and exhausting, leading to a feeling of being “zoomed out”.

“It was about being isolated and having so many phone calls that I have to do every day with different support services, like speaking to a therapy or everything. Everything was through phone, and at some point I became like this kind of person who only can hear people through the phone. It became just weird and surreal at some point that people are just becoming imagine...you’re just imagining people. You’re imagining the reactions through their voice. So, it was like another concern about COVID that COVID made us isolated more.”

For those in temporary accommodation, limits to internet services restricted their ability to stay connected.

The pressure of trying to stay connected and manage multiple contacts during a time of restricted support and increased isolation had a huge emotional impact on some.

“The emotional impact of COVID is a huge thing...The amount of things that I have to chase up from the local authority to the legal side of things, Legal Aid Board, chase this, chase that. Try and find a car, try and find a house, try and look privately. Try and find a job that is more secure than the one that ends every now and again. All of that requires constant screen facing or phone on.... It is absolutely, absolutely draining. There are many, many nights that I don’t sleep, and many, many other nights that I spend crying because that’s the only time I can actually breathe.”

Face-to-face support had been offered to some during lockdown.

“I actually felt like if it hadn’t been for the fact that the people were willing to offer me face to face support, I don’t think I would’ve had the strength to deal with things and get through them so quickly. Like for me it was the fact that people were willing to do that despite in a way the risks that they made a huge difference to me.”

For others, returning to face-to-face support raised some questions. But safety measures were valued and there could be anxiety if they were not implemented.

“Next week I’m going to have my very first meeting, like a face to face with the precautions that they will have to take. I’m still not quite sure about what they will do, and one of the concerns was like when you sit with a therapy or a support worker, you...need to be seeing their facial reactions. You’ll need to know if they’re smiling, if they’re upset, if they’re compassionate.”

“I was concerned about meeting the police. They really come without any kind of social distancing and when we sit...we sit in the meeting, like in a meeting room that is really like small rooms, like just two sofas just afar of each other.”