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What does justice mean to black and minority ethnic (BME) victims/survivors of gender-based violence?

Abstract

This paper draws on research that looked at how ‘justice’ is understood, sought, and experienced by a wide range of victims/survivors of (GBV) (domestic violence, sexual violence, ‘honour-based’ violence and forced marriage) and by key practitioners working with those victims/survivors within the UK context. This paper focuses specifically on how Black and Minority Ethnic (BME) victims/survivors of GBV experience and conceptualise justice. The key aims of this paper are to explore (a) what are the experiences of GBV for BME victim/survivors, (b) what are their experiences and perceptions of justice, and (c) what factors enable, or pose barriers to justice for, women from BME backgrounds, and to what extent are these enablers or barriers mediated by immigration status. The paper situates BME women’s experience of GBV and conceptualisations of justice within an ecological approach (Hagemann-White *et al.*, 2010; and see Hester and Lilley, 2014), and within Bourdieu’s conceptualisation of ‘social capital’ (1986). We found that migrant women lack access to vital aspects of social capital, that make access to justice particularly challenging, and that immigration status poses key barriers in migrant women’s experiences of accessing justice.

Keywords

Black and Minority Ethnic Women, Immigration status, Justice, Ecological model

Introduction

While there is much theoretical and conceptual work on justice, there is very little research on the meanings of justice for victims/survivors of, and practitioners in the field of, gender-based violence (GBV). There are gaps in our knowledge about how different forms of inequality, including class, sexuality, disability, ethnicity, faith, and immigration status, may impact on victims/survivors experiences of, and access to, justice (Mulvihill et al. 2018). This article is based on a research project funded by the ESRC on *Justice, Inequality and Gender-Based Violence (Justice project)*¹.

The research looked at how ‘justice’ is understood, sought, and experienced by victims/survivors of GBV and by key practitioners working with those victims/survivors within the UK context. We understand GBV as primarily "violence that is directed against a woman because she is a woman or that affects women disproportionately" and following the Istanbul Convention (Council of Europe 2011), recognise it as a structural form of violence rooted in power imbalances and inequality (Hester and Lilley, 2014). We focus primarily on adult survivors/victims of gender-based violence, and include within our definition, violence and abuse between non-intimate partner family members (e.g. from son to mother or mother-in-law to daughter-in-law); abuse mediated through the internet or mobile phones; stalking and harassment.

For the purposes of the research, we conceptualised justice as going well beyond the prevailing formal criminal and civil systems of justice, including the more recent policy initiatives around restorative justice (Ministry of Justice, 2014) and use of religious arbitration, including Sharia

¹ Justice, Inequality and GBV project (ESRC grant number ES/M010090/1) [https://research-information.bristol.ac.uk/en/projects/justice-inequality-and-gender-based-violence\(49bc49cc-1db3-4675-b2ed-94a46555a0e9\).html](https://research-information.bristol.ac.uk/en/projects/justice-inequality-and-gender-based-violence(49bc49cc-1db3-4675-b2ed-94a46555a0e9).html)

councils (Islamic Sharia Council, 2010), and represent a mix of tangible and intangible needs for recognition, restitution and reconstitution. From this perspective, withdrawing from the criminal justice system process, for example, could indicate positive, self-protective choices by victims/survivors who recognise the type of ‘justice’ on offer is not what, or how, they want, and it may simultaneously be an indictment of the prevailing formal systems and raises the question of what alternatives are available. Therefore, as well as considering the criminal, civil, family, restorative, arbitration and religious councils, we are also alert to informal spaces such as inter/intra-family or community attempts to achieve different forms of justice.

This paper focuses on how the 83 Black and Minority Ethnic (BME) victims/survivors of GBV whom we interviewed experience and conceptualise justice, and draws on literature reviews from the Justice project. The research findings revealed not only that BME women experienced GBV and the justice process differently from white British women, but also that migration status played a key role in women’s access to justice. The key aims of this paper are thus to explore (a) what are the experiences of GBV for BME victim/survivors, (b) what are their experiences and perceptions of justice, and (c) what factors enable, or pose barriers for, women from BME backgrounds to access justice, and to what extent are these mediated by immigration status.

Justice, GBV and BME communities: A Review of the Literature

This section is based on an extensive and systematic review of literature, combined with targeted searches, conducted by the Justice research team (the searches and approach are outlined elsewhere, see Mulvihill et al. 2018). The review located literature associated with experiences and perception of justice in the context of GBV. We found that there is a paucity of literature that directly includes victims’/survivors’ experiences and perceptions of justice,

and this was particularly evident with regard to BME communities in the UK. The majority of the items addressing BME women and GBV and justice systems were conceptual pieces, dealing with interpretations of legal systems (Chantler *et al.*, 2009; Quek, 2013), issues around welfare cuts and service provision specifically impacting immigrant BME women (Thiara *et al.*, 2015), and definitional, legal issues and discursive issues around honour-based violence and forced marriage (Gangoli *et al.* 2011; Anitha and Gill, 2015). There has been some work on how migrant communities and families may be forced to reconfigure gender norms (Choi, 2019), such as patrilocality in the case of male marriage migrants (Charsley 2006, 2007), and this may contribute to gender-based violence.

In an international context, debates around justice and gender-based violence have centred around the inability of the criminal justice system to provide justice for women, for e.g Menon (1995: 369) in the Indian context has long argued about the ‘impossibility of justice’ in the legal arena for women experiencing gender-based violence. She uses the example of female foeticide, where the law on female infanticide and sex preselection may have worked to disempower and criminalise women, rather than protect them. Similarly, Smart (1989) argues that legal interventions in the area of sexual violence and abuse have disempowered women because rape law is based on a phallocentric conception of sexuality and sexual violence, and therefore victims and survivors cannot hope for justice within these parameters. However, these important pieces of work did not directly include the voices of women who have experienced gender-based violence.

The majority of UK-based literature in the review focused on forms of GBV traditionally associated with BME communities (e.g. forced marriage and crimes in the name of honour), and some looked at how race or ethnicity might mediate their experiences of abuse (Gill and

Mitra-Kahn., 2012, Meeto and Mirza, 2007). Some pieces (Meeto and Mirza, 2007) focused on the experiences of minority groups further marginalised by government policy and practice, such as women with no recourse to public funds (NRPF)², who are experiencing domestic violence. Cowburn *et al.* (2014) examined the role of community pressures and culture in silencing BME victims of sexual abuse, and similarly Adorjani (2012) unpacked the impact of discourses of shame in gypsy and traveller communities. In an international context, Plummer (2007) and Ammar *et al.* (2012) explored the use of protection orders by battered migrant women in USA, the latter contrasting these women's experiences with abused women from mainstream cultures. Messing (2015) interrogated how, in the USA, some women's insecure immigration status and fear of deportation may further distance them from avenues of justice, particularly formal routes into justice. There is also literature on how migration complicates women's experience of GBV, some of which can be empowering, for example, challenges to 'traditional' ideas of masculinity (Liversage, 2012), but in the case of refugee and asylum seeking communities, can also increase women's vulnerability to gender-based abuse (Koffman, 2018). The literature review also found that there was little evidence of how victims and survivors may conceptualise what (should) happens to perpetrators (Mulvihill, 2018), and this may well be because justice is often conceptualised in terms of criminal justice responses.

Our literature review indicates that issues surrounding access to justice for BME women tend to be complex and multifaceted. The impacts of structural inequality, immigration status and community and faith institutions further complicate the picture. What also emerges is that some

² **No recourse to public funds (NRPF)** is a condition imposed on someone due to their immigration status. Section 115 Immigration and Asylum Act 1999 states that a person will have 'no recourse to public funds' if they are 'subject to immigration control'. This applies to spousal visa and limited leave granted under family or private life rules. Women with NRPF are not able to access a range of welfare provisions, such as housing benefits, child credits, disability benefits, universal credit (for more information, see: <http://www.nrpfnetwork.org.uk/information/Pages/who-has-NRPF.aspx>)

of the literature based on survivors'/victims' voices tends to homogenise the experiences of BME women, disregarding differential immigration status, but also potentially ignoring other inequalities such as caste, class and religious identity. This is especially the case in relation to honour-based violence, where we find that some BME women's experiences of domestic abuse are often labelled as 'honour' related, even where links to honour may not be obvious (Hester et al. 2015; Siddiqui, 2014).

Building on this existing knowledge, we attempt to close some of the gaps by using data from interviews with BME victims/survivors to explore experience of accessing and experiencing both formal and informal justice. We look at how such experiences may compare between first generation immigrant women and second or third generation immigrant women who may have differential or varied access to what Bourdieu (1983) calls social capital. Social capital is "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (Bourdieu, 1986: 22). Social capital as a concept has been used in international development contexts, for instance looking at how networks such as caste, class or religious networks can enable economic development in certain groups, or women's access to employment and political engagement in the public sphere (Fafchamps, 2006). There have been a few isolated studies that explore how gender-based violence, particularly domestic violence, prevents women from building networks and accruing social capital; and further that dominant groups may be able to use social capital to justify and legitimise gender-based violence (Bañon and Bjorkert, 2001).

There have been no studies, to our knowledge, that explore how BME women's varied access, or lack of access, to social capital, may impact on their understandings, experiences,

and access to justice, and this will be explored further in this paper. To aid the analysis, we situate BME women's experience of GBV and conceptualisations of justice within an ecological approach, which organises risk factors on different levels (societal, institutional, community and individual), using the model developed by Hagemann-White *et al.* (2010, and Hester and Lilley, 2014), which illustrate how the various risk factors intersect at the different levels to form pathways that lead to gender-based violence against women.

Methods

The paper draws on interviews with the 83 BME victims/survivors (of 251 victims/survivors interviewed all together) from the Justice project (Williamson *et al.* forthcoming). Given the precarious nature of funding for specialist women's organisations (Durbin *et al.*, 2017), we had built into the project specific funding to assist organisations to help us by paying for their staff time to find potential participants. We began recruitment for the entire sample through the national organisations partnered to the project (Women's Aid England and Welsh Women's Aid) and the first call for participants, through an on-line forum, resulted in over 100 potential participants contacting the team within 2 days. The sampling strategy had included specific targeting of BME survivors, and to meet this aim, we recruited BME participants through 15 NGOs working with BME women on domestic violence across England and Wales, five religious/faith organisations, and wider media and advertisements through University press offices nationally³. Many of these NGOs were small and specialist women's organisations and charities that had excellent contacts with specific groups of women that we were seeking to interview, for example, first generation migrant women with NRPF, with experiences of domestic abuse, honour based violence, FGM; or British BME women with experiences of

³ We are not able to provide the names of all the NGOs and individuals who helped us recruit for this study, due to reasons of anonymity. We remain grateful to all of them for their help.

forced marriage. We are aware from previous work (see for example, Hester *et al.*, 2015) that these groups are particularly hard to reach, and need specific intervention and recruitment. The size of the interviewing team also helped in that each researcher had different areas of expertise and therefore different service and community contacts (e.g., a range of languages, links with traveller community groups, Jewish women, or people with learning disabilities).

Descriptive quantitative data was coded from the interviews to provide demographics, types of experiences of GBV, and types of experiences of justice, and frequencies calculated to allow comparison of BME and White interviewees on various characteristics. Secondly, qualitative thematic analysis was conducted on the 83 interviews, using NVivo to examine victims'/survivors' views on justice, and to elicit what they described as 'enablers' and 'barriers' to justice.

As described above, an ecological framework was used to code and situate enablers and barriers at individual, micro, meso and macro levels (Hester and Lilley, 2014). While this framework has been used as a way to understand women's experiences of GBV, in particular domestic violence (Carlson, 1984; Heise 1998), the ecological model has not previously been used in this way, to understand *women's experiences of justice* in situations of GBV, or with regard to BME women. We also draw on intersectional analysis of inequalities to further explain how structural/macro level inequalities can intersect and influence women's experiences of accessing justice at a community, family and individual level, particularly looking at immigration status as a key marker of inequality.

Findings and Discussion

Who are the BME women?

Table 1 gives the full ethnicity breakdown of the 83 BME victims/survivors in our sample. It shows that the most common ethnic groups were Pakistani (22%) or Indian (19%), followed by Any Other Asian background (11%) and Arab (10%). Smaller proportions were Bangladeshi (7%), Black African (6%), Gypsy, Roma or Traveller (7%). The ethnicity breakdown is likely to reflect the sampling strategy to some extent, including local demographic profiles in the areas where gatekeeper services who recruited participants were located. The high proportion of South Asian interviewees also likely reflects the project's attempts to include those with experiences of honour-based violence and forced marriage in the sample.

<Insert table 1 here>⁴

Looking at the intersection with other inequalities, 81 (98%) of the sample were female, one was male and one identified their gender as 'other'. Some 45 individuals (55%) identified as heterosexual, 3 (4%) LGBT, and 35 (42%) were not known. At the time of interview, most victims/survivors were aged between 25 and 34 (28; 34%), then 35 to 44 (17; 21%). Smaller numbers were 45 years and over (11; 13%) and under 25 yrs (5; 6%). For 22 individuals (27%) age was not known. We coded for a second aspect of age, namely the victim/survivor's age at the time of one or more of the abuse experiences. Victim/survivors were defined as having an age inequality if they were under 25 or over 50 when any of their abusive experiences occurred (bearing in mind that most described several experiences over their lifetimes). Some 48% of the BME group had an age inequality for at least one of their abusive experiences – the great majority being under 25 (rather than over 50). Some 57% had children. In terms of disability, 7 (8%) of the BME victim/survivors had a physical disability, 25 (30%) a mental health

⁴ We are using percentages for ease of demonstrating and illustrating comparative differences and are not claiming some statistical validity. This represents a general level finding.

impairment (whether pre-existing or as a result of the abuse), and 4 (5%) a learning need or disability. 33 (40%) of the BME victims/survivors were recent migrants without settled status, and at the time of interview, had non-British or non-EU citizenship. Of these, 25 (76%) had insecure immigration status, meaning they had No Recourse to Public Funds.

What are BME women's experiences of GBV?

Table 2 shows that the most common experience of abuse reported by the BME victims/survivors was domestic abuse (encompassing physical, emotional, financial violence, coercive control, harassment and stalking) (94% reported this), followed by exposure to domestic abuse as a child (34%), then rape or sexual assault as an adult (27%) and sexual violence as a child (22%). The rate of reporting sexual violence was lower amongst BME than White interviewees. It is possible that lower rates of reporting sexual violence as both adult and child by BME women may link both to culture, in respect of taboos or shame in relation to disclosing sexual violence, and in the case of first generation migrants, different legal and cultural norms in country of origin, for example rape within marriage may not be recognised as a legal or moral issue in their country of origin. This needs further exploration. Experiences of HBV; forced marriage and FGM were evident for many participants, with 46% of BME interviewees reported experiencing this, compared with 4% of White interviewees. This could indicate the prevalent policy and legal discourses around these forms of GBV as associated with particular BME groups, and especially the South Asian ethnic groups (c.f. Chantler et al. 2019; Sundhari and Gill, 2015) which are well-represented in this sample, and also the focus of work of some of the NGOs that helped us with recruitment of the respondents.

<Insert table 2 here>

What are BME victims'/survivors' experiences of justice?

Interviewees were asked whether they had accessed a range of criminal, civil and family justice measures, as well as 'alternative' approaches including restorative justice. Some 79% of both BME and White interviewees made a report to the police as a consequence of some form of GBV. Table 3 gives frequencies for the 64 BME and 123 White interviewees who made a report to police, allowing a descriptive comparison of what happened to both groups in the criminal justice system following report.

<Insert table 3 here>

Whilst similar proportions reported to police and had an arrest made initially in the case (50% and (53%), the two groups diverged after that, with the BME interviewees much less likely to have had a police investigation (42% compared with 72%) and much less likely to result in a criminal charge (14% compared with 47%). These are exploratory and indicative findings only, and not statistically robust due to the purposive sampling, but they do raise questions about the attrition of BME victim/survivor cases in the criminal justice system, and about whether certain experiences of gender-based violence which are more common to BME groups (e.g. forced marriage, honour-based violence) are more likely to drop out of the criminal justice system. This picture is supported by recent studies, which found that police initially respond quickly and effectively to BME victims – especially those where honour-based abuse is suspected – but often then take no further action, and/or do not follow up with the individual (Mulvihill et al. 2018). It is also supported by interview data for this study, which suggest that migrant women are often returned to their country of citizenship (by their in-laws, or as a result of insecure immigration status) and the police interpret this as an adequate resolution.

In addition to criminal justice measures, many in the BME group obtained non-molestation orders (23%); and about a third were involved in disputes through the family court (31%). One in seven had a perpetrator who attended a programme for domestic violence (15%). Many of the BME group used religious arbitration (38%), possibly reflecting the recruitment of the sample from a wide range of religions, including Jewish, Catholic, other Christian groups, Muslim, Hindu and Sikh. It is possible that immigration backgrounds also played a role here, echoing research that indicates that new migrants draw sustenance from faith in a different way from settled migrants, and the 'host' community (Yang and Ebaugh, 2001)

What are BME victims'/survivors' perceptions of justice?

Interviewees were asked about their perceptions of justice in general, and, in particular, whether they felt they had obtained justice in their own case. BME women recognised that justice could relate to a number of levels (personal, community, cultural, legal). But respondents referred to three main types of justice when questioned about what justice meant for them: legal justice (i.e recognition/validation through the formal CJS); gender justice through changes within the family and the community; and a wider conceptualisation of justice in human rights terms. These will be explored more below.

Legal justice

Some BME women's perception of legal justice was articulated in general terms in the context of protection by the police and courts but alluded to inequalities based on ethnicity and implicit racism within legal systems.

for me, it means...protection for the victims by the law / authorities (Asha, Indian, victim of DV).⁵

(legal justice is) fairness, fair dealing, equal treatment in law (Salma, Pakistani, victim of HBV).

However, for women with insecure immigration status, legal justice was inextricably linked to their immigration status, and there was an implicit understanding that it was not possible to hope for justice with regard to their experience of gender-based violence as long as their immigration status was threatened. Asha had applied for asylum on the grounds of her domestic abuse explained that 'I cannot get justice yet because after 5 years... still fighting to gain asylum, still haven't got a visa'.

Justice as recognition by community

Some participants articulated justice in familial and community terms. Two survivors of honour based domestic violence, both British Asians, stated that the lack of acceptance by the wider community was in itself a form of injustice. One of these was a British born survivor of forced marriage, forced into marriage with a man in and from her country of origin, who escaped the marriage by getting a religious divorce.

I just wanted that piece of paper (divorce), because that's the way the community see it and I want it, you know...He's claiming I'm his wife...you see there's technically no divorce so he's continuing to claim that (Aamna, British Pakistani)

⁵ All names have been changed.

She also felt that the stigmatisation of herself by the community was unfair:

I was blamed, I was seen as the bad one, I was being further targeted as somehow not doing what I should do as a dutiful daughter, wife or whatever. (Aamna).

Interestingly, BME women with insecure immigration status, particularly those married to British Asian men well settled in the community also wanted the community to accept that their families were in the wrong, but they articulated this lack of acceptance in terms of their vulnerable immigration status. Amina, escaping domestic violence and abuse, was Bangladeshi, currently with insecure immigration status, felt that her husband was protected by the community because of his wealth and status:

The *biradri* (community) will never accept he has done anything wrong, they have forced me to take the case back. He is a doctor and has a lot of respect (in the community). I am nothing, why will they listen to me? (Amina)

For all these women, community acceptance of perpetrator responsibility would be a form of justice.

Justice will be when the community accepts what he did was wrong (Nida, British Pakistani survivor, DV).

BME women also felt that the community, and families could play a role in reforming gender roles and inequalities, which they understood to contribute to GBV. Asha, who had grown up

in an Indian household, where son preference was the norm believed that this was the root of GBV

Justice should start in the home, and within the family... in some cultures there is unfair treatment of females compared to males – sons have freedom and advantages that daughters don't – justice would start with equal treatment of sons and daughters in the family and community (Asha)

Justice as human rights

BME women conceptualised justice not only in individual and community terms, but also in terms of wider rights, and fairness. These understandings also coalesce with broader understandings of human rights as women's rights, and the inextricable connections between inequalities and injustice.

Salma, currently on insecure immigration status, stated that for her

Insaaf (justice) means protection, security and peace of mind for the rest of your life, and fair dealing in every aspect of social life i.e. from housing to the courts.

Justice was also articulated in terms of personal freedom, particularly in the context of women who had experienced coercive control from their family all their lives, and currently found themselves constrained by legal and state control in the context of immigration.

Justice is being free, and being able to do anything you want to and not being controlled by anyone (or) courts (Asha).

What are the barriers to, and enablers of, justice for BME victims/survivors?

Women's experiences of accessing justice will be discussed in this section at the four levels of the ecological model – individual, micro (family), meso (institutional) and (macro) social. These will first be used to examine the barriers faced by BME women in accessing justice; then to examine the enablers. The extent to which immigration status makes a difference in accessing justice will also be considered throughout. We will therefore explore how access to social capital may vary for different groups of immigrant women, and how these may pose barriers or enable women in their journey to gender justice.

Individual barriers

Women with insecure immigration status and first generation migrants had specific concerns that complicated their experiences of accessing justice. Most of the women who were first generation immigrants were inhibited by language and cultural unfamiliarity, particularly when they were threatened by marriage breakdown, and domestic violence and abuse. Alisha, a first generation immigrant from Bangladesh, explained that for her, leaving her husband seemed impossible, because she lacked knowledge of basic structures in the UK:

I was scared, I didn't know what to do. When I left my house, I didn't know how to take money from cash machine, how to take a bus.

Inability to communicate clearly in English also meant that women were hesitant to access help. This was a recurrent pattern in several interviews. Lisa, another first generation immigrant experiencing domestic violence was scared to ring the police, because she spoke no English.

Where they did access help, they found that their inability to understand English meant that they were dependent on interpreters, and at times they were unable to understand the criminal justice system processes.

Micro barriers

Micro, or familial or peer pressures for women with insecure immigration related to a generalised dependence on the family, particularly intensified for women who were recent migrants. For instance, Rita, an Indian survivor of HBV spoke of her isolation:

I've got no friends here, have no relatives here, got no help.

Women's insecure status was also used by families to coerce them into staying in abusive relationships in several cases. In Rita's case, after being arrested, the perpetrator returned to the family home and continued to abuse his partner, telling her that there was nothing that she could do, because from their experience the police would not help her, and she would lose her children and be deported.

Isolation was also experienced as a barrier by British BME women, particularly South Asian women in forced marriage situations. In one such case, Samira, a British woman with Bangladeshi heritage, who was taken to Bangladesh for a forced marriage, reflected on her situation at the time:

My friends (in the UK) were very concerned, they didn't know what was going on...I did write to them but I didn't know if my letters did get sent...

Both these groups of women were in similar situations, as they were isolated in countries where they lacked peer support, language proficiency and knowledge of local resources.

Jassy, another British Asian woman, who had escaped a forced marriage at 13, and was now in her 30s, was isolated from her birth family:

Because I was shunned..., I left home, it was a choice I had to make...Because you've taken away my culture, my identity away from me by not allowing me to be...in contact...I couldn't have contact with my siblings...And I think that is unfair.

Men and families also used religion as a way of controlling women, and restricting their choices. Alisha recounted how her husband manipulated her by resorting to religion:

My husband, he touched the (Holy Book) and he touched my baby's head and my head, and promised that I go (to maternal home in home country) and he will get me back after three months (Alisha, Bangladeshi, DV).

Religious coercion in these cases can be seen as coercive control, as ways of manipulating women's behaviour by using religious justification, for example, there is evidence in our project that some religious practitioners talked about the role of scripture and religious teaching in constraining justice for GBV victims (Mulvihill, 2018) and therefore trapping women further in what Stark (2007) has called the 'cage of male domination'. It is not clear from our sample whether first generation BME women in the UK were more likely to be subjected to this form of coercion than second and third generation women.

Meso barriers

A key finding was that most BME women in our sample, irrespective of immigration status, experienced some form of racism while accessing justice. However, this was felt more acutely by women with insecure immigration status, and Asha, who was on a spousal visa mentioned that she felt disbelieved by services:

...not being believed by social workers, and was only listened to when there is a professional supporting...(her) and able to challenge the authorities when they don't act.

Women in these situations valued the interventions of professional support and advocacy, but also understood these experiences in terms of lack of respect from the wider community, attributed to their race/ethnicity/immigration status. This was compounded by individual problems with language, manifested at a meso level when in contact with services. In the case of Lisa, her police statement was made via an interpreter but when the respondent saw the statement later it was not a true reflection of the statement that she had actually given.

Macro barriers

A key macro barrier was generalised or aversive racism, a term coined by Gaertner and Dovidio, (1986), according to which negative evaluations of racial/ethnic minorities are realised by a persistent avoidance of interaction with other racial and ethnic groups. This is expressed not as hatred of minorities, but as unconscious bias. We suggest that aversive racism was expressed more for first generation migrants than for settled and seemingly more integrated migrants. As seen above, racism was experienced across the board by first and second generation immigrants. However, this was exacerbated for first generation immigrants, and

some participants clearly identified it as racism at a structural level. Fatima, a Pakistani victim of HBV and DV, expressed this as follows:

And they began the case but the police supported him, the police support him...the first time they help you to get you out then they help British born only.

Some first generation immigrant women also felt that they had experienced discrimination at the point of seeking employment, and this necessarily reduced their options in terms of seeking justice for gender-based violence, and indeed for escaping a domestically abusive situation. Asha felt that her previous professional qualification from India was disregarded by potential employers, and:

(I didn't get the job) ...because they didn't recognise my qualification, my body language was different...they weren't sure whether I would culturally fit into the organisation or not.

However, some British Asian survivors of forced marriage identified current policy on marriage visas⁶ as being discriminatory, and saw that as a form of gendered discrimination. Samira, who was forced in marriage with a man from her country of origin expressed this as follows:

⁶ Current policy on spouse visas enables partners and spousal visas to apply for a spousal visa in the first instance, normally valid for 5 years, when the visa holder is not able to access certain welfare services (see footnote 1); and to apply for indefinite leave to remain at the end of this period, if the marriage is still valid. Indefinite leave to remain enables holders to apply for UK citizenship after a certain period.

... he forced me to go in and sign papers you know ... I thought he should not have citizenship...He's got citizenship on the back of me, why can't that just go even if they can't get him ().

Our previous research also indicates that victims of forced marriage where their immigration status has been used to sponsor spouses from their country of origin saw this aspect of their experience as particularly unjust (Hester et al. 2015). This indicates the intersections between ethnicity, immigration status and gender, and where in this case, gender trumps immigration status.

Enablers

This next section will explore some enablers for justice for BME women. This section is necessarily shorter than previous sections, as respondents found it difficult to identify many enablers. At an individual level, some women identified their own sense of self, and their children as enabling their journey to justice. As Astha, a British South Asian survivor of forced marriage explained:

(all through this period, I) need (ed) to draw on myself and (live for) my children
(British South Asian woman, HBV).

In some rare cases, the wider family enabled and supported women when they were experiencing gender-based violence. In Samira's case, her mother had been complicit in her forced marriage, but the mother helped her at a later stage:

My mum did something quite interesting, she made me have a coil put in after I had
(son from forced marriage).

Asha was enabled by her brother in India, who on learning of her sense of isolation, and her abuse at the hands of her in laws, texted her details on how to contact the emergency services in the U.K. This gave her the confidence to call the police.

At a meso, or community level, some women were enabled by the positive role of BME specialist services, who provided tireless support for many women, particularly those with insecure immigration status.

(name of BME support worker) is an angel and life support (Munira, Pakistani, DV and HBV)

(name of BME support organisation) has helped me to regain my identity, which I had totally and completely lost. They've helped me regain my identity because I had totally forgot who I was.....I now live my life for me and do things for myself, they have helped me regain my identity (Alisha, Bangladeshi, DV).

Some women mentioned the sense of peace (*sakoon*) they felt when they entered their place of worship. This was seen as enabling, even where they did not feel particularly supported by their faith community in their experience of gender-based violence:

Religion dictates cooperation with each other (and) respecting in-laws. So if a couple is having problems, there is not much chance of separation, according to the religion at least (Asha, DV)

At a macro level, there was a sense from some respondents that the British justice and social care system was fair, and this was particularly expressed in the context of first response from the police, and health services:

My husband, he used to beat me a lot. I told my doctor and she told me, this won't do, tell the police. Next time he beats you, call the police. So I did, they came, they even arrested him (Munira, Pakistani, DV)

Migration status and vulnerability

From the analysis presented in this paper, it seems that the migrant women – and in particular those with immigration vulnerability (first generation immigrant women, with no recourse to public funds) – are a distinct group. Immigration status mediated women's experiences of abuse and directly affect their access to help and justice. To further explore how migration status impacted on vulnerability and experiences of justice, quantitative analysis was conducted to compare recently-arrived migrants and those with settled migrant status within the sample of BME interviewees. Nationality was used as a proxy measure of migrant status, with non-British and non-EU nationals deemed to be recent migrants, and those with British or EU nationality deemed to be settled migrants.

In this analysis, recent migrants with insecure status were more vulnerable and had fewer resources than settled migrants. 94% of BME recent migrants reported that the abuse had had a financial impact, compared with 78% of the BME settled migrants. Six per cent (n=2) were homeless and 17% (n=6) living in a refuge, compared with three per cent (n=1) and eight per cent (n=7) of the settled migrants. Only three per cent (n=1) of the recent migrants owned their

own property compared with 18% (n=7), and only three per cent (n=1) were council tenants compared with 15% (n=6). These are only small numbers, so strong conclusions cannot be drawn, but the indicative pattern may be one of greater poverty and precariousness for the recent arrivals.

In terms of accessing justice, whilst a similar proportion made a report to police (85% of the recent migrants, and 90% of the settled), there were far fewer police investigations in the cases of recent migrants (25% compared with 46%), although the rate of charge was more similar, at nine per cent for the recent migrants compared with 12% for others. The two groups also appeared to have differential access to civil justice, with 17% of recent migrants obtaining a civil order compared with 35% of settled migrants.

Further qualitative analysis of the interviews with migrant women showed that immigration status was a particular barrier to accessing help and justice, particularly in terms of police response, and absence of support services:

I was treated as an immigration issue first, and a victim of abuse second (Alisha, Bangladeshi, DV).

Because of ...no recourse to public funds status, (I) could not access support services. (Asha, Domestic Violence).

Women with insecure immigration status felt a heightened sense of vulnerability, as their immigration status was used by their marital family to control them. In our interview sample, a number of women with insecure immigration status recounted experiences of husbands and

in-laws threatening to send them back to their country of origin; to take their children away from them, or refusing to send their passports to apply for indefinite leave to remain. Crucially, this research found further evidence that migrant women were not taken seriously by the criminal justice system beyond an initial police response and removal from the home. Many were left in temporary accommodation (hostels, B&Bs) with no follow-up, and not given any options or choices about whether they wanted to pursue a criminal charge. This situation was compounded by their spouses and in-laws promising authorities that they would ‘return home’ the women from the UK to their country of origin. With immigrant spouses in particular, police seemed to withdraw when a husband or in-laws said they were ‘sending them back’.

As noted above, the sample of British Asian women who were taken abroad to be forced into marriage experienced similar feelings of heightened vulnerability, and a loss of everything familiar to them. This was possibly mitigated when they escaped or came back to the UK, where their ‘social capital’ in terms of language, knowledge of the criminal justice and social care systems, enabled them to seek justice.

Conclusions: What is the ‘justice gap’ for BME women?

This paper has demonstrated that in common with white mainstream women, BME women’s experiences of GBV and justice are complicated by economic status, patriarchal norms, and legal systems. However, BME women are vulnerable to specific forms of abuse, particularly FGM, FM and HBV, and compounding issues in relation to immigration status and racism. This paper has added evidence in support of what is already known to be particular challenges faced by first generation immigrant women in help-seeking or reporting: feelings of shame, language barriers, different cultural norms and expectations, lack of knowledge of systems/structures and about where to access help. We also found that their spouses and wider

family often had access to forms of social capital – wealth, language, education, knowledge of systems and processes, support from faith groups – that enabled them to control the victim/survivor.

This paper has moved the debate forward by providing new analysis to show, both quantitatively and qualitatively, that women from BME communities may also obtain less justice in the context of the criminal Justice System. Whilst there is a similar rate of initial reporting to police, there appears to be fewer criminal investigations and fewer charges, and so they have a higher rate of criminal justice attrition compared with White victims. There is then, on empirical measures in our Justice project sample, a particular justice gap for BME women. The criminal justice system is already less welcoming to BME women. Our interview data supports this, indicating that police are less likely to pursue criminal action and lower rates of criminal charges brought in cases involving BME women. Yet, the police datasets collected for the project have also shown that ethnicity is inadequately captured in police records, with ethnicity missing for half of the domestic violence cases, and one in five of the rape cases – suggesting that the police and criminal justice system are not yet sufficiently aware of ethnicity as a key indicator of inequality on justice measures, and currently are unable adequately to track it.

These issues are however particularly acute for first generation migrant women with insecure immigration status and no recourse to public funds. As well as facing barriers to accessing support services, they are afraid of the potential consequences of speaking out about abuse and then having to return to a home country, potentially to face threats of violence or retaliation from extended family and/or community overseas. We further suggest that there is a parallel with British BME women who are taken overseas to be forced into marriage. In

common with BME non-British women in the UK, the former also lack social capital in the country they may be taken abroad even though it is their country of origin, their country of origin, and similarly experience heightened isolation due to immigration status, language differences and lack of familiarity with local systems and contexts. The findings in this paper provide further weight for existing calls (EVAW, 2018) by women's organisations and activists (for the Government's Domestic Abuse Bill to do more to support migrant women experiencing GBV.

We also found that religious arbitration is used by many BME women as a form of justice. This could be an impact of immigration – getting support from what is familiar – rather than deriving from religiosity but could also be a reflection of lack of faith in the formal justice system. In the UK, there has been a general policy focus on criminal justice sanctions as a route to justice for gender-based violence, yet for many BME women this route does not appear to offer long-term solutions, or even short-term relief, let alone justice. A lack of trust in the criminal justice system is both justified and rational – BME women in general, and first generation migrant women in particular, are less likely to get justice from this route. We need to explore further whether they are getting justice from faith organisations (Mulvihill, 2018). This paper also highlights and adds evidence to the important role played by specialist organisations in supporting vulnerable migrant women, particularly first generation immigrant women with very little wide.

To conclude, first generation migrant women face particular barriers, and lack social capital, which make their journey to access justice more challenging than for British BME women, *except* in situations of forced marriage where British women may also be taken abroad for marriage. This has particular implications for policy and practice, and we suggest our research supports the recommendations of EVAW(2018) that definitions of domestic violence and coercive control should include 'threats concerning women's immigration status,

and control of documents and application processes'; that specialist services be supported and the police and criminal justice systems should prioritise migrant women's safety over their immigration status.

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Table 1: Ethnicity of BME interviewees

	Number	Proportion
A1 – Indian	16	19%
A2 – Pakistani	18	22%
A3 – Bangladeshi	6	7%
A9 – Any other Asian ethnic background	9	11%
Arab	8	10%
B2 – African	1	1%
B2 – African	5	6%
B2 – African (Black African)	1	1%
B2-African	1	1%
Gypsy, Roma or Traveller	6	7%
M1 – White and Black Caribbean	1	1%
M2 – White and Black African	1	1%
M3 – White and Asian	1	1%
M9 – Any other Mixed ethnic background	1	1%
Mixed Race	1	1%
Not stated	3	4%
O9 – Any other ethnic group	4	5%
Total	83	100%

Table 2: Interviewees' lifetime experiences of gender-based violence

Abuse type	BME interviewees (n=83)
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Any domestic abuse (physical, emotional, financial, coercive control, harassment, stalking)	94% (n=78)
Rape or sexual assault	27% (n=22)
Honour based violence (HBV, forced marriage or FGM)	46% (n=38)
Exposed to domestic abuse as a child	34% (n=28)
Sexual violence as a child	22% (n=18)

Table 3: Victims/survivors of gender-based violence reporting to police

Criminal justice progression (187 interviewees)	BME (n=64)	White (n=123)
Perpetrator arrested	50% (n=32)	53% (n=65)
Police investigation	42% (n=27)	72% (n=89)
Criminal charge made	14% (n=9)	47% (n=58)