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Domestic violence during the pandemic: ‘By and for’ frontline practitioners’ mediation of practice and policies to support racially minoritised women¹

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Abstract

This article analyses 26 interviews with frontline female practitioners from domestic violence and abuse (DVA) services for racially minoritised women in England and Wales, exploring how these practitioners – who are from the same racially minoritised communities as the women they support – responded to the challenges of the COVID-19 crisis. These specific practitioner perspectives offer valuable insights into the specific ways in which the pandemic exacerbated the intersectional vulnerabilities of minoritised women experiencing DVA. Interpreted through a standpoint feminist lens, the findings reveal how frontline practitioners used bureaucratic discretion both to meet minoritised women’s changed needs during the pandemic in order to enhance their safety and to challenge the exclusions and intersectional inequalities underpinning pandemic policies. The study illuminates the institutional dimensions of frontline practitioner responses to the pandemic and contribute to debates within the street-level bureaucracy scholarship about the nature of bureaucratic discretion exercised by frontline practitioners.

Keywords

Black and minority ethnic/minoritised women, COVID-19, domestic violence and abuse, intersectionality, standpoint feminism, street level bureaucracy

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Introduction

The UK's COVID-19 lockdown measures, announced on 23 March 2020, focussed on encouraging people to stay at home to keep themselves and their communities safe. The range of measures deployed to curb virus transmission included closing schools and recommended working from home, observing social distancing and only leaving home for very limited purposes. Failure to comply with these rules was punishable by fine or arrest.

Based on an understanding of the home as a safe place, the seemingly neutral lockdown policy of 'stay home' however failed to protect several categories of people, such as the homeless, children subjected to abuse and neglect by their carers, and – of particular interest to this study – women experiencing domestic violence and abuse (DVA) at the hands of intimate partners or family members. DVA encompasses 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality' (CPS, 2017). The legal definition of DVA incorporates psychological, physical, sexual, financial and emotional abuse and control, all of which were easier for abusers to carry out undetected during lockdown. In fact, an investigation by BBC's *Panorama* found that during June 2020, calls to the UK's National Abuse Helpline were nearly 80% higher than usual (McDonald, 2020).

In addition, the adverse mental health impacts of the measures introduced to prevent COVID-19 transmission, especially during lockdown, disproportionately affected minoritised people (HoC, 2020), who are already in a disadvantaged position within the existing social hierarchy of power (Haque et al., 2020). For minoritised women in the UK, this disproportionate impact of the pandemic on their communities, coupled with the increased risk of DVA during lockdown and racial disproportionality in policing (Harris et al., 2021) created an exceptionally volatile set of circumstances about which little is known.

In this paper, we take a standpoint feminist perspective to analyse the experiences of frontline practitioners – especially those who are themselves minoritised – working in 'by and for' services to shed light on this hitherto unexplored 'dual pandemic', both viral and of domestic violence and abuse (Imkaan, 2020) from a practitioner perspective. Existing analyses of practices of street-level bureaucrats such as domestic violence practitioners (Lindhorst and Padgett, 2005) and welfare caseworkers (Monnat, 2010) document how such frontline workers implement policy on the ground as they develop strategies to respond to working conditions characterised by complexity, scarcity and immediacy (Brodkin, 2012). These constraints are arguably a routine aspect of work in the UK DVA sector, but they are particularly prevalent in the 'by and for' DVA sector, which has suffered disproportionately due to austerity-related cuts – in the decade before the pandemic, 50% of 'by and for' DVA refuges were forced to close or were taken over by larger providers (Imkaan and EVAW, 2020). When the pandemic struck, practitioners at 'by and for' DVA services found themselves on the frontline, having to use their discretion to quickly adapt to lockdown policies and the new risks arising from COVID-19, both for themselves and for the people they served (Collins and Augsburg, 2021; Cortis et al., 2021; Davidovitz et al., 2021; Gofen and Lotta, 2021).

Our interviews with 26 frontline female practitioners explore how these workers, while operating within the constraints of the UK's 2020 lockdown policy, responded to the challenge of meeting the increasing and changing needs of minoritised women experiencing DVA. In a context of rapid service innovation and change across different welfare, health and social care services, insights from this category of practitioners can inform our understanding of the ways in which different populations experienced this lockdown policy, which was ostensibly designed and rolled out as 'one size fits all'.

Understanding how these ‘by and for’ DVA sector practitioners sought to provide safety and support to minoritised women during the pandemic allows us to contribute to important debates on the everyday practices and decision-making of street-level bureaucrats. Where existing scholarship shows that street-level bureaucrats’ exercise of discretion can often create provision disparities (Brodkin, 2012; Lipsky, 1980), our research explores how practice within a particular context (i.e. the ‘by and for’ sector) can also counter existing disparities and help support those most at risk. It shines a light on how common ethnic/religious/cultural backgrounds and an organisational ethos influenced by those common factors shape the exercise of bureaucratic discretion in both implementing and challenging state policies. Our focus is therefore on a less explored dimension in street-level bureaucracy scholarship (Gofen and Lotta, 2021; for recent exceptions, see Frisch-Aviram et al., 2018; Lavee and Cohen, 2019): the experiences of female ‘by and for’ practitioners who are themselves minoritised and located at the intersection of multiple inequalities, and the role these practitioners play in mediating politics. Beyond the context of the pandemic, our analysis of frontline practitioners’ exercise of discretion in ‘by and for’ DVA services strengthens the case for a diversity of service providers and the importance of specialist services that can counter prevailing inequalities and disparities arising from policy-making and mainstream practice.

Domestic violence and abuse within minoritised communities in the UK

Data gathered during 2018–19 for the Crime Survey of England & Wales show that the rate of DVA within many racially minoritised populations was higher than for their White counterparts (ONS, 2019). Moreover, while DVA can affect people of all genders and any sexuality, the vast majority of those victimised are female and the majority of perpetrators are male (Hester, 2013). Nevertheless, not all women experience DVA in the same way or face the same risks. For instance, South Asian women in the UK and elsewhere are more likely to suffer abuse not only at the hands of their partners but also from multiple family members (Mirza, 2017).

DVA against minoritised women often goes unreported in the UK. This can be due to various forms of patriarchal silencing within families and communities. For example, values of familism, such as keeping family matters within the family, often deter Nigerian women in England from disclosing their experiences to ‘outsiders’ (Femi-Ajao, 2018), as do notions of honour and shame for women of Middle Eastern heritage (Begikhani et al., 2016). Shame of talking to the police and fear of reprisals or poor responses from the police are among other key reasons women stay silent. Additional issues include immigration status concerns, language barriers in the absence of adequate translation services (Sokoloff and Dupont, 2005), and inappropriate professional responses from services on the basis of stereotypical notions about abuse being common – and even accepted – in certain groups (Burman et al., 2004; Larasi, 2013). As a result, minoritised women are more likely to stay in abusive relationships than non-minoritised women (Imkaan, 2020).

The particular difficulties facing women who are marriage migrants – many of whom come to the UK on spousal visas after marrying a British national or resident – arise when they are given visas as dependants (during what is known as the probationary period), which means that their residence in the UK is tied to their marital status (Anitha, 2011; Bonizzoni, 2018). They also have no recourse to public funds (NRPF) such as welfare and housing benefits. Consequently, if their marriage ends, they face being deported and separated from their children, if they have any. This is one of the many ways in which state policies on citizenship and residency that are constructed as gender-neutral exacerbate existing power imbalances between men and women, and ostensibly colour-blind policies that determine state support for those who experience DVA have differential and detrimental impacts on minoritised women.

Specialist DVA organisations working with minoritised communities have historically been at the forefront of campaigns to increase protections for migrant women with NRPF. Following several incremental changes to policies since 2002, women experiencing DVA can apply for Indefinite Leave to Remain in the UK if they can prove that their marriage has broken down because of DVA; and since 2010, women have had limited access to funding to house themselves in a refuge while they apply for Indefinite Leave to Remain.

However, gaps remain in both the NRPF policy design and the organisational constraints for implementing it. The policy-as-written places restrictions on those who can access this provision allowing women to access funding to house themselves in a refuge – for example, it only applies to women who enter the UK on a spousal visa and excludes overstayers, even though women may become overstayers because of deliberate omissions (e.g. failure to renew visas) by the perpetrator of their abuse. Additionally, the financial constraints upon refuges that derive about 90% of their rental income from housing benefit create a context in which refuges may hesitate to house women with NRPF lest their application for funding be denied (Smith and Miles, 2017). Several legal challenges by specialist frontline ‘by and for’ support services like Southall Black Sisters have led to some widening of the ambit of protection, but more must be done to ensure that all women can access safety. Data from the National Domestic Violence Helpline and a Women’s Aid project shows that of the 404 supported women between 9 January 2016 and 18 January 2017 who were struggling to access refuge space, 27% were migrant women with NRPF, of whom only eight found accommodation in a suitable refuge space (Smith and Miles, 2017).

The position of women with NRPF reveals how gender intersects with immigration status to shape migrant women’s experience of DVA and their access to services (Anitha, 2011). Individual experiences of abuse and responses to it are thus shaped by women’s specific intersectional identities and locations (Crenshaw, 1989). Women’s experiences of DVA are not universal. Well-intentioned claims about DVA (e.g. ‘it can happen to anyone’) ignore the impact of intersecting inequalities that enhance vulnerability for particular categories of women (e.g. those who are disabled, racially minoritised or have insecure immigration status). The concept of intersectionality was coined to explicate the nature and implications of Black women’s unique location at the focal point of two exceptionally powerful and prevalent systems of oppression: race and gender (Crenshaw, 1989). Understanding minoritised women’s experiences of DVA thus requires an approach that can account for how gender intersects with other social relations of power based on ethnicity, race, (dis)ability, class, immigration status and state policies.

It is important to note that neither the heightened risk of experiencing DVA nor the low rates of help-seeking are inevitable aspects of DVA within minoritised communities, though this characterisation is common in media, policy and even some academic discourses. Within such discourses, familial abuse in minoritised communities is construed as an inherent feature of ‘their’ culture, while DVA in majority communities is explained as individual pathology rather than as a wider social problem (Anitha and Gill, 2015). This hypervisibility of violence within minoritised communities has been subject to critique, especially in relation to culturally essentialist representations of minoritised women as predominantly passive beings whose lives are wholly determined by their repressive culture (Mohanty, 1988). Yet while the authors reject such essentialist constructions of DVA in particular communities that are racialised as ‘other’, we are also aware of the importance of recognising specific and intersectional needs and contexts where they exist in order to respond to them through more effective services.

Specialist ‘by and for’ services were established in the UK in the 1970s and 80s to address the hitherto unmet needs that arose from minoritised women’s location at the intersection of multiple disadvantages. The practitioners working in these services are women from minoritised communities themselves and their services are for women from these communities (hence the ‘by and for’²).

The fact that trustees are also commonly from the relevant community further fosters an organisational culture that prioritises specialist expertise and shared experience. Research indicates that minoritised women are more likely to approach ‘by and for’ services for help, as these are the spaces they trust and in which they feel safe, understood and less alone (EVAW, 2015).

Street-level bureaucrats from ‘by and for’ DVA services have been at the forefront of changing policies-as-constructed through their actions in mediating politics (Gofen and Lotta, 2021) in addition to their role in mediating policies-as-implemented through their practice. The higher the level of policy ambiguity, the broader the ambit of discretion by street-level bureaucrats (Davidovitz et al., 2021). In the case of provision for migrant women experiencing DVA, gaps and ambiguity are built into the very fabric of existing policy. For example, migrant women who do not have children in their care have few routes to statutory support. Even for those with children, the level of support offered for children in need and their families under section 17 of the Children Act 1989 depends to some extent on the discretion of frontline practitioners in the Local Authority. The scholarship on street-level bureaucracy has noted that deservingness and entitlement to services are social constructions (Lotta and Pires, 2019; Schneider and Ingram, 2005) that frontline workers are actively engaged in producing and reproducing.

The concept of intersectionality therefore shapes the vision and identity of specialist ‘by and for’ DVA organisations in the UK and informs their frontline practice (Larasi, 2013) as well as their expectations from and negotiations with policy-makers. Beyond organisational culture and ideology, the personal and political perspectives of the practitioners working in ‘by and for’ services also give them a unique insight into the communities they serve and orient their professional practice – these are themes we explore later on. Hence, we utilise the lens of intersectionality to explore the frontline practice of ‘by and for’ DVA services in the context of the pandemic.

A standpoint feminism perspective on ‘by and for’ street-level bureaucrats

Lipsky’s (1980) work on how practitioners who are part of a bureaucratic apparatus also exercise their agency or discretion during ‘normal’ times offers useful insights into the work of frontline DVA practitioners during the pandemic. For example, his analysis explicates the patterned ways in which street-level bureaucrats exercise discretion consciously and reflexively and, in doing so, reconstruct the policies that they are often seen as simply implementing. The distributive effects of discretionary decision-making often result in discriminatory rationing of services – for instance, the process of ‘creaming’ entails handpicking easy, well-defined cases for greater assistance rather than difficult, amorphous and time-consuming ones, while ‘gatekeeping’ involves reinterpreting eligibility policy to exclude troublesome and/or complex cases (Brodkin, 2012; Lipsky, 1980). Lotta and Pires (2019) note that much of this scholarship to date has characterised the social inequality that results from the discretionary practices of frontline workers as an unintended – perhaps even inevitable – outcome. There is relatively scant literature on the forms of bureaucratic discretion that challenge prevailing social inequalities. In the context of the COVID-19 pandemic, we document the ways in which the bureaucratic decision-making of frontline DVA workers from ‘by and for’ services challenges the assumptions and omissions in existing policy.

Brodkin (2013) draws attention to the threefold role of street-level organisations in delivering policies, mediating policies (during the course of implementing them) and mediating politics (i.e. voicing the needs and requirements of clients to policy-makers). Research on policy implementation by street-level bureaucrats has given relatively little attention to how social inequality is ingrained in the construction of policy itself, either as a pre-condition or a constitutive element of

encounters between frontline workers and the public they are supposed to serve. Lotta and Pires (2019) therefore call for research that moves beyond examining how frontline workers functionally adapt policy to circumstances (and the implications of this for the distributive impact of their decisions) and instead simultaneously examines policy construction and implementation. They encourage giving greater attention to the role of social inequalities as constitutive elements of the problem that relevant policies seek to solve and note how these inequalities, in turn, relate to the exclusions and constructions of (un)deserving service users long before policy is put into action by frontline workers.

Although frontline workers have traditionally been characterised as rational, ‘unencumbered’ individual decision-makers (Lipsky, 2010), they are themselves located within social structures. Collins (1997) draws upon the notion of a ‘standpoint’ to refer to group-based experiences derived from shared power relations that produce different, unequal opportunities, which in turn cultivate distinct ways of knowing and being. Scholarship on feminist standpoint theory, encompassing categories such as race and social class, contends that humans produce knowledge through power relations that construct and divide social groups into dominant and non-dominant categories (Allen, 2017).

The discretion exercised by street-level bureaucrats thus needs to be analysed not just in relation to the functional constraints of their working conditions but in relation to their membership of social groups and communities and by taking that membership as an explanatory element of their behaviours and interactions (Raaphorst and Groeneveld, 2019). Feminist standpoint theory provides an appropriate lens through which to do this. Research that examines how street-level bureaucrats’ decisions are affected by the social status, class and ethnicity of their service users shows how those from minoritised or disadvantaged groups are evaluated and/or treated more negatively based on dominant constructions of their worthiness and moral character (Raaphorst et al., 2018; Schram et al., 2009). Social constructions of race and gender shape street-level interactions (Watkins-Hayes, 2011), especially in terms of how social status is negotiated between service users and frontline workers as part of broader political dynamics of status construction and reconstruction. Research on how individual street-level bureaucrats negotiate these encounters demonstrates how workers from minoritised groups are more likely to advance the interests of minoritised users (Hong, 2017; Raaphorst and Groeneveld, 2019).

Our study focuses on the practice of ‘by and for’ practitioners in the DVA sector to explore how the exercise of bureaucratic discretion, under the extraordinary conditions of a pandemic, can also serve to challenge rather than reinforce social inequality. Our analysis draws upon the concepts of intersectionality and feminist standpoint theory to contribute to conceptual debates on street-level bureaucracy.

Methods

Semi-structured interviews were undertaken with a purposive sample of 26 practitioners from 16 specialist ‘by and for’ DVA services in England and Wales, who were all Black and minoritised women. These were conducted during and following the second lockdown in 2020–21. All participants were contacted via email by both authors. Participants were recruited through the authors’ existing networks using the snowballing technique, a purposive sampling method. This important form of non-probability sampling was used to identify the primary participants in a short period (Moser and Korstjens, 2018). The sample was selected based on both the authors’ knowledge of the ‘by and for’ DVA sector and the purpose of the research – the authors sought respondents with experience of working as frontline practitioners in ‘by and for’ DVA services. The ‘by and for’ nature of the services meant that all the practitioners were from similar

backgrounds as their clients. Confidentiality was assured by using a code for each interview instead of using the participants' names and by removing identifying information from the transcripts. All audio recordings and transcripts were saved on a password-protected computer with access restricted to only the researchers. Pseudonyms were used when reporting the results to maintain confidentiality.

Eight of the 16 organisations at which the practitioners worked provided refuge services as well as advice, outreach and advocacy services; eight provided advice, outreach and advocacy services only. Three of these organisations were also active in campaigning and policy work. Nine organisations provided DVA services for minoritised women from all ethnic groups, two provided services for South Asian women, and one each catered to the needs of women from the Middle East and Afghanistan, women of African-Caribbean heritage, women from Asia, migrant women and Muslim women. The organisations were predominantly small- and medium-sized. The most recent annual income of seven organisations was under £100,000 (the smallest being just under £8000), while four had annual incomes that ranged from £101,000 to £500,000, four had incomes of £501,000 to £1 million and one had an annual income of over £1 million.

Data collection took place between 30 October 2020 and 15 January 2021. Each interview lasted 60–90 minutes. All the interviews were conducted on Zoom and were recorded with the express permission of the participants, each of whom signed an informed consent form before their interview was scheduled. Ethical approval was obtained from the Ethics Committee of University of Lincoln. Approaches such as video conferencing provide an opportunity for real-time exchanges similar to on-site interviews (O'Connor and Madge, 2017) – the dynamic environment reduces the likelihood of participants overthinking answers or considering the most socially desirable responses (Mann and Stewart, 2000). Video calling also allows researchers to access verbal and nonverbal cues (Sullivan, 2012).

The interviews sought to explore (a) how, and to what extent, DVA risks had changed during the pandemic, (b) the changes in practice to accommodate social distancing protocols and measures for reaching out to those experiencing DVA, (c) the challenges of supporting women during the pandemic and examples of best practice, (d) the impact on multi-agency working, (e) any additional issues or risks that may be associated with a return to normality as restrictions ease and (f) the experience of the 'by and for' services within the practice and policy landscape in relation to the pandemic and beyond.

The principles of constructivist grounded theory (Charmaz, 2006) and the goals and values of feminist research paradigms guided the data collection and analysis. Constructivist grounded theory builds on Glaser and Strauss's (1978) grounded theory method, which proposes a way of developing theory that is grounded in systematically gathering and analysing data instead of imposing theory onto data. However, Charmaz (2006) rejects the positivist and objectivist assumptions behind traditional grounded theory, which require the researcher to approach the field with no knowledge or preconceived conceptualisations of the problem in order to arrive at an understanding 'uncontaminated' by their own positionality or conceptual baggage. In keeping with the principles of constructivist grounded theory (Charmaz, 2006) and feminist approaches that recognise the positionality and politics of the researcher, our analysis is grounded in the data, but our conceptualisation of the problem through the lens of standpoint feminism informs our approach to data analysis and our focus on specialist 'by and for' services. Similarly, our prior experience and politics (shaped by two decades of working and volunteering for specialist 'by and for' services for minoritised women experiencing DVA) coupled with our campaigning efforts to improve policies and laws that address violence against women and girls also informed our focus on the experiences of frontline practitioners. This experience also enhances the usefulness and actionability of the findings for frontline workers and policy-makers alike.

The recorded interviews were transcribed by a professional service and the transcripts coded using NVivo (a qualitative data analysis programme). The codes were created by the authors using the constant comparative method, which is an inductive process involving attaching labels to responses during a close reading of the transcripts to capture significant and/or recurring themes and concepts (e.g. new forms of DVA in the context of the pandemic and new barriers to accessing services). In order to provide actionable feedback to stakeholders as quickly as possible during this critical period, dissemination of findings began as soon as analysis was complete. This also allowed feedback to be solicited from specialist providers in informal and formal emails as well as through stakeholder events to bring further pressing questions to bear on the data. This ensured that the concerns of those working on the frontline to help women (at risk of) experiencing DVA were embedded in the research at various stages, in line with the intersectional feminist values behind the study.

Findings

The findings reveal two interconnected themes related to frontline practitioners' exercise of discretion as they delivered their services under the twin constraints of the lockdown policy and the heightened impact of the pandemic on minoritised women experiencing DVA. The first of these themes draws attention to practitioners' recognition of and responses to pandemic-related changes in the nature and patterns of DVA, changes in women's support needs and barriers to accessing services. Against these changes, it outlines their innovative and adaptive working practices as they sought to respond to the needs confronting them. The second theme explores how the practitioners responded to the exclusions underpinning the pandemic policies by using their bureaucratic discretion to challenge these policies rather than to simply implement them. Both themes illuminate how these practitioners centred the issue of women's safety by challenging the lack of consideration given to those experiencing DVA in the initial lockdown 'stay home' policies and the exclusion of migrant women with insecure immigration status from refuge services during the pandemic.

Reaching and supporting minoritised women during the pandemic

The interviewed representatives from all 16 organisations noted an increase of 20–120% in demand for their services as well as heightened risks for those already in abusive relationships; this reflects the findings of other studies (Women's Aid, 2020). The interviewees also reported unique aspects of DVA specific to particular communities, including particular forms of harm (e.g. forced marriage) and contexts that exacerbated risk. For instance, the pandemic created additional barriers to help-seeking for all women experiencing DVA, as coercion and control escalate in contexts where women are effectively trapped in the family home with the perpetrator. In addition, merging households during the pandemic to manage caring for children and disabled/elderly relatives increased the risk of multiple-perpetrator DVA, which minoritised women are more likely to experience.

Addressing pandemic-related increases and changes in support needs

Several organisations noted that they were not only supporting a greater number of women than in the previous year, but also that a greater proportion of women were presenting with complex needs; this aligns with findings across the sector (Women's Aid, 2020). Moreover, as the director of one organisation noted, higher numbers of disclosures were being made at a critical stage of the abuse cycle:

In the pandemic, what we tended to have was more disclosures at the point where things were moving towards the crisis level, but because of the contained environments, at the beginning of the lockdown the restrictions of the schools, the colleges weren't open, and I'm making specific reference to young people, because that's where we've seen an increase. Where you are kind of a last resort.

Later stage disclosures meant that women and teenage girls were having to live with DVA for longer and were at greater risk of serious harm, thus putting additional strain on services when they did finally present for help.

One representative of an organisation that supports women and girls of African-Caribbean heritage drew attention to how gender intersected with race to complicate disclosure and help-seeking for some categories of minoritised women during lockdown:

There's the obvious increase with the domestic abuse in general, and then you have the pandemic kind of paired with what some would call a race war [. . .]. The two kind of can't be handled in isolation: they are interlinked [. . .] where police have also been given more power [. . .]. So over the lockdown period, I saw quite a few Black boys being stopped for no reason basically, or stopped when they are in groups of twos, threes; and their White counterparts haven't been stopped at all. [. . .] The whole kind of distrust with the police has been heightened, [. . .] this means we are less likely to report cases [of DVA]. You want your perpetrator to stop abusing you, you don't necessarily want him killed in police custody, or racially profiled, or abused, or deported. There's all of these kind of things that come with being Black, and being a Black survivor. So I think COVID has just kind of put more Black survivors or victims in more of a box, and almost in more danger because there's so many more elements now, especially being the most at-risk category [for COVID-19].

The frontline practitioners we interviewed, who all came from minoritised communities themselves, were keenly aware of how this intersection of race and gender influenced women's perceptions of the barriers to reporting DVA (Crenshaw, 1989).

Overcoming barriers to accessing services

The interviewees drew upon their knowledge of their communities to devise ways of reaching out to vulnerable women and girls. For instance, an outreach worker in North West England recounted her conversation with a client she managed to contact after several attempts:

With COVID, things have become really harder [. . .] we had a teacher who is worried this girl is being forced into marriage, and she was being sexually abused: there is a lot of control and coercion going on. We tried to get in touch with the girl, [. . .] but it was very difficult in the COVID situation—you know in a five-minute phone conversation [. . .] for a young person locked away in these circumstances, trying to make that escape, it is going to be 10 times more harder to do so [. . .] especially when they don't want to report it to the police [.]

Practitioners from several organisations reported having to work harder to bypass the barriers women and girls faced in seeking help. They initiated new ways of making themselves accessible by extending helpline opening hours and/or establishing new protocols to check on women's welfare, as reported by one outreach worker:

We're having to think about how we respond to women and the times that they need help [. . .] one worker had to talk to a client about five or six times in a number of hours [. . .]; so it's like having to be very flexible because that's the only opportunity they are getting to make those calls to us.

In this case, the practitioner mentioned in the above quotation that they received a call from a woman who had experienced DVA who then disconnected the call. When the woman called again and it was ascertained that she was not in any immediate danger, the practitioner had to make sure that the caller was able to pick up the thread of the conversation over several subsequent short phone calls several hours apart to avoid burdening the woman with repeating her story to that same practitioner each time she managed to call.

In the context of lockdown-related school closures, practitioners noted the increased risk of forced marriage for young people who may effectively be trapped at home and subject to pressure to marry from multiple family members. Practitioners' shared knowledge of the contexts that shaped minoritised women's lives, and their own lived experience of the minoritised communities of which they were a part, helped orient their discretion as they responded to these women's needs. Mindful of young people's increased vulnerability to forced marriage during the pandemic, the director of one organisation had recently established an alternate referral pathway:

Our usual mechanisms, referral pathways and all that, are fine as they are, but they are not going to work perfectly during COVID times. So things we will now be trying is a live web chat a couple of hours a day for young people to access our services, because that's the platform that they use, as opposed to picking up the phone or email.

Other innovative measures reported by practitioners included more proactive efforts to meet women in spaces that were convenient and safe. Prior to the pandemic, they may only have provided services on a drop-in basis at a specified venue and may not have conducted off-site meetings, as these can be time- and resource-intensive. This is one example of why 'by and for' services provided crucial access to support for minoritised women. As one interviewee said:

. . . wherever it is they are finding that space to do it [i.e., ask for help]. And then we are having to be flexible about things; for example, counselling for us has always been a 50-minute session [. . .] but now we are saying if a woman rings, she has 10 minutes, she has 20 minutes: we will allow that. We are not sticking to those rigid rules. [. . .] It's about how we can approach this more flexibly, and respond to their particular needs [. . .] we are learning as we go along.

Though the pressure and uncertainty inherent in crises characterise street-level implementation even during ordinary routine (Lipsky, 2010), the enhanced demand for services in a context of changing working practices that required conforming to lockdown rules posed particular challenges. The adaptive responses from street-level bureaucrats during the pandemic entailed new working practices that allowed them to allocate enough time to meet women's needs without creating barriers around eligibility if, for example, a woman was not able to attend a full-length (phone) meeting. In doing so, these practitioners exercised their discretion to bypass the guidelines on the prescribed length of counselling sessions based on their understanding of the constraints faced by minoritised women who were enduring lockdown often with multiple DVA perpetrators.

The practitioners we interviewed thus faced a conflict at times between the imperative to conform to their professional bureaucratic guidelines on practice on the one hand and the discretion derived from their positionality and unique knowledge of the communities they served on the other. This positionality and knowledge led them towards particular strategies for keeping women safe.

Despite the barriers to help-seeking and accessing support, all but one of the organisations reported an increase in the number of referrals after an initial dip at the start of lockdown in March 2020. However, this increase might not represent the full range of women who require help, as new modes of remote working may not meet the needs of women who struggle to access technologies

or for whom establishing the level of trust needed to make disclosures is not possible online or over the phone, as one frontline worker at a small organisation observed:

In the past we've been able to meet victims, take them out of the space they were in, to a safe environment: have a much more honest, in-depth conversation; that's when we tend to pick up lot[s] of the other bits that feed the whole narrative, and we've not been able to do that. A lot of people don't like talking on a phone. [. . .] Face to face, I think, makes a huge difference; people are able to open up. I think we are missing out on a lot of victims here, simply because it's just impossible to meet.

While practitioners switched to digitally mediated methods of service delivery, they did not trust their use due to reservations about their accessibility for the women and were aware of the barriers these technologies may create in gaining essential information to provide adequate support. This finding is in line with research indicating that minoritised women face greater barriers to trusting and accessing services, for instance because of previous adverse experiences with the criminal justice system, fear of racist responses, and threats made by the perpetrator that these women will be deported or that their children will be taken away if they contact support services Anitha (2011). Given these issues, online/phone meetings may disproportionately impact minoritised women.

Practitioners' working practices and inter-agency relations during the pandemic

In interviews, nine practitioners from specialist 'by and for' organisations that also provided refuge spaces reported having to house women for longer than usual because of a combination of unmet needs requiring additional support and the fact that rehousing pathways were not functioning during lockdown. From 23 March to 31 May 2020, there were 42% fewer refuge vacancies added to the UK-wide 'Routes to Support' database compared to the same period in 2019 (Women's Aid, 2020: 8).

Practitioners described how their understaffed and overstretched organisations were expending resources and staff time on negotiating service pathways to statutory services (i.e. adult social care and children's services) or filling this gap where no such pathways existed during the first lockdown. The director of one organisation reported that they were struggling to liaise with statutory agencies to meet clients' needs:

it's also about managing the statutory agencies. There is only so much we can do, you know, as a charity; and we are having to fight a lot harder with housing. Domestic abuse was supposed to be a priority during COVID, and we've not seen that to be the case with housing from the local authority [. . .] Our advice service is also holding women a lot longer because counselling services have shut down: mental health services, statutory agencies, they are all closed, so we are holding those cases.

Practitioners also noted the emotional toll of working through the pandemic without recourse to pre-tested mechanisms for support and recuperation. One refuge worker, who was supporting several residents with complex needs, reflected on the nature of the current challenges:

It's very, very difficult when you are doing this kind of work because, if you think about being in an office, if you have a difficult conversation with a client you've got your peers to kind of sit back and have a chat with or you've got your line manager: you know, you get a quick debrief and get that support. That's no longer there [. . .] We have lots of remote support mechanisms [. . .] but some women are working from their bedrooms, you know, and the psychological impact of being in that space working and then kind of separating your personal life from your professional life is very difficult.

Practitioners from ‘by and for’ DVA services thus adapted their practice over a very short period of time to respond to the ways in which the pandemic changed women’s support needs and drew upon their knowledge of the specific nature of DVA within minoritised communities to craft appropriate responses.

Mediating politics and challenging the reproduction of social inequalities

As experts on DVA, street-level bureaucrats in ‘by and for’ services faced a growing need to use their own discretion and intervene in shaping policy responses to the pandemic that did not initially account for the needs of (minoritised) women experiencing DVA.

Mediating political responses to pandemic policies

Within days of the first lockdown being announced, 22 organisations working to address violence against women and girls penned an open letter to the Prime Minister with the following warning: ‘It is highly foreseeable that the COVID-19 pandemic, and the emergency measures that must be taken to control it, will lead to an increase in violence against women and girls in the UK. [. . . This] is a potential crisis’ (Open Letter, 2020). However, the government was slow to prepare for the surge in DVA, despite emerging evidence from across the world showing a spike in prevalence rates (UN Women, 2020).

The director of one organisation at the forefront of campaigning on legal and policy developments in the DVA field recounted how she acted to hold the government to account:

I wrote a letter threatening legal action, and it was as a result of that letter that two days after sending that—the day before a response was due, before we lodged proceedings in court—the government announced a package for violence against women and girls.

Following negative media attention in response to the government’s poor response to DVA (Hymas, 2020; Oppenheim, 2020) and a legal push from campaigners and activists (Human Rights Watch, 2020), the Parliamentary Under Secretary of State for Rough Sleeping and Housing announced a £6 million Domestic Abuse Capacity Building Fund on 5 October 2020. This enabled local authorities to rapidly commission support for women who struggle to find a refuge space.

Challenging the reproduction of social inequalities due to pandemic policies: Women with insecure immigration status

Women with insecure immigration status have been hardest hit by the pandemic. The practitioners we interviewed reported extra burdens on their services during the pandemic that arose from both the gaps built into the policy as well as adaptive practice by street-level bureaucrats working within the wider DVA sector. In addition, the pandemic has further diminished support options for women with NRPF. Women’s refuges have been operating at capacity because of increased demand due to difficulties involved in rehousing residents. Despite being underfunded and small compared with some of the larger generic providers, ‘by and for’ services housed a disproportionate number of women with NRPF during the pandemic. The frontline practitioners from specialist ‘by and for’ services’ we interviewed, who were themselves from minoritised communities, saw their role not only as *implementing policies*, but also as *mediating politics* to redress the impact of intersecting structural inequalities on minoritised women experiencing DVA due to their gender and insecure immigration status.

Eleven interviewees reported a return to the stark ‘choice’ between homelessness or living with violence Anitha (2011). For instance, the director of one organisation observed that the denial of refuge spaces to women with NRPF increased during the pandemic:

Our victims are being turned away from other refuges if they’ve got no recourse to public funding. [. . . A colleague] did a mystery shop call to one of the [generic] refuges: asked them if they had spare room for a woman with no recourse to public funds. They said no, and they rang up again, with a White British name; lo and behold, a vacancy had come about. How bad is that? [. . .] Shocking is not the word.

Additional government funding eventually became available to enable DVA services to meet the extra demands on their services and adapt to new modes of socially distanced working during the pandemic. This benefitted several organisations that participated in this research:

One of the positive things has been obviously that there has been additional money available to services like ours [. . .but] we are seeing an increase in presentation of survivors to services. [. . .] We are having to think about having a pause in taking referrals, because we literally don’t have the capacity anymore to process them. What we’ve got is a bottleneck. We can’t refer them on anywhere because pretty much everywhere has got a closed waiting list. So funding for services needs to be long term because I think unless we do that, we are just going to have a complete crisis in the new year.

Although pandemic-related funding provided temporary financial respite for several of the smaller independent ‘by and for’ organisations involved in this study, these services also reported that the broader climate of uncertainty caused by short-term funding cycles remained unchanged. While the pandemic did not create these difficulties, it did exacerbate them. Many specialist services entered the pandemic in a position of historic disadvantage (Imkaan and EAW, 2020) and were fearful of returning to this position given the increased demand on their services because of COVID-19.

In response to legislation to address DVA that was being introduced during the pandemic, several specialist ‘by and for’ services had called for provisions to address the needs of the ‘by and for’ DVA sector and of minoritised and migrant women. However, these attempts to mediate politics were not successful – no such provisions were made in the Domestic Abuse Bill 2020, which received royal assent on 29 April 2021.

In the context of the ‘by and for’ DVA sector’s historic decline, the frontline practitioners we interviewed felt compelled to resist the current colour-blind policy landscape by supporting migrant women marginalised by existing DVA policies on the one hand and by undertaking advocacy and lobbying work to change these policies on the other. Organisations serving marginalised groups often need to mediate politics to assert the distinct needs of their service users while asserting their claims of expertise and, indeed, identity, which underpin their existence.

Discussion and conclusion

This article contributes to knowledge of how practitioners working in ‘by and for’ specialist DVA services have responded to the pandemic’s gendered impact on minoritised women. It draws on the voices of frontline practitioners to demonstrate how policy initiatives to address DVA during the pandemic have been implemented. It also documents the innovative ways in which practitioners have responded to the challenges of lockdown and social distancing, including an increase in demand for services and in the complexity of women’s needs. The findings illuminate how street-level bureaucracy in this sector serves to mediate policy in specific ways, highlighting the importance of the expert knowledge of ‘by and for’ practitioners in terms of reaching and supporting minoritised women experiencing DVA.

The intersection of gender and race shapes minoritised women's experiences of domestic violence. Their lack of trust in statutory agencies such as the criminal justice system because of historic institutionalised racism, stereotyping and failure to meet their needs, and the pandemic-related racial disproportionality in policing, including fines for lockdown violations (Harris et al., 2021), has hampered their capacity to seek help, presenting unique challenges for third-sector organisations. Those working on DVA have faced a double pandemic – an increase in DVA alongside the disproportionate effect of COVID-19 on the communities they serve as a result of historic health, housing and socio-economic inequalities (Haque et al., 2020).

Our findings offer an insight into how street-level implementation has been practised during the pandemic, as evidenced by street-level bureaucrats' actions and responses to the conditions imposed by the crisis and by official government policy decisions (Brodkin, 2021). Indeed, these specialist 'by and for' providers may be the only source of accessible advocacy, support and safety for minoritised women as well as a possible pathway to statutory services. The street-level bureaucrats we interviewed were at the forefront of not only delivering and mediating policies, but also mediating politics by seeking provisions within the pandemic policies to respond to violence against women and girls and by conveying the needs of their clients, such as women with NRPF, to policy-makers. The findings also reveal the ways in which specialist 'by and for' services felt compelled to become advocates for migrant women. Feminist standpoint theory helps illuminate this adaptive practice of street-level bureaucrats in the context of 'by and for' services. Our findings indicate that 'by and for' practitioners' own minoritised positionality and understanding orient them towards recognising the needs of this category of women and adopting a more critical stance on DVA policies that are underpinned by the desire to limit immigrants' access to services. In line with an 'intersectionality-based policy analysis framework' (Hankivsky et al., 2014), street-level bureaucrats from 'by and for' services use their discretion to challenge, not reinscribe, existing social relations of power.

Furthermore, the findings contribute to debates on how social inequalities often arise from frontline practitioners' implementation of policies and what this reveals about gaps in government measures to meet the needs of minoritised and migrant women experiencing DVA. 'By and for' DVA organisations play a crucial role in mediating policies and politics by demonstrating best practice and highlighting gaps that arise from the ways in which street-level bureaucrats implement policy. The standpoint of the practitioners from the 'by and for' DVA services, who are themselves minoritised women located within particular organisational cultures, informs their engagement with campaigning to garner the political will to improve policy and ensure that it meets the needs of all women who experience DVA during and beyond the pandemic.

The current response to the pandemic in the UK has created new practices and policy reforms, but work remains to be done to determine which strategies represent best practice and should thus be continued as part of routine care (e.g. extended helpline hours and live webchats with appropriately skilled professionals). Both generic and specialist 'by and for' DVA organisations need adequate and sustainable funding to respond to high levels of DVA, deal with more complex needs arising from the pandemic and offset at least some of the challenges facing frontline practitioners, many of whom are struggling to adjust to a heavier workload combined with new (online) ways of reaching and supporting women. As the Domestic Abuse Bill 2020 becomes law, the voices of frontline workers must be foregrounded in the creation and design of policy measures if the UK is to successfully meet the pandemic-related increase in demand for DVA services. The COVID-19 pandemic has revealed and exacerbated pre-existing weaknesses in our public support systems. The UK Government urgently needs to foster equity in the distribution of resources to ensure the continued existence of a diverse range of DVA services. The experiences of frontline workers from 'by and for' specialist services in mediating policies and politics, as explored in this study, need to

inform the development of policy to ensure that existing structural inequalities are not entrenched through lack of attention to intersecting forms of marginalisation and how they play out in crises such as the current pandemic. The accounts of the ‘by and for’ practitioners we interviewed indicate that as we move out of the pandemic, we need to assess the safety implications and effectiveness of measures relating to access and whether they yield different outcomes for particular categories of women (e.g. minoritised, disabled or elderly) before decisions are made about which measures, if any, to retain post-pandemic.

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Notes

1. The acronyms BAME (Black, Asian and minority ethnic) or BME (Black and minority ethnic) have been criticised by many scholars because of their tendency to homogenise different populations and emphasise skin colour and because few people to whom they refer actually identify with them – instead, these people describe themselves using their specific ethnic identities. We prefer the term ‘minoritised’, which derives from a social constructionist approach, to BAME or BME. ‘Minoritised’ denotes that people are actively minoritised by others on the basis of the social construction of race rather than because they are in fact part of a minority, which the terms ‘racial minorities’ or ‘ethnic minorities’ imply (see Milner and Jumbe, 2020).
2. ‘Specialist services’ was the term previously used to denote DVA services catering to minoritised women. However, as DVA services have been increasingly tendered to generic housing associations, the term ‘specialist’ has been deployed by mainstream DVA services to denote their expertise on DVA. As one of the research participants noted: ‘*When I started work in this sector, a BME organisation was called a specialist organisation, but now the generic Women’s Aid organisation, it is a “specialist” organisation, and housing associations are not a specialist organisation. So the whole terminology has changed to erase our existence*’. In this context, a support worker from another organisation (part of a consortium of ‘by and for’ DVA services) explained how they have responded to the appropriation of the term ‘specialist’: ‘*Now we tend to describe ourselves as “by and for” services because they can’t really take that away from us*’.

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