Forgotten Women: Domestic Violence, Poverty and South Asian Women with No Recourse to Public Funds

Research Report

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with
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Foreword

The women in the pages which follow are originally from South Asia. Their marriages to men settled in Britain broke down because of domestic violence within the so-called ‘probationary period’ of two years. As a result, they and their children face a stark choice: deportation to their country of origin where, because they were sent back ‘in disgrace’, they would be subject to further violence and abuse; remaining in the UK, homeless, destitute and in danger of sexual abuse and exploitation; or, of course, they could return to the abusers they left in the first place.

The report focuses on women who have approached agencies in the North West and Yorkshire regions of England and who were interviewed between January and June 2007. However, its findings are of national relevance; the experiences reflect those of women throughout the UK. Also, immigration rules such as NRPF create an inherent power imbalance in every relationship where one partner is a UK citizen and the other is not.

The experiences documented here are familiar to frontline workers at black, asian and minority ethnic women’s refuges. Women and children facing NRPF, often deeply traumatised by domestic violence, regularly arrive at these refuges after being turned away by a number of other agencies. Too often refuges are forced to turn women away because they do not have the funds to house them.

Why is this happening? And why is it happening under a government which has declared itself committed to combating violence against women? Why is so much money, time and energy spent on profiling and punishing perpetrators of ‘Honour killings’ and so little on strengthening the courageous but often extremely vulnerable women who confront these forms of violence? These are the questions we are left with as we read through Forgotten Women...

Forgotten Women… leaves us wondering also about the notion of human rights: what does it include if not basic safety and the resources essential for survival?

Amrit Wilson

Chair of Imkaan
I was hiding in the park. A woman found me there and called the police. The policewoman could not understand me, but she was very nice to me... They got someone who could speak Urdu and I stayed at the police station for a few hours. Then they took me to social people (social services), who are helping me. I don't know about my future but I am safe, I am alive and he is not hurting me anymore.

I think it is very difficult for Asian women to find information and support. The community still blames the woman. She is expected to put up with anything her husband does. We have to ring so many agencies. Some refuges don't have space. Many who do, don't take women like me. I have had to ring many people and they all gave different information. There are no leaflets or guidelines available.
Acknowledgements

The women who participated in this study must remain anonymous, but it is their courageous testimony and their generosity with their time that has made this report possible.

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Forgotten Women:

Domestic Violence, Poverty and South Asian Women with No Recourse to Public Funds.

Introduction
This report documents research findings relevant to understanding the experiences of South Asian women who have survived domestic violence and who have No Recourse to Public Funds (NRPF), the “forgotten women”.

This study was sponsored by Oxfam GB, with additional contributions from Care Services Improvement Partnership North West (CSIP NW) and the University of Huddersfield. The research was undertaken by Saheli, a specialist South Asian Domestic Violence Project based in Manchester, working with women with No Recourse to Public Funds in crisis and needing refuge. The overall aim of the study was to contribute to policy-making and service provision for such women.

The Two Year Rule and No Recourse to Public Funds
Women who come to the UK to join their husbands/fiancés are subject to a two year probationary period of residency, also known as the ‘two year rule’. If their marriage breaks down during this period they no longer have the right to remain in the UK and face deportation back to their country of origin. However, if domestic violence is the cause of marital breakdown and they are able to provide requisite ‘evidence’ of this, they can apply for Indefinite Leave to Remain (ILR). Until such a decision is reached, they have No Recourse to Public Funds (NRPF), making benefits and public housing such as refuges inaccessible to them. This means that women facing domestic violence within the two year period or more, if their sponsor has not renewed their visa, face a stark choice between living with life-threatening ongoing violence or facing destitution if they leave, and deportation if they are unable to meet the stringent evidential requirements. The impact of the ‘NRPF’ clause is not merely on women who seek to leave the abusive relationship; the very existence of this clause effects all women in this situation by reinforcing gendered inequalities.
Key Findings

1. Patterns of abuse

South Asian women with NRPF face domestic violence and exploitation enforced by threats of destitution or being ‘sent back home’ should they leave their abusers.

Other characteristics of abuse faced by the women with NRPF include:

**Sexual abuse**

A high proportion of women reported sexual abuse by the partner, or/ as well as by other family members who exploited the lack of support for the woman within the family and the absence of any viable means to leave the relationship.

**Forced domestic and in some cases non-domestic labour**

Exploitation of domestic labour was in most cases accompanied by a denial of the women’s most basic needs. This included starvation, imprisonment, denial of warm clothes and inadequate sleeping arrangements, and a denial of access to phone or any unsupervised contact with outsiders.

**Neglect, violence and eventual abandonment**

Where men have felt that emotional pressure exerted by their family was the basis of the marriage, the women have reported neglect of their basic needs, abuse and eventually abandonment.

**Continuing exploitation and sexual abuse on escape from a violent relationship**

Where women had managed to leave the abusive relationship and due to NRPF and the absence of public funding, were forced to live with strangers, relatives and friends, they have reported further exploitation of their labour and vulnerability to sexual abuse.

2. Destitution, poverty and deprivation

The poverty and destitution faced by women who participated in this study is attributable to the immigration policy which makes it harder for the women who do manage to leave abusive relationships to recover from the abuse, to access services and further exposes them to further risks of abuse and exploitation.

**Income poverty**

Based on the most commonly used threshold of poverty - a household income that is 60% or less of the average household income in that year - all the women in this study who had NRPF and had left the abusive relationship were living in dire poverty and deprivation, struggling to
meet basic needs such as adequate food, warm clothing, travel expenses and medicines. Many women who received no support from their Local Authority were facing destitution and were living on the charity of friends, family members or strangers who had taken them in, making them extremely vulnerable to further exploitation and abuse.

**Accommodation: quality, safety and security of tenure**

Due to the difficulties of accessing women who were not receiving any support from services, women in publicly-funded accommodation are overrepresented here, though evidence gathered from eight specialist refuges by Saheli and Imkaan indicates that the vast majority of women with NRPF are refused accommodation by refuges due to lack of funds.

Just under a third of women who had left the abusive relationship were in private accommodation, while two-thirds were living in social housing, funded by Local Authorities, by refuges through their own reserves and in one case by NASS. Single women faced greatest insecurity regarding their accommodation - eight single women had moved between four and eight times in the last year, and two women had lived for short periods in a park and on the rooftop of a mosque. Women staying with friends, family members or strangers did not have access to a bedroom for their sole use, were ‘on call’ as domestic workers with no private space to retreat to, were sleeping in living room or sharing the bedroom with the children in the family. Women expressed greatest concerns for their safety where they were not in a refuge.

3. Social Isolation

Social isolation was evident not only whilst the women were still in the abusive relationship, but also when they had left the relationship. In their attempts to seek help from informal sources of support, to whom nineteen women first made the disclosure, women reported that they did not always reveal all of their circumstances but tested out the reaction to limited disclosures to ascertain who may be supportive. The initial responses they received were variable and included blaming the women for the abuse. Some women managed to find the support they needed from relatives, friends and in one case a neighbour, but many simply did not have the opportunity to talk to anyone because of the control that was exercised over every aspect of their lives, and the fear that any attempt to seek help would be noticed and would result in further abuse.

Nearly 50% of the women who had left the abusive relationship had no contact with family or friends in the two weeks prior to the interview and faced extreme isolation due to a range of reasons including the lack of any informal sources of support in the UK, being disowned by family for leaving the marriage, fear of being traced, and lack of sufficient funds to visit friends or speak to family in the subcontinent. This isolation was compounded for women who had no access to specialist services that were able to meet their language needs.

4. Psychological and physical health

Initially upon leaving the abusive relationship the women reported some improvement in their physical and psychological health. However, they reported that over time they experienced severe and ongoing health problems which they attributed to the abuse they had suffered. These included suicidal thoughts, suicide attempts, extreme fears, anxiety and panic attacks, depression, eating and sleeping difficulties. Most women did not have access to specialist
mental health services, and of the women who were not receiving any support from Local Authorities two-thirds did not have access to GPs.

5. The trap of the Domestic Violence Rule

The Domestic Violence Rule requires that women be able to ‘prove’ that they have experienced domestic violence by contacting agencies before they leave the abusive relationship, often at great risk to themselves. However, our research shows that a third of the women simply did not have the opportunity to talk to anyone while they were within the abusive relationship because of the control that was exercised over every aspect of their lives and the fear of further violence. It was only after they left that many women were able to talk fully about what had happened to them – both to their family and friends, and to service providers. Their contact with services after they have left the abusive relationship is viewed as suspect for the purpose of providing evidence of the abuse. This research also shows that many women who do manage to contact services at an earlier stage find that services do not always enable full disclosures, record them accurately or provide effective help that enables women to leave. Not surprisingly, only a small minority of women who have successfully managed to leave are able to provide the evidence required, with requirements from existing policy simply being at odds with the reality of their experiences.

6. Inconsistent and variable nature of service provision and service responses to women with NRPF

Contrary to the stereotypes of South Asian women being unwilling to approach welfare services, this research indicates that South Asian women with NRPF do make repeated attempts to contact services despite the additional and significant barriers they face in doing so. However, it took most women several contacts with services to receive the help they needed and many women had not yet received such help despite several attempts to access support. Twenty eight women had contacted an average of four services each, some of whom did so after they left the abusive relationship. These service contacts do not include repeated contacts of the same services.

Experiences of services were highly variable. Obstetric services, specialist domestic violence services, community mental health services, Law Centres and Citizen’s Advice Bureaus received positive evaluations while a majority of the women remained dissatisfied with Accident and Emergency services, GPs, the police and Social Services. These evaluations were based on whether the agencies were effective in enabling disclosure, recording disclosure, validating women’s experiences and offering advice, information and referrals that helped women to eventually leave the abusive relationship.

**Accident & Emergency (A&E) services**

Of the six women who contacted A&E for injuries following domestic violence, five women reported failure to pursue alternative explanations for the violence given by the perpetrator(s) and no attempt to see the women on their own.
**General Practitioners (GPs)**

Two-thirds of the women who contacted their GP for help with the physical and mental impact of the abuse reported dissatisfaction due to a failure to deal with the causes of their symptoms, failure to take women’s disclosures seriously and poor mechanisms for referrals, while a third of the women made positive evaluations of the service they received.

**Police**

Just over one-third of the women reported instances of good police practice, but the majority of women reported dissatisfaction with the service they received. The nature of their assessments depended on whether women’s disclosures were taken seriously, a pro-arrest policy was followed, and the safety of the women prioritised by informing them about their options and making contact with services on their behalf.

**Local Authority policies and practice**

Almost 50% of the 23 women who contacted social services, particularly single women, did not receive any support despite repeated efforts to seek help – five women in this situation were destitute and one woman was forced to remain in the abusive relationship due to the lack of support. Under a quarter of the women, mostly women with children, received support from their Local Authority when they first contacted them, while seven women had to move from one Local Authority to another till they received the support they needed.

Examples of good practice existed in a few Local Authorities, particularly Manchester, where women made positive evaluations of the service. Nevertheless, practice remained inconsistent and variable across the region. For example, two women reported that their Local Authority offered to take their children into care, and two women who were housed in Bed & Breakfast accommodation (B & B) with their children had nothing to eat for several days – in one case the social worker visited regularly with nappies and baby milk for the baby while the mother starved. Some women housed in emergency accommodation were exposed to further violence, for example by being housed in a B & B near the abusive family home.

**Obstetric services**

A majority of the women reported positive experiences including pro-active questioning, pursuing with their enquiries when women offered partial disclosures, offering reassurances about the help available, and finding a refuge space for them. Even where women were unable to act on the advice given, these measures increased their confidence in the services, enabling fuller disclosures later.

**Generic refuges**

South Asian women housed in mainstream refuges reported a sense of relief at having escaped what was experienced as life-threatening situations, yet they were unable to communicate with anyone and experienced overwhelming isolation and confusion about their options due to language barriers and the absence of culturally-sensitive and effective support that met their needs.
Specialist refuges and outreach services

Women who were accommodated in specialist refuges had the most positive evaluations of the services they received and women also expressed high levels of satisfaction with specialist outreach services. The reasons included offering reassurances about confidentiality, enabling disclosures, advocacy and support in accessible languages, enabling access to other services and overcoming social isolation.

Law Centres and Citizen’s Advice Bureaus

Most women reported satisfaction with these services, particularly with the South Manchester Law Centre.

Community Organisations

Positive evaluations of community organisations included that of Roby, a community mental health service based in Manchester.

Given the highly variable and inconsistent service response, women’s ability to leave abusive relationships seemed constrained by the lack of support by statutory services. Additionally, the fact that ‘evidence’ under the Domestic Violence Rule requires a successful service contact which records the abuse, in effect, penalises women for the ineffectiveness of service response to their situation.

Recommendations

This study highlights the need for many changes, while some may be longer-term changes requiring a change in the law, other changes may be made more immediately. The following section specifies some key recommendations.

1. Changes in law

1.1 The ‘no recourse’ requirement under the ‘Two Year Rule’ reinforces gender inequalities for all women in a marriage, and not just those seeking to leave an abusive relationship, and needs to be abolished.

1.2 At the very least, all survivors of domestic violence should receive welfare benefits and safe housing under the Housing Act 1996 to enable women to leave the abusive relationship and to prevent them from facing poverty, destitution and further abuse and exploitation after they leave.

1.3 The proposal to support women with public funds and reclaim the funds from their sponsor raises concerns including fear of retaliatory violence to women, their children and to relatives in the subcontinent. Such a move would be ineffective and it obscures the responsibility of the state to protect women’s human rights.

1.4 The current treatment of ‘overstayers’ needs to be reconsidered, as the nature of domestic violence and the failure to renew visas can itself be part of the abuse and control that women experience.
1.5 A wider range of evidence including personal statements and witness testimonies needs to be permissible under the Domestic Violence Rule.

1.6 Applications for Indefinite Leave to Remain need to be fast-tracked for women experiencing domestic violence.

1.7 The Domestic Violence Rule should be extended to all survivors of domestic violence who are subject to immigration control.

2. Improving service provision

2.1 There is an urgent need for national guidelines on social service obligations to women with NRPF. Whilst examples of good practice exist, they need to be emulated across the country.

2.2 Social services need to house women with NRPF in refuges, with the option of specialist refuges, in order to enable them to access the support they need.

2.3 There is an urgent need for publicity about these provisions to enable women to leave abusive relationships.

2.4 Social services need to reach a decision within twenty-four hours of an application for support to prevent women from returning to the abusive relationship, giving them an option to leave the relationship.

2.5 Compulsory, regular and continuous training on the nature of domestic violence and the issue of NRPF is needed for all frontline staff.

2.6 Routine screening and recording of domestic violence by health services is essential.

2.7 There is a need for better information about services, the prioritising of the women’s safety, a pro-arrest policy and appropriate referrals by police, the provision of accessible advice and information by legal services.

2.8 Adequate Legal Aid is essential to enable women to access their rights and legal support.

2.9 Information about services needs to be provided through leaflets and posters in everyday and accessible spaces in the UK and in British High Commissions in the subcontinent.

2.10 Specialist domestic violence services are crucial for South Asian women with NRPF, as are outreach services that are accessible to women who remain trapped in the abusive family home.

2.11 The impact of the abuse on women’s mental health needs to be addressed through the provision of accessible mental health services in women-only spaces.
Conclusions

While domestic violence exists across all communities, the policy of NRPF and the existence of the ‘Two Year Rule’ reinforce patriarchal structures within which such violence against women takes place, as well as effectively penalising women who resist this violence by seeking to leave the abusive relationship. In the absence of effective service responses to women with NRPF, existing legislation in principle, offers an opportunity to exit for some women, but in practice existing policy makes it extremely difficult for most women to avail this opportunity. Specialist domestic violence services, often under-funded and struggling to survive the current shifts in domestic violence service provision, are often risking financial viability to support such women. Women forced to live with ongoing severe violence in the UK, women who have managed to leave but are facing destitution and a struggle for survival in the UK, and women deported to face further violence are three faces of a state policy that urgently needs reform to extend to migrant women the basic rights that most resident women take for granted.

The policy of NRPF allows the government to apply double standards in its approach to domestic violence, allowing some women the right to protection but not others. The NRPF rule represents a major and serious obstacle to accessing services and justice for a very vulnerable group of minority and migrant women. It underpins the reasons why South Asian women with unresolved status are unable to leave violent relationships or face destitution, if they do.

Whilst this study provides significant insights into the experiences of one group of women, there remains a need for further research into the needs and experiences of women still living within the abusive relationships; and of other groups of Black and minority ethnic women with NRPF including marriage migrants, partners of students and workers, migrant domestic workers, asylum seekers and refugees, ‘ overstayers’ and illegal entrants.
Chapter 1

Introduction

Women who come to the UK to join their fiancés or husbands after marrying are subject to a two year probationary period of residency, also known as the ‘two year rule’. Through marriage, these women acquire their immigration status from their spouse’s residency or citizenship rights. If their marriage breaks down during this period, they no longer have the right to remain in Britain and face deportation back to their country of origin. However, if domestic violence is the cause of marital breakdown and they are able to provide requisite ‘evidence’, they can apply for Indefinite Leave to Remain (ILR). Women’s groups have long expressed the concern that the evidential requirements are narrowly defined and do not reflect the nature of domestic violence and the service response to Black and minority ethnic women. Moreover, until a decision is reached on their application for ILR, women are also not eligible to any public funds like benefits or social housing, making refuges inaccessible to them. This means that women facing domestic violence within the two year period or more, if their husband has not renewed their visa, face a stark choice between living with life-threatening ongoing violence or facing destitution if they leave, and deportation if they are unable to meet the stringent evidential requirements.

Women with No Recourse to Public Funds (henceforth NRPF) are the ‘forgotten women’ within our society, experiencing ongoing life-threatening violence due to the threat of deportation and the lack of viable options and facing destitution, extreme poverty and exclusion from mainstream service provision because of their immigration status when they do manage to leave the abusive relationship. For women with NRPF, the abuse that they experience within the patriarchal structure of their communities is reinforced by state policies which have a punitive effect on immigrant women who resist the violence inflicted upon them.

While refuges and organisations working with Black and minority ethnic women have long been aware of the difficulties facing women with NRPF who have contacted them, to date there has been little detailed research documenting the experiences of women in this situation. This study was commissioned by Saheli, a specialist domestic violence service based in Manchester, with the aim of documenting the experiences of South Asian women with NRPF within the abusive relationships, their service pathways during and after the process of leaving the abusive relationship and the poverty and deprivation faced by women who have managed to leave, in order to inform policy changes. The study has been sponsored by Oxfam GB, with additional contributions from CSIP NIMHE and the University of Huddersfield. Saheli has also worked closely with other organisations like Oxfam GB, Imkaan, CSIP NIMHE, Women’s Aid refuges in Manchester, Roshni (Sheffield) Asian Women’s Resource Centre and Apna Haq Project. This study builds on and contributes to findings of projects by other agencies such as Imkaan, Southall Black Sisters, Amnesty International and Manchester Metropolitan University. This collaborative work addressing the intersections between poverty, violence against women, race and the immigration policy of the state draws attention to the interlocking dimensions of disadvantage and discrimination faced by South Asian women with NRPF.
1.1 Structure of the report

Chapter 2 summarises the methods used in the study and ethical considerations.

Chapter 3 examines current debates on the issue of violence against Black and minority ethnic women, seeks to map the number of women facing domestic violence who are affected by NRPF and the legislative responses to this problem.

Chapter 4 provides demographic information about the geographical context within which the research was conducted and the demographic characteristics of the sample.

Chapter 5 recounts women’s experiences within their marriage which are shaped by their status as recent migrants, the state policy of NRPF and the patriarchal structures within South Asian communities. It also explores women’s experiences of contacting both informal and formal sources of support to disclose the abuse they have faced and to seek help.

Chapter 6 examines women’s experience of service provision and maps women’s journeys through services to assess the quality of service provision that this group of women receive.

Chapter 7 documents the poverty and deprivation that is faced by women with NRPF when they leave the abusive relationship by focusing on women’s income, quality of their accommodation, social networks and their physical and mental health. It also presents women’s views on the proposal to support them through public funds and retrieve these funds from sponsors, and explores the consequences of deporting survivors of domestic violence who fail to meet the evidence required to prove domestic violence.

Chapter 8 presents the recommendations and conclusions based on the experiences of women and of domestic violence services who participated in this study.
Chapter 2
Research Methods

2.1. Community Engagement

The research team consisted of a principal researcher, one worker from Saheli who acted as the ‘support worker’, the co-ordinator of Saheli and three ex-service users of Saheli who were the community researchers. Two of the community researchers were themselves women with NRPF when they left their abusive spouses. In addition, the research was guided by a Steering Group, acting in an advisory capacity.

This study was conducted using the model of community engagement within the tradition of action research. Action research can be defined as “…a participatory, democratic process concerned with developing practical knowledge in the pursuit of worthwhile human purposes” (Reason & Bradbury, 2001:1). The aim of the study was to gain an understanding of the needs and experiences of South Asian women with NRPF, work towards a change in the policies and to make the process of the research an empowering one for all its participants.

Much of the recent research that has been conducted on domestic violence in the UK has been from a feminist perspective that has sought to enhance disclosure of abuse, enable more inclusive and equal research relationships by bridging the distance between the so-called ‘experts’ and ‘non-experts’ - the researcher and the researched - and redressing the power imbalance between them (Kelly, 1988; Yllo, 1988; Koss, 1993). The model of community engagement used in this research was one where the researchers who had experienced the problem under study were working with specialist domestic violence service providers.

The need for adequate support in order to enable service user involvement in action research has been frequently emphasised by researchers (e.g. Hanley, 2005). In this study, the community researchers were supported through the provision of training on qualitative research methods, on the problem of domestic violence, and on service provision in the UK for survivors of domestic violence and NRPF. Community researchers were also provided regular supervision and support during fieldwork. The multi-agency steering group, including service providers and representatives from relevant statutory and voluntary sectors, was also instrumental in guiding the research, and ensuring that the needs of community researchers were considered.

2.2 Data Collection and analysis

A combination of qualitative and quantitative methods was used to explore the experiences of women and to map the extent of the problem. Semi-structured qualitative interviews were conducted with 30 South Asian women who had experienced domestic violence and had NRPF. Most of the research was conducted in North West England, particularly Manchester, with a few additional interviews in the Yorkshire region of England. Eight specialist refuges for South Asian women which are based in England also completed a questionnaire to document the numbers of South Asian women with NRPF who had contacted their agency to access their domestic violence services, the nature of the service response to their needs and their experiences of working with statutory services in supporting women with NRPF.
Twenty out of the thirty women interviewed were accessed through refuges, domestic violence services and social services, and therefore had made a prior disclosure of domestic violence and had left the abusive relationship. Community researchers also used word-of-mouth and snowballing techniques to access ten women who were living with family, friends or strangers, most of whom had left the abusive family home.

Microsoft Excel was used to analyse the quantitative data, while the qualitative data was analysed using NVivo. Women’s experiences have been conveyed in their own voices wherever possible, and a coding system used to conceal their identity.

### 2.3 Ethical Considerations

Addressing ethical and safety issues in conducting research on domestic violence was considered essential to ensure minimal safety standards. These issues included ensuring complete privacy during the interview, protecting confidentiality, providing information and referrals to the participants, providing specialist training and support for the interviewers who may have found the entire process distressing, particularly if they are survivors of abuse (see Ellsberg, & Heise, 1999; Fontes, 2004). While it is not possible to completely resolve all the ethical dilemmas that can arise in conducting research on such a sensitive subject, steps were put in place to identify such concerns should they arise and address them throughout the various stages of this research.

As domestic violence services were often facilitating access to respondents, care was taken to guard against any risk of coercion to participate in the study (Campbell & Dienemann, 2001). The research participants were informed verbally and in writing of the full terms of their consent. These included information about the measures to respect confidentiality and preserve the anonymity of individuals and the organisations they accessed, as well as information about the limits of confidentiality. They were also given contact details of the research team so that they could add to their responses subsequent to the interview or clarify matters at a later date, if they wished to do so. Women were informed of their right to refuse to participate, to withdraw from the research at any point and assured that this would not have any impact on any present or future access to services.

Some women who were living in supported accommodation did indeed refuse to participate or negotiated the basis of their participation. Some women requested that no tape recorders be used, the presence of an advocate and some declined to answer questions where they were concerned that their responses might enable the perpetrators to identify them. Fontes (2004) discusses the fear about confidentiality and safety that women might understandably have in the context of their experience of abuse, and the possibility that despite these fears, some women may not feel able to withhold consent. While the refusal by a majority of women to tape-record the interview somewhat hampered the quality of the data obtained, at the same time it also indicated that the participants were able to set the terms on which they took part in the research, and did not feel pressurised to stray beyond their comfort zones.

Ellsberg et al. (2001) discuss how participation in research can lead to further violence, and this was particularly relevant for the two women who were still living in the abusive relationship. Apart from careful planning to ensure safety and privacy during the interview itself, their stories have been carefully edited to ensure that no identifying details are present. Fontes (2004) also discusses the ethics of soliciting participation from refuges for fear of possible clash between the research aims and that of securing the well-being of the clients. In this case, the service provided to the participants was under constant threat of being
withdrawn due to lack of resources, and many others in their situation were unable to access any such support due to the immigration law. This study was therefore perceived by the women’s advocates as well as the participants as one possible way of contributing to a change in the law. Despite their distress at recalling the traumatic events, women urged researchers to tell their story and to take their voices to policy-makers so that the silence on their plight could be broken. When one of the community researchers was told that her application for ILR had been turned down and that she could be deported, she continued working on this project “so that others might not be in the same situation as me”. Fortunately, the decision was overturned on appeal.

Listening to women recount traumatic experiences can be distressing, and this process took all of us involved in the study through terrains that were distressingly familiar yet new; distanced yet too close for comfort. This was particularly so where participants were still in abusive relationships or were facing destitution since they had no source of financial support. Ellsberg and Heise (2002) and Fontes (2004) point out the impact this can have on researchers’ own sense of well-being as well as on the quality of the research. The provision of an information pack enabled some participants to find out about the service provision and those who had no source of income were signposted to Saheli’s recently established emergency fund for women with NRPF. For two women who participated in this study, this was their first source of information and contact with services, and an immediate benefit of participating in this research. Being able to provide this information also benefited the researchers, as they felt there was at least something they could do that could potentially make a difference to the participant’s immediate lives.

2.4 Limitations

This study focuses on the experiences of South Asian women with NRPF in North West and Yorkshire regions of England. Given the paucity of research on this problem, the findings will be relevant to other groups of women in other parts of the UK. However, there remains an urgent need for further research on this subject so that the particular experiences of women from different communities can be documented, including the experiences of women with NRPF who are not marriage migrants.

Previous research indicates that only a small percentage of women with NRPF who need a safe space are able to access it (Imkaan, 2003; Imkaan, 2008). Due to time and funding constraints, statutory and voluntary services were used to facilitate access to the participants for this study, contributing to the overrepresentation in this study’s sample of women in receipt of support. The experiences of women who do not receive such support and who are most vulnerable and face destitution following their exit from the abusive relationship needs to be explored further.

Another limitation of the study’s sample was that only two of the thirty women who participated in this study were still living within their abusive family home. By mapping the experiences of women before they left the abusive relationship, it is possible to gain some understanding of the needs and experiences of women with NRPF who are still living within the abusive relationship. However, not all women manage to make a successful contact with services and to leave the abusive family home. There is a need for further study over a longer period of time in order to access more women in this situation.
Chapter 3
Background and current debates

The Home Office defines domestic violence as ‘any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members.’ These definitions include physical, emotional, financial, sexual abuse as well as culturally specific forms of domestic abuse like forced marriage, ‘honour’ killings and dowry attacks. Figures show that it occurs regardless of age, race, sexuality and class but consists mainly of violence by men against women.1

- 1 in 3 women in the UK have experienced domestic violence at some time in their lives (Mooney, 1994).
- 12% of women have been victims of domestic violence in the past year (Mooney, 1994)

Until very recently, the relationship between the perpetrator and the victim was defined as partners, ex-partners or intimate family members. Following critiques by Black and minority ethnic women’s organisations and research findings, this definition was expanded to include violence by family members in general, with some organisations like Asha Projects, Southall Black Sisters and Women’s Aid including family-type relationships within the scope of this definition.

3.1 Domestic violence and the experiences of South Asian women in the UK

Early feminist perspectives on domestic violence have been criticised for their essentialism in viewing gender as the only explanatory factor. For example, Mama (1990) highlighted the additional implications of race and ethnicity in conditioning the experience of domestic violence and its impact, arguing that the fear of racist responses could act as barriers preventing Black and minority ethnic women from accessing services or speaking out about the domestic violence that they experienced. Though evidence indicates that violence against women is present across all communities and classes (Krug et al., 2002), the specific forms it takes, the often varying service responses to women from different communities and to different forms of violence against women and consequently, the impact of domestic violence can vary.

Recognising difference among women does not preclude the possibility of a feminist analysis which reflects on the commonality of women’s experiences of oppression, while taking account of how the various intersections of social inequality including race, immigration status and class converge to create qualitatively different ‘matrix of domination’ (Collins, 2000) for women of colour (Crenshaw, 1991; Raj and Silverman 2002; Cline, 2003). Patel (2000) and

1 http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence/
2 http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence/
Wilson (2006) draw attention to the difficulties faced by women in negotiating cultural-religious identity in the context of their belongingness within immigrant communities. Additionally, Wilson points to the failure of the British state to recognise the plurality of Black and minority ethnic communities within the policy of multiculturalism which identifies male religious figureheads as community spokespersons. Women’s experience of domestic violence and their responses to it are conditioned by their gender as well as the social construction of other identities and the nature of state responses to this problem.

Research indicates that domestic violence is under-reported by women from South Asian communities for a number of reasons such as stigma, lack of adequate provision for non-English speakers, lack of awareness of services and mistrust of police or social services among recent migrants (Women’s Asylum News, 2002). For a range of reasons, including extreme isolation and feelings of shame and guilt, South Asian women find it harder to leave situations of domestic violence and perceive greater pressures to reconcile with abusive family members (Rai and Thiara, 1997; Shah-Kazemi, 2001; Gill, 2004).

While the barriers that South Asian women face in speaking about the abuse they experience have been rightly highlighted, the focus has often been on the women themselves and on their culture, rather than an inadequacy in service response. In a research conducted for the Fawcett Society, evidence was gathered about the support and services available to women facing domestic violence. This study shows that on average, a woman facing domestic violence has to make 11 contacts with agencies before getting the help she needs – however, this rises to 17 if she is from Black and minority ethnic communities (Brittain et al., 2005). Put together, the barriers which women have to overcome in contacting services and the service responses which seem to be biased against Black and minority ethnic women increase their risk of experiencing continuing violence in their home.

3.2 Domestic violence and women with ‘No Recourse to Public Funds’

‘No Recourse to Public Funds’ (NRPF) is a condition attached to the visa which stipulates that the person entering the UK does not have a right to claim any welfare benefits like Income Support, Disability Living Allowance, Incapacity Benefit and Job Seeker’s Allowance, council housing or facilities funded by public funds, including refuges. This section explores how the law and its implementation has a disproportionate impact on Black and minority ethnic women and children facing domestic violence and creates an additional vulnerability that resident women do not have to contend with.

Where the immigration status of women is dependent on their husband, the power imbalances within a marriage are further weighed against women by state laws. For women facing domestic violence, the choices are stark. Leaving an abusive relationship can mean deportation, and this threat is a powerful tool in the hands of the abusers. Due to the stigma associated with the break-up of the marriage and the blame that is attached to the women for leaving the relationship, women are often disowned by their families and have no means of making a safe living in their home country as a divorcee or a single woman. Given the well-founded fear of violence and persecution if deported, many women perceive themselves as having no alternatives and remain trapped in the abusive relationship.

There are several categories of women who are affected by NRPF. These include spouses of students or workers, spouses of settled partners, those who become ‘overstayers’ by staying in the UK beyond the limited leave granted to them in their visa and those who enter the UK
in breach of immigration laws, classified as ‘illegal entrants.’ The majority of the cases that have come to the attention of women’s groups or services represent spouses of settled partners.

3.2.1 Legislative responses to domestic violence

While international migration to the UK has a long history, asylum and immigration have come to be reconstituted as a ‘problem’ by successive governments and by populist political discourse over the last few decades (Schuster and Solomos, 2004). Successive legislation has closed immigration routes into the UK and revoked rights previously available to asylum seekers (Schuster, 2003) to the detriment of Black and minority ethnic women experiencing domestic violence (Imkaan, 2003; Joshi, 2003; Gill and Sharma, 2006). The primary purpose rule, the probationary period and the NRPF are all part of the measures introduced to prevent marriage from becoming a means of settlement in the UK.

The Primary Purpose Rule was interpreted in a racist manner, with the focus of immigration control being on countries from the Indian subcontinent and all marriages between their citizens and UK residents was viewed as suspect (Sachdeva, 1993). Following a long campaign by Black and minority ethnic women’s groups like Southall Black Sisters through the 1980s and 1990s, the Primary Purpose Rule was abolished in 1997 and the impact of domestic violence on recent marriage migrants was recognised under the Immigration Rules 2002 (‘Domestic Violence Concession’). Under this rule, a woman could apply for ILR even if she was not living with her husband or partner if she could prove that the relationship broke down as a consequence of domestic violence.

However, this concession was only available to marriage migrants, not to women who had accompanied a spouse on a student or worker’s visa, to categories of overstayers other than marriage migrants or to illegal entrants. It was a historic concession and an important theoretical step whereby women’s experience of violence was the basis of a re-examination of immigration law, which has traditionally been framed with little regard to gendered realities. However, in order to ‘prove’ that domestic violence had occurred, women had to provide evidence on one of the following – a court conviction; a police caution; an injunction order, a non-molestation order or a protection order against the abuser.

Domestic violence is underreported across all cultures and classes, but this is even more so by Black and minority ethnic women due to factors discussed earlier (Mama, 1990; Women’s Asylum News, 2002; Gill, 2004). Research indicates that only in a minority of cases are police contacted about the abuse (Yearnshire, 1997), and even in these cases rates of positive action such as a caution, arrest or conviction remain dismally low (Kelly, 1999; Grace, 1995; Hester, 2003) and inconsistent (Hanmer and Griffiths, 2001; Hester, 2003). The evidential requirements set out in the ‘Domestic Violence Concession’ simply did not reflect any understanding of the nature of domestic violence or the criminal justice response to it.

Following further campaigning by women’s groups, the evidence required was extended in April 2003. If none of the previously required evidence was available, two of the following were now deemed as acceptable proof of domestic violence:

- A medical report from a hospital doctor;
- A letter from a GP;
- An undertaking given to a court that the perpetrator of the violence will not approach
the applicant who is the victim of violence;

- A police report, a letter from a social services department, a letter of support or report from a women’s refuge, or other service provider recognised by the Home Office.

While this was a victory for campaigners, in reality, the evidence required still relies on a successful contact with services which are expected to record the disclosure. Research indicates that Black and minority ethnic women have to make several more contacts with services in order to receive the help they need (Brittain et al., 2005). The presumption that such evidence is easily available takes little account of the reality of service delivery for a Black and minority ethnic woman who has managed to contact them, and is even less cognisant of the particular constraints including language barriers and lack of knowledge of service provision that recent migrants face.

The situation is even more tenuous for women who become ‘overstayers’ when their abusive partner refuses or neglects to apply for ILR as a means of exercising control over the women through threats of deportation. In theory, their situation is recognised by the Home Office but previous research (Imkaan, 2003; Lewis, 2004: 6) indicates that in practice, the processing of their application is made an even more arduous due to the lack of legal representation and the length of time taken to reach a decision. All this has meant that these women continue to suffer needlessly (Imkaan, 2003). With the recent increase in the cost of applying for ILR, many more women may find that their abusive families are reluctant to regularise their status.

Rights granted with one hand were also taken away with the other when the one year rule was extended to two years in 2003, seemingly in order to appease populist right-wing discourse on immigration. Since this extension of the probationary period, women in this situation are also more likely to have children and to face being unable to support themselves and their children if they leave the abusive relationship (Imkaan, 2003). This places women in a vulnerable situation for a longer period and suggests that the goal of immigration control has retained priority over justice for women.

3.2.2 The law governing Local Authority response to women with NRPF

Despite its limitations, the Domestic Violence Concession has theoretically opened a door for some categories of women with NRPF to leave abusive relationships. However, to leave an abusive marriage requires access to affordable accommodation and adequate means of sustaining oneself. Outlined below, is the provision that is currently available in an interface of immigration, community care and human rights legislation. Local Authority duty to support a person can arise where the person is subject to immigration control, has NRPF and is ‘destitute plus’.

The test for Local Authorities in assessing whether someone is ‘destitute-plus’ is whether an individual’s need is ‘merely’ because of a lack of accommodation and subsistence, or is made more acute by circumstances such as ill health, disability, because the case involves a child, or it involves a potential breach of human rights law. “The key issue is whether there is an imminent risk of significant harm if support is not provided, which would only be suffered as a result of the additional circumstance of ill health, disability or other vulnerability” (NRPF Network, 2007).

3 From 6th December 2000, those subject to immigration control are no longer eligible for assistance if their need stems from ‘destitution alone’ or the consequences of destitution.
Provisions under section 21 of the National Assistance Act 1948

Under section 21 of the National Assistance Act 1948, Local Authorities have been given a power to assist “persons aged 18 and over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them.” This support includes living expenses and a place in a residential accommodation and the support that comes with it.

Provisions under section 47 of NHS and Community Care Act 1990

Local Authorities are obliged to conduct an assessment to determine eligibility for section 21 support under section 47 of the NHS and Community Care Act 1990. A refusal to provide support following the assessment can be challenged through judicial review.

Provisions under section 17 of the Children Act 1989

Local Authorities have a statutory power under the section 17 of the Children Act 1989 to ensure that children who would otherwise be destitute are being adequately fed, housed and cared for. Section 17 states that the Local Authority has a legal duty:

(a) to safeguard and promote the welfare of children within their area who are in need; and
(b) so far as is consistent with that duty, to promote the upbringing of such children by their families.

(Children Act 1989, Part III Section 17)

Additionally, section 20 also states that:

(1) Every Local Authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of ...

(c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

(Children Act 1989, Part III Section 20)

Provisions under section 4 of the Immigration and Asylum Act 1999

Section 4 of the Immigration and Asylum Act (also known as ‘hard case support’) can also be used to access support for women with NRPF and is funded by National Asylum Support Service (NASS). This support is available to asylum seekers at the end of the process who are destitute and who fulfil one other criteria – who are taking all reasonable steps to leave the UK; are unable to travel for a medical reason; have no safe route home; or who need to be supported to avoid a breach of their human rights, mostly where they are making a fresh claim. Support under section 4 is very difficult to obtain, and it provides a room in a shared accommodation and vouchers for £35 a week which can only be spent at selected supermarkets.

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4 Now known as the Border and Immigration Agency.
Provisions under section 117 of the Mental Health Act 1995

Section 117 of the Mental Health Act 1995 Act requires health and Local Authorities, in conjunction with voluntary agencies, to provide aftercare for patients who have been detained on the longer term sections of the Mental Health Act 1983 (Sections 3, 37, 47 or 48) until they are satisfied that this is no longer necessary. The essential elements of the aftercare are a systematic assessment of health and social care needs, an agreed care plan, an allocation of a key worker and regular reviews of the patient’s progress.

Provisions under section 54 and schedule 3 of Nationality, Immigration and Asylum Act 2002

Where an individual is ineligible for Local Authority support due to their immigration status, the Local Authority is obliged to provide support to avoid a breach of their human rights under Article 3 (prohibition on torture or inhuman or degrading treatment or punishment) and Article 8 (respect for private and family life) of the European Convention of Human Rights.

3.2.3 Availing the Domestic Violence Concession: The Theory and the Reality

An examination of how this legislation has been implemented by Local Authorities and NASS highlights how despite the existence of legislation, service responses can impede Black and minority ethnic women from availing the ‘Domestic Violence Concession’ to leave an abusive relationship. In the absence of binding guidelines, Local Authority interpretation of their obligations or their use of the power granted to them remains inconsistent and widely variable. In February 2006, a letter was issued by the Home Office to Local Authorities to highlight the issue of women with NRPF facing domestic violence and to draw attention to the fact that such women ‘may have specific need for care and attention’ which could make them eligible for assistance under relevant legislation. However, it simply conveyed information regarding the existing guidelines, leaving the interpretation open to each Local Authority, thereby failing to bring about any change in practice.

In 2002, a survivor of domestic violence with NRPF challenged her Local Authority which had decided not to support her and won the case, but lost on appeal in 2004 (R (Khan) v Oxfordshire County Council and Office of the Deputy Prime Minister (CA)). The claimant, a Pakistani national, had been granted leave to enter the UK to live with her husband, a UK national. She suffered repeated violence, which included being strangled and stabbed, and was abducted twice after fleeing violence. She applied to the Local Authority for assistance and having assessed her needs, they decided that she did not qualify under s.21, 1948 National Assistance Act. Her lawyers argued that she required support in order to be able to protect herself from further violence. The High Court held that the Local Authority had failed to consider whether the fact that the claimant was a victim of domestic violence could make her needs more acute so that her homelessness did not arise solely from destitution. On appeal, the judges at the Court of Appeal found that she could adequately protect herself by applying for injunctions or pursuing a criminal prosecution, thus paying little heed to the difficulty of obtaining and enforcing an injunction in the absence of a safe and confidential place to stay in. However, this case law did uphold that the test of being in need of care and attention not solely due to destitution is capable of including the effects of domestic violence.

Section 21 remains one of the few options that are available for single women. However, as the above case demonstrates, the eligibility bar is set too high even for women who face
severe, persistent and life threatening violence. The criteria of ‘destitute plus’ is interpreted very narrowly by most Local Authorities such that the impact of domestic violence and the threat of ongoing violence is not taken into account unless the woman is able to demonstrate a need arising from a physical disability or clinically diagnosed severe mental health issue (Imkaan, 2008).

Under section 17 of the Children Act, the interpretation of the degree of vulnerability is also left to individual Local Authorities who are free to make their own assessment on the basis of broad guidelines. Despite the amendment in 2002 which extended the definition of ‘significant harm’ within the Children Act 1989 to include ‘impairment suffered from seeing or hearing the ill-treatment of another’, in practice, the agenda of restricting the allocation of funding to recent migrants often prevails over the duty to protect children. Research indicates that some Local Authorities do give support under this section to the mother and child(ren), while others offer to take the child into care or are unwilling to provide any support unless subject to a judicial review (Imkaan, 2008; Amnesty International, 2008).

Research also demonstrates that Section 4 support is difficult to obtain and is unsuitable for survivors of domestic violence for various reasons including the isolation that can result from dispersal, the lack of support and the risk of being traced by the perpetrator when placed in dispersal accommodation (Imkaan, 2008).

Only a small percentage of the women with NRPF manage to find a space in refuges. Excluded from all services, such women find that abuse and oppression from their family has been replaced by abuse of their rights by the state, whose policies are forcing them to ‘choose’ between facing destitution or severe and ongoing violence. The ‘Domestic Violence Rule’ reflects the Labour government’s preoccupation with a negative concept of freedom, as this legislation opens a theoretical opportunity to exit a life-threatening situation, yet in the absence of any meaningful changes in the benefits system there is no engagement with the socio-economic context that enables the actual exercise of this opportunity.

### 3.2.4 Mapping the extent of the problem

Southall Black Sisters’ surveys between 1999 and 2003 indicate that the situation of women with NRPF facing domestic violence affects 600 women a year (Southall Black Sisters & Women’s Resource Centre, 2006: 4). Given that these figures primarily represent the women who have contacted services against all the odds, the real figures of women with NRPF who face domestic violence are likely to be much higher. While this problem affects several categories of women, it remains very difficult to document even the number of women who enter the UK and/or who are present in the UK in a given year under these categories. However, there do exist statistics on the number of wives and fiancées granted entry into the UK for a probationary period, the category that most women who have sought help from women’s groups fall under.
In 2005, a total of 27,285 women came to the UK for the probationary period on the basis of their marriage or engagement. Of these, a significant number were from Pakistan, India, Bangladesh and Sri Lanka.

Figure 1: Wives and fiancées granted entry into the UK for the probationary period in 2005; compiled from statistics on immigration control (Home Office, 2006).

Figure 2: Wives and fiancées from south Asia granted entry into the UK for the probationary period in 2005; compiled from statistics on immigration control (Home Office, 2006).

Analysis of separate domestic violence prevalence studies have consistently found that between 1 in 3 and 1 in 4 women experience domestic violence over their lifetimes and between 6-12% of women suffer domestic violence in a given year (Mooney, 1994; Council of Europe, 2002). Given these statistics, it is unlikely that of the 27,285 women who came into the UK in 2005, only a few hundred will experience abuse in any given year. The real figures are more likely to be in the region of 3000 to 5000 women in any given year, given that the probationary period is of two years; and these figures only represent marriage migrants.

Only a small percentage of women facing domestic violence seek to leave the abusive relationship at any point, and this is also the case for women with NRPF. During the period 18 December 2002 (when Domestic Violence Concession came into effect) to 30 September 2007, a total of 3144 applications were made for ILR on the basis of this concession, of which 1043 applications were granted and 2101 refused (Domestic Violence Entry Clearances, 2007). An examination of the number of women contacting refuges for a space indicates that a total of 251 women contacted 8 refuges in a year, of whom only 9 were accommodated (Imkaan, 2003).

As part of this study, as outlined earlier, questionnaires were sent to specialist refuges catering to South Asian women in order to get an insight into the number of women with NRPF who are being referred to them, and to gain some understanding of the support available to this group of women. In the year leading up to April 2007, on

5 'South Asia' has been defined here (Figure 1 and 2) as Bangladesh, India, Pakistan and Sri Lanka as statistics are not available separately for other countries in South Asia (Home Office, 2006).
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Though only a small percentage of recent marriage migrants contact services for help about the abuse they are facing, being barred from receiving public funds does not only affect women who are facing domestic violence but affects all women because this provision, by its very existence, further reinforces gender inequalities that exist in most relationships. The following chapters examine the impact of this immigration policy on women’s status within the relationship, on service responses to the problem of domestic violence among recent marriage migrants, and on those women who manage to leave against the odds.
Chapter 4

Demographic characteristics

4.1 North West and Yorkshire regions of England

According to the 2001 census, the North West region has a total population of 6.7 million. Across the region as a whole, there are nearly a quarter of a million Asian people, ranking it behind only London (over 850,000) and the West Midlands (almost 400,000) among all English regions. In Blackburn, one in five residents are of either Indian or Pakistani descent, while Manchester, Oldham and Preston all have South Asian populations either close to, or exceeding, 10% of all residents (Commission for Racial Equality, undated a).

Yorkshire and The Humber ranks fifth of the nine English regions in terms of its proportion of ethnic minority residents. About one in 12 people living in the region are from ethnic groups other than White British, the vast majority of whom are concentrated in urban areas. For example, while the three major cities of Leeds, Sheffield and Bradford account for just a third of the region's total population, they are home to 65% of all Asians and 70% of all Black people (Commission for Racial Equality, undated b).

Manchester, where Saheli is based, is Britain's third most diverse city after London and Birmingham. South Asians are the most populous ethnic minority group in the city, making up 9% of its total population. One in eight of all Pakistanis living in England - and one in twelve of all Bangladeshis - live in the Greater Manchester area. Of its South Asian residents, Pakistanis are in a majority, followed by Indian and Bangladeshi (Commission for Racial Equality, undated a). Manchester is the regional capital of the North West of England, and the UK's largest economic region outside London. However, despite its veneer of success, Manchester is a city of contrasts. Manchester also has some of the highest concentrations of crime, poor health and poor housing in the country with 27 of its 33 wards among the most deprived 10% nationally. It is in this context of multiple deprivation that Saheli provides its services.

4.2 The interview sample

This section outlines some of the demographic characteristics of the thirty women who participated in this study. It is important to note that this may not be representative of all women with NRPF who come from different communities and come under categories other than that of marriage migrants. However, it provides an insight into some of the issues facing South Asian women with NRPF.

Age

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>5</td>
</tr>
<tr>
<td>25-34</td>
<td>21</td>
</tr>
<tr>
<td>35-44</td>
<td>3</td>
</tr>
<tr>
<td>45-54</td>
<td>1</td>
</tr>
<tr>
<td>55-above</td>
<td>0</td>
</tr>
</tbody>
</table>
The greatest proportion of women were under thirty-four years old, however four out of the thirty women were above this age. Older women, for whom this might be their second marriage, or women who married comparatively later may face additional pressures to ‘make the marriage work’ – hence service providers must ensure that they consider the needs of such women, who also might have children from earlier marriage living with them.

**Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladeshi</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td>3</td>
</tr>
<tr>
<td>Pakistani</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

While women of Pakistani origin are overrepresented in this sample, this can be attributed to the demographic profile of the cities where this research was conducted – in the North West and Yorkshire. For instance, clients contacting a specialist domestic violence service in London, Newham Asian Women’s Project, have a somewhat different ethnic profile (Gill & Sharma, 2006: 194-5).

**Religion/faith**

<table>
<thead>
<tr>
<th>Religion</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>1</td>
</tr>
<tr>
<td>Hindu</td>
<td>1</td>
</tr>
<tr>
<td>Muslim</td>
<td>26</td>
</tr>
<tr>
<td>Sikh</td>
<td>2</td>
</tr>
</tbody>
</table>

As in the case of the ethnicity of our sample (see above), the overrepresentation of Muslim women here also corresponds to the demographic profile of the region where these interviews were conducted.

**Date of entry in the UK**

<table>
<thead>
<tr>
<th>Date of entry</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not want it disclosed</td>
<td>4 (included overstayers)</td>
</tr>
<tr>
<td>2002</td>
<td>1 (overstayer)</td>
</tr>
<tr>
<td>Jan 2003</td>
<td>1 (overstayer)</td>
</tr>
<tr>
<td>June 2003</td>
<td>1 (overstayer)</td>
</tr>
<tr>
<td>July-Dec 2004</td>
<td>2 (1 of them an overstayer)</td>
</tr>
<tr>
<td>Jan-June 2005</td>
<td>6</td>
</tr>
<tr>
<td>July-Dec 2005</td>
<td>5</td>
</tr>
<tr>
<td>Jan-June 2006</td>
<td>6</td>
</tr>
<tr>
<td>July-Dec 2006</td>
<td>3</td>
</tr>
<tr>
<td>Jan-Mar 2007</td>
<td>1</td>
</tr>
</tbody>
</table>

While a majority of women had entered the UK since July 2004 – less than two and half years before the interviews commenced – a few women had entered the UK far earlier and were categorised as ‘overstayers’.
While twelve women could speak English at an intermediate level, only two women in this sample were fluent in spoken English. Interpretation services are crucial to enabling women with NRPF to access services.

**Languages (spoken)**

<table>
<thead>
<tr>
<th></th>
<th>English</th>
<th>Urdu</th>
<th>Punjabi</th>
<th>Hindi</th>
<th>Marathi</th>
<th>Sylheti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>8</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluent</td>
<td>2</td>
<td>24</td>
<td>17</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Similarly, only four women were fluent in written English and nine had intermediate levels of comprehension, which has implications for accessing written information such as leaflets and posters and understanding immigration documents.

**Languages (written)**

|        | English | Urdu | Punjabi | Hindi | Marathi | Bengali | Arabic |
|--------|---------|------|---------|-------|---------|---------|
| Basic  | 6       | 2    | 2       | 1     |         | 1       |
| Intermediate | 9    | 1    |         |       |         |         |
| Fluent | 4       | 20   | 4       | 2     | 1       |         |

For women with disability who are facing domestic violence, there are additional implications which service providers need to understand and take pro-active steps to meet, and in the case of some women, their disability can be a consequence of the abuse they have faced. Very few refuges in the UK, including specialist refuges, are able to meet the needs of disabled women.

**Disability**

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
</tr>
</tbody>
</table>

Most women who participated in this study had left the abusive relationship, which reflects the difficulty of reaching women who remain in abusive relationships and speaking to them safely.
Children

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18 (1 of whom was pregnant)</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

The majority of women were single, the category of women for whom the avenues of support are minimal. However, for the twelve women who had children, the process of leaving may become more difficult due to the fear of destitution and fear of being separated from their children.

Who are the children living with?

<table>
<thead>
<tr>
<th>Number of children living with:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>14</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
</tr>
<tr>
<td>Mother’s family</td>
<td>1</td>
</tr>
<tr>
<td>Father’s family</td>
<td>0</td>
</tr>
</tbody>
</table>

While most women had managed to leave with their children, two women were forced to live apart from their children.

Employment status

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employment</td>
<td>1</td>
</tr>
<tr>
<td>Part time employment</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>1</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
</tr>
<tr>
<td>Not permitted to work (‘ overstayers’/ asylum seekers at end of the process)</td>
<td>6</td>
</tr>
<tr>
<td>Unemployed</td>
<td>20</td>
</tr>
</tbody>
</table>

Of the twenty women who were unemployed, eleven women had child(ren) under the age of five while one was six months pregnant. For women with young children, employment may not be an option because of the in-affordability of suitable childcare. Other barriers to employability include language barriers and for many women who have left abusive relationships, recovering their physical and mental health can take a long time.
Chapter 5

Surviving domestic violence:

“those seven months were like seven centuries for me”

For South Asian women with NRPF, apart from the overlapping dimensions of gender and culture, the state policy on immigration in the UK also shapes their experience of oppression and makes it harder for them to resist it and to leave the abusive relationship. The existence of the ‘NRPF’ clause impacts not only on women who seek to leave the abusive relationship and face destitution, poverty or deportation, but by reinforcing gendered inequalities the clause also impacts on all women in this situation. The following sections examine the experiences of South Asian women with NRPF during the course of the abusive relationship, the patterns of abuse inflicted on them and the process of leaving the relationship.

5.1 Domestic Violence and NRPF: Women’s Experiences within the Abusive Relationships

South Asian women with NRPF face intensified forms of domestic violence as well as specific patterns of abuse. These can be attributed to the imbalance of power between the perpetrators and the women, an imbalance created by their status as recent marriage migrants, and particularly by the immigration laws which leave them with very few viable alternatives, thus reinforcing the patriarchal structures within their communities. This study documents several co-existing and overlapping patterns of abuse which seem to be specific to or intensified in the case of women with NRPF.

5.1.1 Asymmetries of power

Cultural practices like dowry and the preference for sons within South Asian communities are indicators of the patriarchal structures within which women are undervalued. It is these same norms that dictate the relationship between the families of the bride and the groom during negotiations for a marriage and thereafter. The asymmetries in the relative status of the two families that are played out in marriages in the subcontinent are further strengthened and bolstered by the immigration status of the groom in marriages where the bride is from the subcontinent and the groom from the UK.

For many families in the subcontinent, getting their daughter married to a resident of the UK is seen as a positive move, and the myth of a prosperous life in the ‘west’ prevails amongst many communities in the subcontinent. Punjabi women who participated in this study indicated that their families had paid a hefty dowry to secure the marriage, and this put
enormous pressure on the women to ‘make the marriage work’. Reports indicate a growing problem of women who are married by non-resident Indians for a huge dowry and then abandoned, with some recent estimates putting the figures at 15,000 women (Sharma, 2007), mostly in Northern Indian states of Punjab and Haryana.

In some cases, the women who participated in this study had come from poor families, they were older than the perceived ‘marriageable’ age or were widows, and therefore considered to have very few options. In these cases too, the marriage was seen by their family as fortuitous and this placed enormous pressures on the women who were aware that once their families had managed to release themselves of what they saw as a ‘burden’, they would not have a place in their parental home if the marriage broke down.

P: There is a big age difference between my husband and me. I am from a very poor family in Pakistan. My husband had been married before with grown up children. He came to Pakistan and our families arranged the marriage. He got me here and he hurt me all the time… My body is still in a lot of pain. My husband’s family have been very bad… shouting, screaming and making me wash clothes by hand for all the family. I was not allowed to talk to my family. One day, when we went to visit another family, I ran away, I just couldn’t take it any more.

Occasionally, it seems that the woman is indeed ‘chosen’ for her vulnerability and perceived lack of options. Exploiting the gender inequalities, their socio-economic status and the desperate situation faced by women who are not able to afford dowries to get married within the subcontinent, men living in the UK are able to marry younger women and assert themselves within their relationship at very little cost to themselves and in the knowledge that there exists very little recourse for the women trapped in this situation, as in the two cases recounted by women below.

Q: My first husband passed away when my daughter was very young. I did not want to get married again… but my family persuaded me to marry him. They kept saying, “He’ll look after you, your daughter will go to her house, what will you do in your old age?” My husband knows my situation. When we came to England, initially he took me out, introduced me to his friends. Slowly he started to get angry all the time. He was obsessed with cleaning. If the house became a little dirty or if anything was out of place, he started to get angry. First I did not know what to do - I cleaned and cleaned the whole day, but he started becoming very cruel and abusive towards me. He took away my dignity, my ‘izzat’ and did bad things with me (euphemism for sexual abuse), and left me with nothing.

I: I have been brought up in an orphanage… my parents died when I was very young. I have a friend who supported me to get married. We saw an advertisement in a newspaper in India. My husband was much older than me. I was trying to start a new life in the UK when I came here. One day I found out that he was already married and had children. He was not living with them and he did not tell me all this before our marriage - he was still married to his other wife… I challenged him and ever since that day, his attitude towards me changed. He became very suspicious of me and started to behave strangely… he stopped giving me money. He stopped me from seeing anyone and he would take the phone when he left home so I could not ring anyone, lock the outside door so I could not go out. He wanted to control me all the time, with mental torture and physical abuse.
5.1.2 Enforced labour

To a lesser or greater extent, gendered distribution of household labour is a feature of a majority of relationships in all communities, and research shows that women still undertake a disproportionate amount of work in the home, even when they are also in paid employment. A recent study of leisure time and spending power in British households (Carvel, 2007) found that women put more hard work into a relationship than their male partners and draw fewer benefits. Single women in the study spent an average of ten hours a week on housework and single men seven hours. But as soon as men and women became a couple, the women's housework quota jumped to fifteen hours a week, while the male contribution slumped to five hours. According to this research, women work harder but obtain only 40% of the couple's leisure time and spending on themselves. These inequalities are particularly magnified for women who have little power to negotiate a fairer division of labour. Several women who participated in this study indicated that their position within the family was that of bonded labour.

R: My in-laws… only wanted a servant for the family. They belong to a big family and whenever the family visited, I had to cook for all of them. My husband always listened to his family… I wanted to get an education, to go to college but he was totally against it. Whenever I tried to talk about my rights he would start hitting me. My husband did not treat me like a wife. I was just there to do domestic work.

The experiences of women in this situation is very similar to that of Migrant Domestic Workers, most of whom are women living and working within their employers’ homes, and often subjected to severe forms of abuse and exploitation of their labour due to their insecure immigration status. Imprisonment, denial of basic needs such as food, warm clothes, any privacy, a bedroom or even a bed, and the denial of labour-saving devices as washing machines and vacuum cleaners to do the housework are common experiences for both these groups of women (Roberts, 2006). Indeed, several women who participated in this study felt that the primary purpose of their marriage had been to acquire a ‘domestic servant’, unpaid labour for the family business or a carer for members of the family, and in some cases for the extended family as well.

H: I come from a poor family in Pakistan. We are four sisters – we don’t have a brother. My family was very happy when the proposal came, so I married him. But once here, I soon came to know that they only wanted a servant for their house – that’s why they chose me. I was busy the whole day doing housework and when my sister-in-law used to come to her house from work at five o’clock, she would ring her parents for me. So I always had to go her house, make food for her family, do some cleaning and come back to my home at night… to make food for my in-laws’ family. That was my routine.

After one and half years I gave birth to my baby, but he (my husband) was not happy with that because he was expecting a boy. He does not like my daughter … his family hates her too… They used to shout at me all the time, my husband hit me all the time …several times when I had my baby in my arms. My visa had expired but he and his family were not ready to apply for indefinite leave for me. His mother always said, “Deport her with her baby.”

6 Families returning from abroad may come to the UK accompanied by one or more Migrant Domestic workers (MDWs) who must have spent at least one year in the employment of the person(s) they accompany, and are currently granted a “domestic workers’ visa” and have NRPF. Though the patterns of abuse faced by MDWs are similar to domestic violence, and it also occurs within the home, in a ‘family-type relationship,’ this is not always recognised by agencies working with survivors of domestic violence (Kalayaan, 2001).
In this case, her husband and his extended family felt that they would no longer be able to exploit her domestic labour due to her childcare responsibilities for a female, and thereby an unwanted child. They then threatened to get rid of her by utilising the immigration law. Several women mentioned that the threat of deportation was a part of the array of abuse used to control and exploit them.

5.1.3 ‘Forced marriage’: the overlooked aspect of the overseas dimension

While many women who participated in this study spoke about domestic violence from the entire family as well as the exploitation of their labour by the extended family, some women indicated that one of the underlying factors behind the abuse was that the marriage had not been contracted willingly by the men. Forced marriage has been defined in policy documents as a marriage that is contracted without the valid consent of one of the parties, on the basis of coercion or duress, physical or emotional (Home Office, 2000).

E: After coming here, all my dreams were ruined because the situation I was facing was totally different from what I had expected. When I came here my husband told me that he did not like me, his marriage was a ‘forced marriage’. He totally refused to have any relationship with me. He told me that he had a girlfriend and he loved her but his parents didn’t want him to marry her. He said, “You are my parents’ choice, so stay with them.” He left the house on the very day that I came here. He always used to tell his parents that I was not his responsibility. He did not bother when his parents abused me in front of him.

Z: My husband visited India and the families arranged the marriage. When I came to the UK, my husband, mother-in-law and sisters-in-law came to pick me up from the airport. When we arrived home, my husband left and didn’t come back for a couple of days. He stayed out late and sometimes didn’t come back home for many days. I was very scared to challenge him... There was no communication with my husband, anything that had to be said to him was always through my mother-in-law.

Later on I found out that my husband had a house of his own and that’s where he used to spend all of his time. I suffered abuse since I came into this country. There was no physical relationship with my husband at all...this led to further abuse as my mother-in-law felt it was all my fault. She never allowed me to speak to anyone. She always accompanied me to any medical appointments, to the shops. I lived in constant fear of my mother-in-law and sisters-in-law.

The law on forced marriage in the UK is gender neutral in its understanding of coercion and disregards the differing contexts that create and shape duress for men and women, as well as the consequences of being forced into a marriage. In the case of women with NRPF, where women recounted abandonment and abuse as a consequence of a ‘forced marriage’ of the men, the men did not seem to face any of the implications associated with such a marriage. They managed to continue their relationships with other women which their families had tried to end through the marriage, benefited from the domestic labour provided by the women and in some cases also secured a dowry from her family. Though the legal discourse casts such men as ‘victims’ of forced marriage, the men and their families continue to draw benefits from the marriage with no comeback for the abuse perpetrated by them while it is the woman who faces exploitation, abuse and the lack of any viable alternatives.
S: When I came here my husband did not come to receive me. He came home after three days and did not want to have anything to do with me. My in-laws sent me to work in a factory, but they used to take all my money away. This was my life. One day, I received a call on my husband’s mobile. It was a girl who said she was my husband’s wife and she asked me to go away from their life… When I questioned him, he told me that he did not want any relationship with me. I complained about it all to my in-laws but that night my husband beat me up very badly and told me that if I complained again, nobody would recognise me. My mother-in-law was always asking me why I was not becoming pregnant. They wanted a grandchild but I could not say anything to them… My in-laws and husband hit me all the time.

The experience of women with NRPF indicates the problems in the working of a gender neutral law where in reality, the experience of violence is gendered. Forced marriages may be rendered void in civil proceedings for nullity, if duress is established (Section 12c of the Matrimonial Causes Act, 1973). However, for women with NRPF who have faced neglect, exploitation, abuse and abandonment within the context of what has been defined as the ‘forced marriage’ of the men, such a remedy would do little to address their problem. Would a marriage conducted on the basis of deceit, the consequent exploitation of domestic labour and abandonment be considered domestic violence in itself, if not directly perpetrated by the husband, then by his family? If the law is invoked and marriage nullified, women in this situation may face stigma, they may be blamed for not ‘making the marriage work’ and may no longer have a place in their parental home if deported. In such cases, the legal option of ‘exit’ for men by annulment does not leave women with many options.

The government’s initiatives on forced marriage has almost exclusively been centred on the overseas dimension of this problem, that is, the immigration of a male spouse from South Asia as a consequence of forced marriage of women resident in the UK, and their interventions are focused on immigration control (Dustin and Phillips, 2004; Wilson, 2006). However, many women we spoke to were also ‘victims’ of forced marriage, because their husband had married them due to pressure from his family, and once they had come to the UK, neglected, abused, or simply abandoned them with his family showing a complete disinterest in their welfare or safety. Service responses need to take into account the needs of all women facing domestic violence, not solely those whose problems sit conveniently within the government agenda of immigration control.

5.1.4 Sexual abuse

The extent of sexual abuse within the institution of marriage has only recently been recognised. Kelly (1988) explored how women experienced attitudes such as persuasion, pressure and coercion as a continuum that exists within a dynamic of power imbalance between the couple such that the woman is not free to exercise true consent. A survey of 1000 women in city centres in North of England found that 1 in 8 women reported having been raped by their husbands or partners, of whom 91% did not report it to the police (Painter, 1991). For women with NRPF, their vulnerability to sexual abuse is even greater, because the perpetrators are aware of the minimal options available to them due to the immigration law.

U: When I first came, I heard my husband shouting at his parents … he told them not to tell anyone that I was his wife. My husband has a girlfriend. She often came to the house and when she was in his room I was not allowed to go there. He was even abusing me sexually. He expected to have sex whenever he wanted, he did not care about my wishes. He forced me and hit me during sex.
My in-laws treated me like a slave, and my husband did not support me. When I came here, they told me that a three year old child was now my responsibility. My mother-in-law took me to work in a factory and there the owner of the factory did something wrong with me (abused me). I told my mother-in-law everything but she did not take any notice. I was not allowed to go anywhere on my own and not allowed to talk to my parents. I have no friends or relatives here.

The fear of street crime among women and the construction of ‘stranger danger’ by the media draws attention away from what is likely to be the most unsafe space for women – their home. Feminists have argued that the prevalence of violence against women in society, the ever-present threat of sexual violence and the consequent fear of crime among women benefits all men in that women seek the protection of one known man against all strangers (Hanmer and Saunders, 1984; Stanko, 1992). For many women in this study, it was this fear of being deported to the subcontinent as divorced or separated women, which made leaving the relationship a very difficult decision to take. Women who are thought to have shamed their own family by leaving an abusive relationship are also specifically targeted for sexual abuse in parts of the subcontinent.

For women who were perceived to have no ‘protection’ from their husbands even while they lived within the abusive family, an additional dimension of the abuse they endured was sexual abuse perpetrated by known men, particularly their husband’s relatives.

J: I came to this country through an arranged marriage, but I soon found out that my husband had an English girlfriend. He married me just to please his parents. My relationship with my husband was very bad. My brother-in-law started to trouble me in a bad way. I want to tell everyone that women from Pakistan are taken for a ride and their families are misled like mine. People only talk about how good the UK is, they don’t tell you about the difficulties women could face if they get married to frauds like my husband.

T: He stayed with me in Pakistan for a few weeks and he was very happy with me. He was very normal. But when I came here he was very changed. He only spent two nights with me. My sister-in-law told me that he had a girlfriend and four kids... My husband told me that he did not care about me. My mother-in-law always used to hit me …my sister-in-law also supported her. They were always taunting me. My mother-in-law did not allow me to take a shower. When they went out, they locked me in the house, I was not allowed to go outside. I was very upset and scared - they took my passport, I had no money.

I have a brother-in-law who then started abusing me sexually. I spent seven months in this house and I can’t remember a single day when I was happy there. These seven months were like seven centuries for me.

Of the thirty women who participated in this study, sixteen women reported sexual abuse, which in many cases, was perpetrated by relatives other than the husband. While sexual abuse takes place in all communities and cultures, these figures indicate that the unequal power relations fostered by the immigration law - the lack of recourses available to the woman, her lack of informal support networks in the UK, fear of being deported and the fear of her family’s reaction to the breakdown of the marriage – all place the woman in a highly vulnerable situation which is being exploited by male relatives and other known men.
The responses of the women interviewed for this research ranged from anger, helplessness, fear and shame. For some women, this was the first time they had disclosed this abuse. Their reticence in speaking about it stemmed from their understanding of dominant moral codes within their community and outside, which seldom blamed men for their abuse. Feelings of shame and degradation, as well as the fear that their experiences of sexual abuse within their family would not be believed also prevented some women from talking about it. Some women did not feel able to disclose the abuse they faced, or seek to redress the sense of anger and injustice they felt by exposing their perpetrator for fear of the shame this would bring upon themselves. The women who did break the silence and told their husband or other members of his family were disbelieved and faced further violence. Wilson (2006: 35-40) examines how a combination of factors such as patriarchal notions of honour, the idea that women’s sexuality is dangerous and the power inequalities between women and their abusers often makes women’s individual battles against such oppression a lonely struggle.

5.2 Against the odds: Overcoming barriers to disclosure

Despite these enormous constraints, the women who participated in this study had struggled to survive, with most managing to leave their abusive relationships. The two participants who were still living with their partners were prevented from making the decision to leave their abusive relationships because of the lack of provision for women with NRPF, but they were actively gathering information, assessing their options and seeking both informal and formal sources of support.

Both women who had managed to disclose the abuse and to seek help while they were in the abusive relationship, as well as those who had not managed to do so until after they had left their family home, reported a combination of factors such as fear of further violence, lack of opportunity to talk to someone because of control exercised over them and concerns about own family’s reaction. There were also additional factors that were related to their immigration status or their status as recent migrants such as the absence of any contacts within the UK, the fear of being deported and the fear of being arrested.

Many women had a well-founded fear of further violence to themselves and one woman feared violence to her family back in the subcontinent – a fear that in her case stemmed from the power differentials between the two families.

5: They always threatened me, “If we hear that you complained to someone you will be no more.” They also said, “If you tell anyone, we not spare your family (in the subcontinent).” So I was very scared.

As documented before, most women also reported that their husband and/or his family monitored their movements and exercised close control over them to minimise the possibility of a disclosure and in some cases kept them imprisoned in their own homes. This included being present whenever the woman’s family telephoned or not allowing the woman to talk to her family. Many women who had recently arrived in the UK had no relatives or friends in Britain, and hence could not seek help. Other women who were allowed to talk to their family and had the opportunity to disclose the abuse were afraid of their own family’s reaction, feared a lack of support or indeed further threats from their family. Within the patriarchal structure that shapes family relations within many South Asian communities, while sons carry on the family name, daughters are seen to ‘belong’ to their husband’s family. Once married, a daughter is only welcome in the marital home as a visitor.
Y: I could never leave because it would have affected my family in Pakistan – it is considered a disgrace there. Also my husband’s relatives did the same to my sister who now lives in Pakistan. It would have been hard for my mother if I had left as well. I had no support from the community in Pakistan.

Their status as newly-arrived marriage migrants, often unable to speak English and unaware of the laws in the UK also contributed to their vulnerability, as the perpetrators threatened them with deportation, or even arrest if they disclosed the violence or approached the police.

V: I was not able to say anything because he said, “If you tell anyone they won’t believe you, even the police will not believe you - they listen to their citizens not to you, they will arrest you for complaining and deport you.”

A: He told me several times that he had told everyone I was mad... no one would listen to me. If I contacted the police, they could consider me mad and arrest me.

From the women’s perspectives, these threats seemed very real – police in the subcontinent seldom take reports of domestic violence seriously. Research in India has documented how men have used the directives of the Mental Health Act, 1987 and the Lunacy Act, 1912 in collusion with mental health professionals to declare women “mentally unfit” (Patel, 2003) and consign them to mental asylums or debar them from property rights. In the case of the UK too, Wilson (2006) has documented how South Asian women’s voices remain unheard within mental health services in the UK. Recent marriage migrants have no means of knowing the law in the UK and the workings of the health service or police – their abusers are able to exploit these gaps in their knowledge to enforce their silence through threats.

5.3 Informal networks of support: reaching out to family, friends, neighbours

In mapping the experiences of women as they left the abusive relationship, this study sought to explore the role of informal sources of support, and to explore the pathways towards accessing services. For recent migrants possibly unaware of service provision in the UK, informal sources of support can play a crucial role in informing them of what is available. Nineteen out of the thirty women who participated in this study had disclosed the abuse they were experiencing to their family, friends or both and sought support and advice. Women who had managed to leave the abusive relationship are overrepresented in the sample we interviewed (28 out of 30). Even then, eleven women were unable to discuss their abuse with any informal sources of support. It could be argued that the extent of non-disclosure would be much higher among women with NRPF who are still living within the abusive relationship.

Women were asked if they had talked about the abuse to their family, friends, neighbours or strangers, and what their response had been. Ten women had discussed the abuse with their family member(s), four with friends only and four had disclosed to friends and family members, while one woman managed to speak to a neighbour. Many women had at least one trusted friend or family member whom they attempted to speak to when the abuse had become ‘unbearable.’ Even then, women did not always reveal all of their circumstances but tested out the reaction to limited disclosures to ascertain who their allies were.

P: I didn’t speak to anyone initially. Then I spoke to a friend about not having a physical relationship with my husband, at which she told me that I must try harder. I then spoke to a couple who were family friends and they sympathised
with me and told me that they already knew. They said they would support me. It still took a while to talk to my own parents because I was scared of letting them down.

I: I was very scared. My husband had threatened to kill me if I talked about this to anyone. In this country I only knew his friends. I tried once or twice but they all said he was a nice man, you need to settle down – it’s a new marriage, these things happen. Then I spoke to my friend in India. She told me to be very careful and to get help. I was then able to talk to my doctor who gave me phone number for an Asian (specialist) refuge.

Women facing domestic violence often encounter responses to their disclosure of the abuse which suggest that their sense of hurt and injustice, anger at the way they are being treated, their feelings about the relationship and its problems are exaggerated or imaginary. This attitude is often exhibited both from the perpetrator(s) and often their own family and other relatives if they attempt to seek their help: the women themselves were found wanting, their behaviour scrutinised and they are told to “adjust”, to “compromise” and to “sacrifice” to preserve the relationship, and thereby, the honour of the family (Wilson, 2006: 34-35; Anitha et al., 2008).

F: I have spoken to my family back home. They say you are not the only one it is happening to - stop complaining. My friend here is very supportive – she told me that I have the right to say ‘no’ (to sex).

E: My sister is in the UK. She came to my house and when I got a chance I told her about all this, but she said, “Don’t worry, everything will be fine with the passage of time. Maybe your circumstances will change if you become pregnant.” I had told her that there was no such relationship between us (my husband and me). But she always said, “Be patient.”

Within South Asian communities, the notion of family honour is tied to the woman’s ability to remain constrained within and uphold the patriarchal norms that govern social relationships. In this context, it is the disclosure of abuse and leaving an abusive relationship that is seen as stigmatising to the family – both the husband’s and the woman’s own family – rather than the abuse itself. In this study, we found that women who had the opportunity to disclose abuse and a safe way to do so often tried to talk about what was happening to them with one person after another, till they found the support they needed. Some women who had relatives in the UK did find support from them, if not accommodation and financial help, then advice about which services to contact. For others, the support of their family in the subcontinent was valued, yet it did not always extend to taking them back because of the stigma attached to a divorced or a separated woman.

T: When I got a chance I rang my sister in Pakistan and told her everything but she said she couldn’t do anything to help me. She is living with her in-laws... so she told me that it would not be good for her if her in-laws found out about all these things. She was helpless. But later she talked to one of her friends who is in the UK and asked her to help me. So I then spoke to her friend - I didn't know her before – and she helped me to leave.

For many women, the only people they knew in the UK were their husband’s family or friends. Most women were reticent about talking to them, as they were fearful of being disbelieved or of their disclosure reaching their abusers. Two women who were being sexually abused by a family member tried to stop the abuse by disclosing it to their husband or other family
members. However, as such abuse often took place because of the power inequities within the marriage and within the context of ongoing domestic abuse, these disclosures were met with disbelief and further abuse. However, four women reported having supporters among their husband’s family and friends who advised them about services or helped them to leave, sometimes secretly, as they were fearful of the consequences for themselves if found out.

*R*: My sister-in-law supports me when I discuss all these things with her. She knows everything, so she took me in her home and I stayed there for two months. She supports me a lot because she knows that what her family was doing is wrong.

*K*: My mother-in-law’s friend knows about all this, and she has told me several times that I should leave that house.

Eleven women simply did not have the opportunity to talk to anyone for much of the time they were abused because of the control that was exercised over every aspect of their lives, and the fear that any attempt to seek help would be noticed and would result in further abuse. These fears seemed well-founded, and many women did everything possible to survive and continued to assess their options until an alternative presented itself.

*X*: They (my husband and his family) used to follow me all the time, watch what I did, who I spoke to. I was often held prisoner in the house. I could not say anything to my family in Pakistan as my in-laws would not let me talk to them on my own. I could not share anything with them. I felt as if my mind would blow up - I couldn’t think, I couldn’t fight anymore. I was seriously depressed…I had no one. Finally I told my cousin and he informed the social services.

*M*: My mother-in-law kept a lot of control over me, so I couldn’t discuss it (the abuse) with anyone. Anyway, if I had told anyone, they would have told me to put up with it. They may have rejected me, disowned me. So I didn’t answer back, was too scared to ask anyone (for help) in case she found out. I coped by remaining silent, by putting up with everything… to avoid any more trouble. Finally when I got the chance I told a cousin who advised me about what to do.

Women’s experience of seeking support from informal networks was variable. However, many of them had managed, often through sustained efforts to seek help and sometimes fortuitously, to find sources of support. However, for a significant minority of women, that opportunity never presented itself for a number of reasons. There still remains an enormous gap in documenting the voices of women who still remain trapped in abusive relationships, as the experience of those who managed to escape may not entirely reflect the reality of those who are unable to do so.

### 5.4 Mapping women’s pathways out of the abusive relationship

Most participants in this study were those women who had managed to leave the abusive relationship, despite many constraints. We asked them how they had come to make the decision to leave - when they had first thought about leaving, and what made them finally leave and who, if anyone, had helped them to leave. We also asked them to tell us about the three biggest issues they faced when making the decision to leave. To the women who were still living in the abusive relationship, we asked whether they had ever thought about leaving, and if so, what were the factors that prevented them from making the decision to leave.
While some women managed to contact services and make a planned departure from the abusive husband and/or family, a majority of women had thought about leaving but had not made a definite plan to do so. Their decision to leave was sudden, following a change in their circumstances for the worst or when an unexpected opportunity presented itself. Six of the twenty-eight women who had escaped the abusive relationship did not make the decision to leave because of the lack of a viable alternative, but were thrown out of their marital home in the context of ongoing and escalating domestic violence, and an additional factor in three cases was where the men cited emotional pressure as the basis of the marriage.

B: I didn't choose to leave – I would have been deported. I didn't want to bring shame on my parents... but they (my husband and his family) kicked me out.

In these cases where the men were pressurised into the marriage to end their relationship with women whom the family disapproved of, once their disinterest in the marriage was beyond doubt, their family had no place for the woman. In one case where the purpose of the marriage was the exploitation of domestic labour, the woman was thrown out of the family home when heavily pregnant, probably because her childcare responsibilities were seen as an obstacle to her domestic labour.

AA: I was ironing, when I was asked to pack my things. I asked why. My husband said, 'Just pack, I'm taking you away - if you don't, I'll throw you out right now.' I contacted my uncle and he intervened by taking me in his house. I was told I could return, but ...he didn't take me back. I then gave birth to a son. All this happened within a month.

Two women were actually sent back to Pakistan, but their families arranged for them to return, knowing fully well that they no longer had a place at their in-laws' home. What happened to their daughters seemed no longer of concern to them.

V: I never left my home but after a few days my husband sent me home (Pakistan)... I came back here again because my parents sent me back with a relative. ...but after coming back here, I did not know where to go.

U: I wanted to leave my in-laws' home but I was afraid of my family. It was not easy decision to make because I was also scared that if the government did not support me, as my in-laws had always said, then what would happen? When I finally told my aunt here about my situation, my mother-in-law was scared that if I lived here I would lodge a complaint about them in the police station, but in Pakistan, I won't be able to. She took my passport and left me there. But my parents would not accept me there. So I had to come back.

For some women, the decision to leave was taken following deterioration in what was already an intolerable situation of ongoing, severe abuse. For some women this last straw came when they became fearful for the safety of their children.

L: I kept trying to make my marriage work. ...I tried everything possible to please my in-laws but I failed... But when my daughter was born, they became very abusive. My daughter was only three months old when they hit me and even slapped her. I then went to neighbour's house and they rang the police.

DD: I was forced to marry for the second time by my family. I was scared of having a step-father for my daughter. The abuse started on our wedding night. The sexual abuse was intolerable. When I became pregnant, he wanted me to abort our child. We had many arguments because of this. I was so scared I didn't
know anything about the law in the UK. He hid my immigration documents. I suffered like this for XXX (over a year). But then I didn’t like the way he started looking at my daughter. So I left him.

For some women, the abuse and the extraction of forced labour by their husband and in-laws were compounded by sexual abuse by male members of the family who exploited the woman’s powerlessness within the family. This was the point at which a few women decided to leave.

*T:* When my brother-in-law started misbehaving with me (euphemism for sexual abuse), I thought my honour is not safe here, so I decided to leave. It was not an easy decision… I could go to my sister’s friend, but I knew very well that she could not support me for very long – where would I go after that?

*J:* My brother-in-law started to get very bad. My husband did not care and he and his family did not support me. … When things became very bad, I spoke to my aunt. She helped me to get out. I was very worried about my ‘izzat’. I did not know what my family would say, I did not want to become burden on them. I had no money and nowhere to go to.

Nine women made contact with a family member or friend who housed them, at least for the next few days. A further nine women contacted services and made a planned departure into supported accommodation. Ten women, particularly single women who had not managed to access any means of support, left with nowhere to go to.

*P:* First when my husband began shouting at me and hitting me, I thought I had done something wrong, that I was not a good wife. But I did everything - cooking, cleaning, looking after the family. When he was angry he really scared me… then he forced me - I have seen very bad things. I can’t talk about it. I told his family but they were very scared too. I did not know what to do, who to talk to. Whenever it was his time to come home I would try to hide, or be very nice, but nothing helped. When they went out one day and stopped - he went to drop something off - I just opened the car door and hid behind a tree. It was a big park. The police found me there and took me to these people in social services.

It was a few days before a passer-by noticed her in the park and informed the police. She lived in utter destitution for those few days – with no shelter, no warm clothes, no food and terrified of being found by her abusers. Women in this situation were taking an enormous risk leaving with nowhere to go to, with no one who knew them in the UK, unable to speak English and unaware that domestic violence services existed in this country and there were possible sources of support, however difficult to access. Their strength and courage in the face of a hostile family, community and state is remarkable.

When conducting this research, we came across women who had lived on the street, on the roofs of public buildings, and in other desperate situations. It was very disturbing to talk to women who have been driven to such stark ‘choices’ by the immigration policies of the state. For the community researchers, it brought back memories of times when they had faced similarly dire alternatives, but having come through them, they could offer little more than comfort and hope to the women. The promise of a campaign arising out of this research over the next few months and years was indeed empowering, but could be of little immediate help to women who could not even be sure about what course their lives would take over the next few hours and days.
Women who had a relative, a friend, a relative’s friend or any other known person - a link that was at times highly tenuous - had an initial place of relative safety to go to. The welcome they received on arrival varied; very few women were secure in the knowledge that they could stay indefinitely. For most of them, this was a temporary accommodation, until a viable arrangement could be made elsewhere. This was particularly so where they were staying with women friends or relatives who were themselves subject to constraints from their in-laws and had little power within the household to take in a houseguest.

Some women managed to contact services and received advice and information which enabled them to leave the abusive relationship. In these cases, this access to services was facilitated by a supportive family member or friend who acted as their advocate prior to their planned departure or at the point of their departure. It was mostly women with children who were supported by the statutory agencies to leave the abusive relationship.

H: I was now a mother and started thinking about my baby. I was so worried - what if the same happened to my baby? I didn’t want that. So I decided to leave my home. One day when I got a chance I took my baby and went to my aunt’s house. She was nice and kind to me - she called a social worker for me.

A: I was scared of leaving – I thought he would hurt me or even kill me if I tried to leave. I didn’t tell the doctor or anyone else. Where could I take my children? I didn’t want to embarrass my parents. One day, when he was trying to strangle me, my son called the police, I then decided that I couldn’t take it any more.

Deciding to leave is very difficult for many women who survive domestic violence, and many women make several attempts to leave, often only to return, before they feel able to leave forever (Dobash & Dobash 1992; Mullender, 1996). Women with NRPF who are enduring domestic violence and are grappling with the decision to leave not only have all the difficulties that women face making this decision, they are also constrained by the lack of accommodation and funds in the short term, and the threat of deportation in the longer term. Against these odds, women who do leave are truly survivors, but they constitute a minority of women facing this situation.

K: Yes I have thought of leaving many times, …I have tried to leave twice before. Although my in-laws interrupt and protect me, I am always worried … I don’t know what is going to upset him, I cannot deal with his anger. He has become very violent and I worry about my safety. I am trying to find out what my options are if I leave him….

I: I have tried to leave many times before but have nowhere to go to.

What was common in all the stories told by the women was the rapid escalation in the scale and the forms of abuse. While some women were thrown out of the marital home after facing months of abuse, others left when an opportunity presented itself, and there were some women who managed to plan their departure as best as they could by contacting services and availing the support that exists – mostly in the case of women with children. For many women, it was only after they left that they found themselves able to talk fully about what had happened to them – both to their family and friends, and to service providers. However, existing policy does not take into account the diversity of women’s experiences as they struggle to survive a life- threatening situation – what is expected of women facing domestic violence simply does not match what really happens to them.
The Domestic Violence Rule requires that women be able to ‘prove’ that they have experienced domestic violence by contacting agencies before they leave the abusive relationship. These agencies are also expected to be able to provide letters of support on the basis of their records. This study shows that more than a third of the women who managed to leave did not contact service providers while they are within the abusive relationship, and yet others do so only at the point of departure or some time later, if at all. Not surprisingly, only a small number of women who have contacted the agencies while they lived in the family home, often at great risk to themselves, would be in a position to provide the kind of evidence that the Home Office requires. This evidence too, will only be available if the service the women contacted understood them and recorded their disclosure. The next section explores women’s experiences of contacting services, both before and after they have left the abusive relationship.
CASE STUDY

“I was very happy about my marriage and had beautiful dreams for my future. But when I came here, on the very first day I waited for my husband the whole night but he was with his girlfriend. I heard the whole story of his relationship from my sister-in-law the next day. When I complained about this to my in-laws, they said, “He is young, he can do what he wants.” He did not want to get married. They said they had married him to me because they wanted someone to look after them and their home. “We don’t want kids from you,” they said.

My in-laws never used to let me go outside. When my father-in-law saw that my husband was mostly out, he started some shameless thing with me. Whenever he crossed my path, he would touch me on my back. I was very shocked at what was happening. I was so scared because I knew what he wanted to do with me. I was a few months pregnant at that time but he has no shame.

I was living with his family and his six year old son. My in-laws always used to wind him up about me – that I was his stepmother. So he would always abuse me verbally and he kicked me even when I was pregnant. This used to happen nearly everyday. Later, my husband beat me up several times especially when I gave birth to baby girl.

I never discussed my problems with anyone. I was too scared to tell my mother-in-law or my husband about my father-in-law. Not with my own family, because I was not allowed to take telephone calls. When my parents rang me, my in-laws would say that I was not at home.

In this situation I always begged to my god to give me death, I didn’t want to live anymore. But after giving birth to my baby, I got the strength - I wanted to live for my baby, I wanted to fight for her rights, she is the only hope of my life. Because of my father-in-law and when my in-laws turned against my baby - they refused to bring milk and nappies for her - then I decided to leave that house. I had no place to go to, no money for food and no friend or relative or any other person who knew me.

I tried several refuges, but they would find out that I am on no recourse and they refused to take me. When I got the place here (specialist refuge), I thanked my God that now we had a roof on the heads. We feel secure here. I had no money for food before but after coming here I have had no worries about food and clothes for us. This service provides me everything. Over the last few months, I have learnt how to manage everything by myself.”
Chapter 6

Mind the Gap: Women’s Experience of Service Provision

This section explores the experiences of women with NRPF when they contacted services for advice and support for the domestic violence they had faced. The study indicates the South Asian women with NRPF do make repeated attempts to contact services, despite the additional and significant barriers they face in doing so. The response they received from services when they did manage to get this far were crucial in determining whether they and their child(ren) could escape and begin a life free from violence.

6.1 Statutory and voluntary sector response to the problem of domestic violence and NRPF

Twenty-eight women had contacted an average of four services each to receive help about the domestic violence they had faced. These service contacts did not include repeated contacts of the same services. For example, one woman had monthly contacts with her GP for over a year and another had called the police to her home five times in four months. Two women had not contacted any services at the time of the interview. It took most women several contacts with services to receive the help they needed and many women had not yet received such help despite several attempts to access support.

Several women recounted the difficulty they faced in accessing information about their situation.

G: I wanted information about women in my situation, but I could not find it. There should be posters or cards because different people tell you different things.

F: I think there should be some leaflets to advise young girls about their rights in the UK if their marriage breaks down. Can you get national insurance number? Can you register with a doctor? Where can you get help once you are in the UK? You are completely at the mercy of your husband and in-laws. I have not seen anything anywhere. I thought once I have got (spouse) visa I have the same rights everyone else. Then (after I left) for a long time I thought I was an illegal because my case worker said I must file my case papers.

Almost all contacts with the police, Accident & Emergency and obstetric services took place while women were within the abusive relationship. The women’s contacts with other services were when they were exploring their options, often at the point of departure from the family home, or some time after they had left the abusive relationship.
6.1.1 Obstetric services: health visitors and midwives

Eight women had been in contact with obstetric services for help regarding the domestic violence they were facing, of whom six women reported positive experiences including proactive questioning; pursuance with their enquiries when women offered partial disclosures; offering reassurances about the help available; and finding a refuge space for them. Even where women were unable to act on the advice given, these measures increased their confidence in the services, enabling fuller disclosures later.

For many women who may find it difficult to access domestic violence services due the control exercised over them, obstetric services can be a crucial point of access to other services. Women’s contact with midwives during the stay in hospital after the birth of their child may well be the only unfettered access they have to services. Research has consistently found that pregnancy is often the time when domestic violence begins or intensifies (Mezey and Bewley, 1997; Taft, 2002; Burch and Gallup, 2004). Some South Asian women face enormous pressure to give birth to a male child, and this often puts additional stress on the woman during her pregnancy. In the states of Punjab and Haryana in India, sex selection and the abortion to prevent the birth of girls carries on unabated despite the practice being outlawed in 1994 and the ratio of female births relative to male continues to decline. Recent evidence shows this to be the case among Indian-born mothers in the UK as well (Dubuc and Coleman, 2007). The birth of a daughter can lead to increase in the scale of the abuse, and for women with NRPF, threats of deportation.

A CASE STUDY

N, an eighteen year old South Asian woman, came to Saheli straight from the hospital with a three week old baby. She could only speak basic English, enough to explain to the nurses on the maternity ward that she would be killed if she returned to her husband’s home, as she had given birth to a daughter instead of a son. The various bruises on her body were witness to the abuse she had experienced in first year of her marriage.

She did not have any documents with her. Saheli staff took her in and after initial investigation found out that she had NRPF. Saheli were given a donation by Women’s Aid Last Resort Fund for four weeks, they had some money from fundraising to initially support N and were hopeful that they would get money from Social Services as the N had a child. However, Saheli faced a three year battle before social services agreed to support N’s child during which Saheli depleted all its reserves. With the support of the Law Centre N fought her case and eventually obtained Indefinite Leave to Remain in the UK.

This study has indicated that far from being passive victims, women make repeated attempts to disclose the abuse both to informal networks of support and to services. Women often make partial disclosures to service providers about their circumstances, resort to constrained help-seeking without naming the problem, test service responses and confidentiality (Dobash et al., 1985; Mullender, 1996).

D: When I told my health visitor a little bit about my situation, she helped me to approach social services.
Where service providers can respond to initial attempts to disclose domestic violence in a non-judgemental way, validate the woman’s experiences and advocate safety, women often make fuller disclosures over time (Pahl, 1985; Kelly, 1988: 159-195; Hoff, 1990; Mullender, 1996). In research conducted by Worms (2004), only two out of fifteen Primary Care Trusts in the Thames Valley region had any form of routine screening, which had been started as part of health visitor checks. With the extension of the probationary period from one year to two years, more women with NRPF are likely to become mothers, making obstetric services a crucial source of information and referral. Obstetric services need to make routine enquiries about domestic violence to all women – research indicates that where health services do this, detection of domestic violence increases (Ramsey et al., 2002). Women who are recent marriage migrants may be unaware of service provision and law in the UK, and might not know that domestic violence is constructed as a ‘social problem’ here, with policy responses to it and provision of support for women and children, however minimal they are for women with NRPF.

6.1.2 Accident & Emergency services (A&E)

Six out of the thirty women who participated in this study had accessed A&E for treatment following domestic violence, of whom five women were accompanied by the perpetrator(s) who explained away their injuries to the A&E staff. Only one woman who was accompanied by a relative at the point of departure from her abusive partner reported a positive experience.

B: He (my husband) once grabbed my hair and pulled my neck back, I couldn’t move my neck. At the hospital, my mother-in-law told them that I had fallen down the stairs.

J: My brothers-in-law beat me badly – I thought I was going to die. I broke my nose and was bleeding heavily. At the hospital they said I had fallen down in the bathroom.

The women interviewed indicated that no attempt had been made to question the injuries or to pursue the explanation given despite research which indicates that a high percentage of women attending the emergency department are survivors of domestic violence. Despite excluding potential participants who had a companion who refused to leave, who were too ill/injured, who could not speak English or who were unwilling to be interviewed (all of which seems to exclude high-risk groups of women), recent studies indicate a high prevalence of domestic violence among women attending an A&E departments in the UK (Boyle and Todd, 2003; Sethi et al., 2004; Boyle et al., 2006), as elsewhere (Roberts et al., 1996; Steen and Hunskaar, 2004).

Research also indicates high levels of patient acceptance for routine screening for domestic violence in the A&E setting (Sethi et al., 2004; Hurley et al., 2005). However, A&E staff seldom have adequate training on domestic violence, including training on making routine enquiries about domestic violence and dealing with the presence of partner or other family members when domestic violence is suspected (Makower et al., 1995; Taket, 2004). Women’s groups have long made the case that A&E departments need to do more than plaster over broken bones and stitch up cuts when they suspect domestic violence. Presence of counsellors, an active referral policy, links to women’s refuges and presence of multilingual posters and leaflets.
could indicate a commitment to addressing the causes and not just the symptoms of domestic violence.

6.1.3 General Practitioners (GPs)

Nine women contacted GPs, often several times, for help in dealing with mental and physical impact of the abuse. The majority of the women reported dissatisfaction with the service due to a failure to deal with the causes of their symptoms, failure to take women’s disclosures seriously and poor mechanisms for referrals, while three women made positive evaluations of the service they received.

Research indicates that among services, GPs are often the first port of call for women who are experiencing domestic violence (Dobash et al., 1985: 148). On the basis of interviews with 50 women in a refuge, Pahl (1979: 120-1) found that 32 had talked to their GP about the abuse. An American study of the use of the health service by domestic violence survivors found that 18% go to a physician in the first year of abuse, 56% in the second year and 31% during the third year (Refuge, undated).

Women who fall within the two-year probationary period are entitled to some health care services despite having ‘no entitlement to public funds’. Entitlement to primary care depends on a person being ‘ordinarily resident’ in the UK. ‘Ordinarily resident’ is taken to mean that the person intends to be in the UK (legally) for over six months, which includes spouses within the probationary period (Southall Black Sisters and Women’s Resource Centre, 2006:42). However, one woman reported that her nearest surgery had turned her away even though she was within her probationary period.

E: I contacted them (GP’s surgery) once, when my in-laws kicked me out of the house. I was not happy with them because when I went to register with the GP, my sister told the receptionist that I didn’t have indefinite leave. She totally refused to register me with the GP - so for me, seeing a doctor is not free.

In this case, despite a clear entitlement, she was turned away possibly due to ignorance and/or racist attitudes where the receptionist did not attempt to find out about the woman’s circumstances or to clarify the law. In any case, GPs have the discretion to register excluded groups as NHS patients as stated in the 2007 Department of Health Table of Entitlement to NHS Treatment.

Most of the nine women who managed to see their GP sought treatment for symptoms such as sleeping difficulties, weight loss and head aches, without mentioning what they perceived was the source of their ill-health – ongoing and severe abuse. Research indicates that most women do not mention the possibility of domestic violence directly when they first seek help from health services (Pahl, 1979 and 1985; Mehta and Dandrea, 1988; Strube, 1988; Mullender, 1996). Research demonstrates that when women seek help, they do so in a ‘tentative and ambivalent manner, filtered through shame, self-blame, concerns about exposing their private problems to strangers, fear associated with the consequences if they are found out, and concerns about the nature of the response they might receive’ (Dobash and Dobash, 1992: 232).

H: I saw my GP several times for health problems - sleeping difficulties – but did not really talk about what was happening at home.

DD: I couldn’t describe the sexual abuse as I was too embarrassed. …I started
getting headaches and taking paracetamol. Eventually I told the doctor a bit about what was happening at home. He said, “Don’t think about it.” But I say, “How can I not think about it?”

Though GPs’ response to physical injuries may have improved following several guidelines for General Practitioners and a greater awareness of some issues surrounding domestic violence, the situation continues with regard to mental health problems caused by the experience of domestic violence (Humphreys and Thiara, 2003; Wilson, 2006: 111-127; Anitha et al., 2008). This research indicates that GPs continue to treat the symptoms of mental ill-health but do not always pursue the causes. In failing to ask questions about the origins of women’s symptoms, some GPs can be seen at best as incompetent and at the worst as colluding with the continuing concealment of domestic violence.

For three women, contact with their GP was a positive experience. This was mostly where their symptoms had been taken seriously, their experiences were validated, advice and information about domestic violence services was given and they were offered ongoing emotional support.

C: I saw my GP several times … my health was going down day by day… I was losing weight. He was very nice to me. One day I told him everything. Then he told me that I was being sexually abused. He contacted social services for me. I also have his number and he still helps me.

I: I went to the doctor a few times. He was always very helpful and I was eventually able to talk to him about everything. He gave me the contact of Hosla. When my husband was away, I rang the outreach worker at Hosla and through them found out about social services, CAB and the Law Centre.

In both these cases, the women made fuller disclosures following positive evaluations about the service made over several visits. For women who contact their GP but do not feel able to discuss the abuse they are facing, routine screening can be highly effective in eliciting disclosures and also in conveying to women that the surgery takes domestic violence seriously. Research indicates that intensive intervention to improve routine screening for domestic violence which involved skills training for providers and ‘environmental orchestration’ (posters in clinical areas, domestic violence questions on health questionnaires) resulted in a 1.3-fold increase in case-finding (Thompson et al., 2000). There is also evidence that pro-active screening can also enable earlier intervention and that the majority of women would have welcomed being asked, even if they were unable to follow the referrals through at that point in time (Worms, 2004).

Research has highlighted the concerns physicians express regarding routine screening for domestic violence (Sugg & Inui, 1992). However, in a pilot study conducted at GPs surgeries by Westmarland et al. (2004), 83% of women attending the surgery said that they would not feel offended if their GP asked them about domestic violence, a finding confirmed by other studies (Bacchus et al., 2002; Richardson et al., 2002; Taket et al., 2004). It was the GPs who generally expressed more concerns about asking about domestic violence than the patients actually had (Westmarland et al., 2004). A commitment to address violence against women and training towards this end can bring about attitudinal changes among GPs, dispel myths about domestic violence and address some of the barriers to routine enquiry that have been identified in health studies, for example, difficulties in framing questions or seeing the patient alone, recording information, confidentiality and lack of awareness of support services (Waalen et al., 2000; Protheroe et al., 2001; Watts, 2002; MacVean et al., 2003; Taket et al., 2004).
Availability of interpretation facilities will also make an enormous difference to women who may not speak English. For a woman with NRPF, recording domestic violence is crucial not only to refer her to services and to provide information and support but also if she does leave, she needs to provide evidence of domestic violence to secure her ILR. Hence any suspicion needs to be recorded and pro-actively pursued.

6.1.4 Police

Twenty-two women contacted police, often several times, for help with the violence they were facing. Eight women reported instances of good police practice, but the majority of women reported dissatisfaction with the service they received. The nature of their assessments depended on whether women’s disclosures were taken seriously, a pro-arrest policy followed and the safety of the women prioritised by informing them about their options and making contact with services on their behalf.

Despite changes to policies which were meant to signal a move away from earlier attitudes that regarded domestic violence as less of a crime than assaults on strangers (HOC 19/2000), research indicates that the practice of different police forces varies widely with regard to domestic violence (Grace, 1995; Plotnikoff and Woolfson, 1998; Buzawa and Buzawa, 1990; Hanmer and Griffiths, 2001). Accordingly, women’s experience of contacting the police varies widely, depending on police attitudes, understanding of domestic violence, response to the woman and action with regard to the perpetrator(s).

Where women’s experience of domestic violence was taken seriously, a pro-arrest policy followed and the safety of the women was prioritised by informing them about their options and making contact with services on their behalf, the women reported positive experiences of the police.

M: I called them two times. They were quick in responding. They checked my passport, then they also gave me advice about services. Later when I left home they took me to a refuge.

P: I was hiding in the park. A woman found me there and called the police. The policewoman could not understand me, but she was very nice to me... They got someone who could speak Urdu and I stayed at the police station for a few hours. Then they took me to social people (social services), who are helping me. I don't know about my future but I am safe, I am alive and he is not hurting me anymore.

Five women made repeated attempts to seek help from the police (one of whom called them five times in four months when she feared for her life), before they received the help they needed. An articulate advocate who could argue on behalf of the woman, and a previous criminal record or an ongoing investigation against the abuser seemed to improve the response they received from the police on subsequent call-outs.

I: The police were very good this time. I was not aware but there was already a police case going on against my husband. They managed to get my passport from my husband.

G: My brother took me to the police station and they contacted the social services. The police listened to us and the social services were very helpful. I was taken to A&E. The refuge people registered me with doctors. ...I think it helped
that my brother was there to support me. I don't know what I would have done if I was alone.

For many women, calling the police was often the first time they had addressed the issue of domestic violence explicitly and directly to an agency. Failure to validate the women’s experience, absence of systematic and consistent recording of domestic violence incidents, poor or no evidence-gathering techniques at the scene of crime, failure to take action against the abuser(s), failure to address the language barriers faced by many South Asian women, and above all, no attempt to prioritise women’s safety by connecting them to other services contributed to poor perceptions of police response to the problem of domestic violence.

E: When my in-laws kicked me out of the house I contacted them once. I told them my whole story - that I had been beaten several times but they not take any action.

U: Police did not really support me because when I first called them they didn’t take action in time… but when my in-laws contacted them making up complaints about me, they responded quickly.

G: When I went to police station I came back – they did not understand me. I was too scared. They should have someone who can translate for you.

Not renewing women’s visa is a part of the larger pattern of control exercised by the perpetrator(s) due to which women often become inadvertent over-stayers. Previous research demonstrates how women in this situation have found the courage to call the police when faced with a life-threatening situation, but instead of prioritising the safety of the woman and acting against the abuser, the police have questioned her regarding her immigration status, and even arrested her (Gill and Sharma, 2006; Imkaan, 2008). In some cases, women’s immigration status, rather than the need to ensure women’s safety seems to dictate police response to domestic violence.

R: I called the police… I am not satisfied with the police because I think when we call the police the first thing they should do is to give the victim a safe place. But they didn’t find out any place for me or do anything for me because of my (immigration) status. I really didn’t know what was going on.

Only a small percentage of women facing domestic violence report it to the police – research indicates that on average, a woman will be assaulted by her partner or ex-partner 35 times before actually reporting it to the police (Yearnshire, 1997: 45). Despite this, call-outs to police were very high compared to other services, probably because there is a higher level of awareness about police, even among recent migrants. Other than A&E, police were also the service that was most often contacted by women while they were living within the abusive relationship and are hence uniquely placed to offer advice, information and referrals that could make it possible for the women to leave.

6.1.5 Social Services

Twenty three women reported contacting social services, of whom five women had received the help they needed at their first contact and seven women had received support after repeated attempts, often at different Local Authorities as they moved from place to place. Eleven women, of whom the majority were single women, did not receive any support despite repeated attempts to seek help. Five women in this situation were destitute and one woman
was forced to remain in the abusive relationship due to the lack of support.

Women interviewed for this study accessed the social services through a number of routes which included referrals or signposting from their GP, the police, midwives and health visitors, Law Centre, Citizen’s Advice Bureau, Domestic Violence Helpline and through direct contact with social services after they had heard about them through their informal networks. As in the case of contacts with the police, these numbers are very high because they are from a sample of women where most have managed to leave the abusive relationship. The majority of women remained dissatisfied with the social service response to their problem, though there were a few exceptions.

Some social services did seem to put humanitarian concerns above the need to appear ‘tough’ on immigrants. Experiences of women in a few Local Authorities in the North West, particularly Manchester, suggests that where existing laws were interpreted by the Local Authorities with a view to enabling access rather than as a means to exclude people, they can be an instrument of justice. Both single women and women with children reported positive experiences with some Local Authorities, particularly Manchester.

**P:** They (Manchester social services) brought me food and took me to a B&B. The women from social services were good - I see them twice a week, sometimes three times. I am satisfied.

**V:** One of my friends told me about the Law Centre and from there I found out about social services. I contacted them a few months back. I am satisfied with them because they arranged this accommodation for me. They also arranged a solicitor in the Law Centre who is dealing with my case. I also receive money every two weeks. I feel safe now.

However, the majority of women reported lack of effective support from social services across the region. The response women received also depended on whether they had children or were single women, with single women reporting minimal levels of support, if any. Some women with children were also refused support from social services in the first instance, and only received a positive assessment after repeated attempts at accessing support. As documented elsewhere (Imkaan, 2008), some Local Authorities appear reluctant to commit funds to this group of women, and are even willing to separate the family rather than support the mother and child(ren). The fear of such a response is enough to force some women to stay in the abusive relationship.

**DD:** I didn’t leave because of my daughter. I was told by my husband that she could be taken away by the social services if I ever left with her.

Eleven women did not receive any support, despite repeated contacts with social services, often at different Local Authorities as they moved from place to place seeking safety and shelter among friends, relatives and even strangers. Since they were not living in supported accommodation, they did not have regular access to services and information about their rights and the workings of the Domestic Violence Rule. Such women were destitute and highly vulnerable to exploitation.

**E:** My sister helped me to find out about the services. When my in-laws kicked me out of the house, I contacted these services - police, a GP who refused to register me, and the social services who refused to do anything. I went to social services office again later, but here again I faced the same situation …because of my (immigration) status. They refused to do anything for me.
Even where women with children did manage to receive support, mostly under section 17 of the Children Act, this was often far from adequate. This was because the support was sometimes entirely geared towards the children’s needs, with no effort to ensure that even the most basic needs of the mother were met; some social workers had little understanding of the issues facing women with NRPF; and the level of advocacy and support structures fell far short of what is routinely available in a women’s refuge.

_H:_ I am not happy with any services, because I had no indefinite leave, so they first refused to help me. Then, after the birth of my child, a social worker arranged a place in a B&B where I spent the whole day inside because it’s near my in-laws’ house, and they were all English men there. I had no money, nothing to eat for myself. She (my social worker) only provided milk and nappies for my baby. I spent two weeks without eating anything and she always used to say, “Why don’t you want to go to Pakistan?” I was so scared at what she said - I didn’t want to go back.

_D:_ The social services were not good because they arranged a B&B in very bad place …where they were all white men. At that time I was so scared… I spent seven days without eating, but they did not arrange any food for me. They totally refused to do so and said that they could not do anything for me without my indefinite leave.

Where women are being supported by social services, there is an urgent need to engage with specialist domestic violence outreach services so that women can discuss their circumstances with trained workers who can speak their language. Even where women’s immediate housing needs are being met, lack of awareness of their rights and of what is happening can lead to an uncertainty and sense of powerlessness that can be traumatic. For a few women, this uncertainty was compounded by remarks from social workers that not only showed a lack of empathy with survivors, but also an ignorance of the immigration laws.

_H:_ My baby is British, so everybody told me that she can stay forever in this country. But everyone, especially my social worker, told me that I could be deported at any time.

Such messages echo the threats women have been subjected to by their abusers, and to hear agencies reinforce them can be profoundly disempowering for the women.

One woman received support under section 4 of the Immigration and Asylum Act 1999. While this support enabled her to stay on and make a fresh claim for asylum, the provision under section 4 is at a minimal level and comes with no other support. The quality of accommodation provided to people on section 4 support is frequently of a very poor standard and NASS has few mechanisms in place to monitor and enforce quality accommodation (Martin, 2006:7). For women escaping domestic violence who do not have access to a safe and confidential accommodation where support is provided, the requirement to shop at the same place every time, and one that is a big supermarket, may further jeopardise their safety. Women in this situation are mindful of being traced and often shop at smaller, less frequented places to minimise detection, which is not possible with the voucher scheme.

Despite some isolated examples of good practice by Local Authorities, practice remains inconsistent and variable, and women’s access to safe spaces such as refuges remains limited. Women’s ability to leave abusive relationships and live a life free of exploitation and destitution depends on which Local Authority they approach. When refused support, few women have the resources to mount a legal challenge to the decision made by the Local Authority.
inconsistency in Local Authority practice leaves women extremely vulnerable to discriminatory practice among service providers in some Local Authorities who operate a blanket policy of putting the needs of immigrants last (Imkaan, 2008).

6.1.6 Women’s refuges: generic provision

Ten women received support from Local Authorities and had been housed in refuges, or were being supported through the refuge in-house funds such as reserves. They reported more positive experiences, particularly so in the case of specialist refuges.

While accommodation and support offered under section 21 of the NAA and section 17 of the Children Act is good practice within the current legislative framework, it still falls far short of what is offered by refuges. The refuge movement arose out of an understanding of the needs of women surviving domestic violence, including the very real threat of post-separation violence (Kirkwood, 1993; Jaffe et al., 2003; Saunders and Barron, 2003; Saunders, 2004) as well as the long term effects of domestic violence (Mooney 1994; Kirkwood, 1993; Humphreys and Thiara, 2003). Refuge provision which is geared towards safety, support and empowerment receives the best evaluation from survivors of domestic violence (Kelly and Humphreys, 2001; Mullender and Hague, 2001).

Where women were housed in refuges by social services, women reported feeling safe and supported. However, for women who could not speak any English, the support available in a generic refuge, and the benefits of sharing a space with other women who were also survivors of domestic violence remained inaccessible.

H: They arranged a place in a (generic) refuge. I faced lots of problems here. Nobody understood me, I was not registered with any health service.

6.1.7 Women’s refuges and outreach services: specialist provision

Research indicates that that women who have experienced abuse from multiple family members, who have NRPF, who speak no English, whose children are abducted, who are new to the country, all present with complex issues (Menjivar and Salcido, 2002) because of which many South Asian women require high levels of support and over a longer period of time (Wilson, 2006). For recent marriage migrants who may not speak much English and may not be aware of the services available or of their rights, being able to speak to a support worker in their own language can be lifeline (Rai and Thiara, 1997; Thiara and Hussain, 2005; Thiara, 2005).

“When I managed to escape from my husband I had no idea of life outside and didn’t know how to shop, how the currency worked, how to get to the children’s school, …how to use public transport, and how to communicate in English. I was completely helpless.” (CRP VAWI Asian project user, Parmar et al., 2005: 7)

Women in this situation often do not have any informal support systems in UK, and of the women who do have family and friends here, few receive any support from them because of the stigma and blame attached to leaving a marriage. For the few women whose families in the subcontinent are supportive, financial constraints mean that the ongoing emotional
support required cannot be adequately provided by the occasional telephone conversation. Being able to talk to other women about their experiences can be crucial to the process of recovery, to overcoming their isolation and to coming to the understanding that the abuse was not their fault.

H: If a woman is facing domestic violence, they should arrange a place in an Asian (specialist) refuge. … when you are depressed, that’s when you definitely want someone who understands your problems, with whom you can share everything. At that time you are so alone, so you need company - please don’t arrange a B&B … and don’t put us in English (generic) refuges either.

For the same reasons, outreach services can also provide the support that can enable women to leave abusive relationships and enhance women’s safety while they remain in the abusive relationship. Language barriers often prevent many women from understanding all the information given to them in English and women who participated in this study have also reported that they often receive mixed messages from different agencies because of inadequate training on the legal position of and services available for women with NRPF. In this situation, specialist outreach services can play a crucial role in filling this information gap.

K: My sister and I went to find out about what support was available from a women's group. They gave us the contact of Saheli in Manchester and Roshni in Sheffield. I rang Saheli to check if anything was available in XXX (my city) and what my options were if I was to leave home. They gave me a lot of support and contacts. They also sent us a resource pack and told me about my position.

Despite evidence from previous research on the role of specialist outreach services (Rai and Thiara, 1997; Thiara and Hussain, 2005; Thiara, 2005), refuges report that they are facing cuts to their outreach projects, which are already overstretched. For example, Hosla, which is based in Manchester routinely receives enquiries from women based in other cities in the region because of a lack of such provision in their communities. One refuge based in the South East, where the demand for these services is high because of the demography of the local population reported,

“Our Local Authority has cut this service (outreach) and it seems that the funding for it has been siphoned into a generic floating support scheme across the borough.”

Women’s refuges, which maintain themselves on the rentals paid through the benefit system for residents, can rarely afford to accommodate women with NRPF. Most women are being turned away because of lack of funds (Imkaan, 2003). Though the support costs of women with NRPF are covered under Supporting People, rents are not, and refuges also have to find living expenses for women with NRPF who are housed with them. This gap in the support systems means that the refuges catering to women from Black and minority ethnic communities end up bearing the majority of the financial burden of supporting these women (Imkaan, 2003).

Given the time it takes to make an application for ILR and get a decision, often following an appeal, women with NRPF end up staying in refuges for a long period. The refuges which do accept women with NRPF and maintain them out of their own reserves find that this severely compromises their financial viability. One specialist refuge which responded to our questionnaire reported:

“*The cost of living expenses and staff time for one woman we accommodated accumulated to around £30,000 as she had been with us for 18 months – we*
just could not sustain this.”

As the stay of women with NRPF can be categorised as a void, this can have further negative impact on their performance indicators under Supporting People. Another specialist refuge based in the South East had been accommodating women with NRPF before Supporting People was implemented, but is finding that this is no longer possible, both because of the difficulty of raising funds and because both their SP team and their housing associations have ‘disallowed’ it, reinforcing the policy of their Local Authority to not support women with NRPF unless subjected to a judicial review. However, not many women with NRPF or their advocates have access to a solicitor to take this step. The manager of one specialist refuge which has accommodated women with NRPF, but is finding it increasingly difficult to do so commented:

“I believe that the agencies in this area have not been challenged enough. … If we had the money we would take on the services of a good solicitor to challenge social services. Without the knowledge or money to fund such a project we are finding that we are having to turn down women even if the space is available.”

Specialist services which are already under-funded reported facing mergers and cuts due to the shifting priorities under Local Area Agreements. These refuges bear a disproportionate burden in the absence of effective statutory service response. Despite the constraints under which they operate, they have remained the one service that received entirely positive evaluations from the participants in this study.

6.1.8 Law Centres and Citizen’s Advice Bureaus (CAB)

Fourteen women in this study accessed the Law Centres for advice and information and to make their application for ILR under the Domestic Violence Rule, and six women contacted the CAB. Many women who had contacted these services had done so as part of the support they had been receiving from the specialist domestic violence services or the social services. Most women reported positive experiences of South Manchester Law Centre in particular.

G: I went to the local library with a girl who works with me in a factory, the lady there gave me the address of the Law Centre. I have gone to see them a few times. They were very good and took time to listen to me. They told me about different projects which could help me. They are helping me to prepare my case with the immigration people (Home Office), and they got letters of support for me. I am satisfied with their support.

However, many women reported that it took them a long time, during which they were actively seeking advice, to find out about Law Centres. During this time two women were exploited by unscrupulous ‘lawyers’ or agents who offered them help with their ILR application, but did nothing.

G: Before I found out about the Law Centre, I had gone to see a lawyer who charged £200 which I had to borrow from my brothers. They did not do anything for me. The lawyer at this Law Centre is very helpful.

Not only is legal advice necessary to enable women to make an application for ILR under the Domestic Violence Rule, but a refusal by social services to make an assessment or to support women can also be challenged through a judicial review. Indeed, some Local Authorities undertake not to support any women with NRPF unless subject to a judicial review (Imkaan,
2008). Given this, accessible legal services and adequate Legal aid is crucial to enable women with NRPF to access their rights.

6.1.9 Other community organisations

Five women also reported positive experience of community groups, particularly where the worker was able to speak in their language and could act as an advocate to help them negotiate their access to unfamiliar services. Two women reported positive experiences of such support and advocacy from Roby, a community mental health project based in Manchester.

T: I went to Roby two or three times. They arranged everything for me - they contacted social services and found this accommodation for me, they registered me with a GP and they also took me to a solicitor who supports me in getting my indefinite (leave).

6.2 The process of leaving: women’s realities versus assumptions of the ‘Domestic Violence Rule’

All but two participants in this study had left abusive relationships, a majority of whom had a successful contact with an agency just prior to their departure or at a later date. This has huge implications for the kind of evidence that they will be able to provide, as discussed elsewhere. Two women had not yet contacted services, and others had contacted them anonymously - in this research women have described obtaining information in this way from CAB, Hosla and from Domestic Violence Helpline.

J: I have not used any service yet. My aunt has been ringing everywhere. The Citizen's Advice Bureau were good and gave her the contact number for Law Centre, Social Services and Saheli. ...I'm going to go to the Law Centre to sort my situation soon.

Even for women who have contacted services while they are living in the abusive relationship, the trajectory is not straightforward. Contacting services does not necessarily mean that these services will listen to the women, understand what they are trying to convey, offer assurances about confidentiality, take pro-active measures which encourage and enable women to make complete disclosures, record it and offer them the support they need to leave the abusive relationship.

Despite repeated contact with services, many women remained uncertain about their rights, particularly right to work, their entitlement to health services, and the provisions of the Domestic Violence Rule. This was particularly so for women who were not in supported accommodation or women who were being housed by social services in places other than refuges and had little or no contact with workers who could speak their language. Several women reported that they had received conflicting information from different services they had approached.

Q: There is lot of conflicting information available at various places. Some women are told they can work and some women are told they can't.
K: I think it is very difficult for Asian women to find information and support. The community still blames the woman. She is expected to put up with anything her husband does. We have to ring so many agencies. Some refuges don't have space. Many who do, don't take women like me. I have had to ring many people and they all gave different information. There are no leaflets or guidelines available.

In the absence of support from specialist domestic violence services which can cater to their language needs, women are less likely to make a successful case for ILR under the Domestic Violence Rule because of the inability to provide the evidence required as well as due to a lack of awareness of this concession.

Where women have not disclosed the abuse to agencies while they were living within the relationship and have done so after they have left the family home, the Home Office often treats their disclosure with suspicion, particularly if there is a delay in contacting agencies. The assumption in Domestic Violence Rule that ‘evidence’ of domestic violence is readily available in the form of contacts with agencies does not reflect women’s experiences. Almost all the women who participated in this study were unaware of the existence of the ‘Domestic Violence Rule’ and its evidence requirements when they left the abusive relationship.

This study indicates that despite barriers, women with NRPF do attempt to access services to find the help they need to leave the abusive relationship, often repeatedly. However, the effectiveness of services in validating their experiences, recording it, and meeting their needs remains highly variable and inconsistent. Women’s ability to leave abusive relationships is constrained by the lack of support by statutory services; additionally, the fact that ‘evidence’ under the Domestic Violence Rule requires a successful service contact which records the abuse penalises women for the ineffectiveness of services.
CASE STUDY

When I first came to this country I was very happy because I had married late – in my late thirties - due to some family problems. For the first few weeks he seemed normal but after that he showed his true self. He used to get angry and lose his temper very quickly. Later on he started abusing me physically.

I was living alone with him but his son and daughter-in-law started to come to our house all the time. Every night I had to cook for them. Both of them were working. I had to look after my sister-in-law's child during the day. After doing domestic work I also had to help my husband with his shop. I used to get very tired and when I was like that, I refused to sleep with him. First he abused me verbally but after that he started abusing me physically and sexually. He forced me and physically hurt me... He tortured me during our physical condition (sex). He was always doing wrong things... things that I did not want to do.

I have no friends or relatives here so I just had to cope by myself - I was scared of my family's reaction in Pakistan. They would have been very angry if I had left home. So there was not much I could do. I was so stressed that I went into a depression. I was very scared of him because he always forced me to have sex and whenever I refused he used to hit me. He always locked me up in the home... Things became worse and I started thinking about harming myself, of killing myself. Somehow instead of that I built up my courage and when I got a chance, I ran away.

I had nowhere to go, and when someone called the social services, the first thing they did was to arrange a temporary place in an English (generic) refuge. Here I felt safe. I filed my case for indefinite stay through the Law Centre. I applied for legal aid which was accepted. Now I am waiting for the Home Office to decide. From the English refuge, I shifted into an Asian (specialist) refuge because I had some language problems and at that time I needed company.

This service (specialist refuge) helped me in sorting out my finances. As I am a single woman so whatever I receive every week, I spend all of it because when I left my house, I had nothing. So I need to buy so many things for myself. It’s difficult, but I am managing. This is a safe place for me. I have so many Asian women to talk to and share my problems with. I have no worries about paying rent or any bills ... I am living independently and whenever I want help, my support worker is there to help me. I can sleep well after such a long time. I eat everything very happily, nobody is here to shout at me, so definitely my health is improving day by day in this relaxing atmosphere.
This section explores the experiences of women and children who have left the abusive relationships – both those who have managed to access publicly funded housing and the support that often goes with that and those who live with family, friends and strangers as they await the outcome of their case or while they find out about the options available to them. Based on the most commonly-used threshold of poverty - a household income that is 60% or less of the average household income in that year - all women with NRPF who had left the abusive relationship were living in dire poverty and deprivation and were often struggling to afford basic necessities like adequate food, warm clothing, travel expenses and medicines. Women who had no source of income were facing destitution and were forced to accept whatever support was available, making them extremely vulnerable to further exploitation and abuse. Women existing on the brink of survival faced great levels of insecurity and fear which further prevented access to services.

7.1 Income poverty: “I have nothing, but at least I am alive”

As noted above, the most commonly-used definition of poverty in the UK is a household income that is 60% or less of the average (median) household income in that year. These sums of money are measured after income tax, council tax and housing costs have been deducted, where housing costs include rents, mortgage interest, buildings insurance and water charges. The sum of money left over is therefore what the household has available to spend on everything else it needs, from food and heating to travel and entertainment (New Policy Institute, 2007). The latest year for which data is available is 2004/05. In that year, the 60% threshold was worth £101 per week for a single adult, £113 for a single parent with a baby aged 0-1, £134 for a single parent with a child aged 2-4 and £172 for a single parent with two children aged 2 and 5 (Hirsch, 2006: 16).

The research participants were asked questions which gave them the opportunity to make a subjective assessment about their financial circumstances, and questions about their exact income and expenses on housing, in order to compare their circumstances with the commonly-used barometer of poverty.

When asked about how they would describe their financial situation, none of the twenty-eight women who had left the abusive relationship described themselves as ‘financially secure/very comfortable’, while only two described themselves as ‘financially comfortable’. Thirteen women described themselves as ‘just getting by/ managing’, twelve as ‘struggling to meet basic needs’ and two women reported that they ‘could not meet basic needs/in debt.’

All of the 28 women who had left the abusive relationship were well below the poverty
threshold – even the women who described themselves as financially comfortable. However, compared to the financial deprivation that many women faced within their relationship a few women who were receiving financial support indicated that their financial circumstances had indeed improved.

T: I just get by and manage with £35 a week, but I am happy because I had nothing before.

Almost all women indicated that they had experienced financial abuse within their relationship, including being deprived of food and warm clothing. Whatever their circumstances were in relation to their immediate past, most women who had left the abusive relationship faced extreme financial difficulties and their accounts indicate dire poverty and deprivation. For most women, abuse by their family had been replaced by deprivation and destitution sanctioned by the state policy. The money available through section 17, Children Act and the Community Care (section 21) is lesser than the lowest rate of benefits, so even the women who had managed to receive support were finding it difficult to make ends meet.

S: There is so little money, everything costs so much. In fact, with this money I am struggling to meet my basic needs because whenever I want to meet my friend, it (travel) costs a lot of money... so it is hard to manage...

P: My husband used to give me very little money for just two weeks and then he would always ask me why I needed more. And here last week they gave me £35. I'm just getting by. I was poor in Pakistan but here I have been even poorer. When I left home, I didn't even think about what I would do about money, I just wanted to be alive.

One woman on NASS support received vouchers which could only be spent at the local supermarket. Research indicates the disempowering nature of vouchers which stigmatise and humiliate people, and do not provide value for money (Martin, 2006).

Women living with relatives, friends or with strangers who had offered them a place were completely dependent on them and were existing on the brink of survival.

N: I know that if I do their housework, I'm guaranteed food and a roof over my head. I do voluntary work at a church. I ask them for some money from time to time. They are helpful... I may get a few pounds a week or nothing.

Y: I am struggling to meet my basic needs – I have no income. I am living with friends. These people give me a space to stay and food.

Women who were well enough, could speak English and were able to find a job were in a better position, and were able to secure a modicum of financial security. Two women, both of whom were employed, paid a rent of £120 and £150 a month each for a room in a family home, and did some housework for the family.

I: I'm just getting by, managing. I have got a job on a part-time basis and am able to manage. Before this I was really struggling as my husband gave me little money. When I feel better I'm going to try and work full-time.

However, employment did not remain an immediate option for many women because of their childcare responsibilities, the impact of the abuse they had faced on their mental and physical health, lack of safe options (as many women were afraid to venture out) and language barriers. However, where women felt safe and supported, they attempted to enrol in English
classes or volunteer as a step towards independent living. While women in refuges often managed to access such opportunities, others did not.

_U: Women in my situation should be allowed to get an education. We should have this right. I want to make my future but when I applied for an English course they refused to enrol me and said that your stay in this country is very short. So, they said, I couldn’t apply for any course._

With the current lack of political commitment to meeting these needs of immigrants and the hysteria generated by right-wing press which has led to cutbacks in funding for ESOL classes, the women with NRPF face further barriers in entering the labour market.

**Women with NRPF and Poverty: some findings**

- Using the most common measure for poverty, all the women with NRPF who had left the abusive relationship were living in extreme poverty.

- 11 single women, all of whom were being supported by social services or refuges, were living on between £25 and £35 a week while the poverty threshold for single adults is £101 per week.

- Five single women who were not in receipt of any support were living on nothing, and relying on the charity of others for food and shelter, often in return for doing domestic labour in their homes.

- 2 women who were employed were living on between £40 and £70 a week.

- Women who were living with their children were also living on far below the threshold. 4 women (with one child each) were living on under £60 a week, while other women with between one and two children were living on between £80 and £100. In one case, a family, a woman and 4 children, housed in a refuge struggled to survive on £55 per week – their poverty threshold would be £266.

Given the poverty faced by many women with NRPF, we asked if in the past year, they had sought any financial assistance like crisis fund or the ‘Last Resort Fund’ (now discontinued) from the voluntary or statutory sector, charity or faith group. Only two women had applied for and obtained funds, both with the help of a support worker or advocate. This reflects the very few means of support available for women in this situation as well as the limited access women have to advocates who can pursue these dwindling options on their behalf. Since the start of this research, another source of funding, ‘Saheli Crisis Fund’ had become available for this group of women. These limited funds are managed by Saheli, Manchester and had been provided by Oxfam, and are available to women with NRPF who are facing destitution and have no other means of support. Women who were contacted for this research were directed to this source of emergency funding.

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8 This fund has since been depleted. The proceeds from the sale of this report will be going towards this fund, which will consider applications once again when there are sufficient reserves.
7.2 Accommodation: quality, safety and security of tenure

Due to the difficulties of accessing women who were not receiving any support from services, women in publicly-funded accommodation were overrepresented in this study, although evidence gathered by Saheli and Imkaan, on specialist refuges, indicates that the vast majority of women with NRPF are refused accommodation by refuges due to lack of funds.

Out of thirty women who participated in this study, ten women were in private accommodation including two women who were still in the abusive family home. Twenty women were living in social housing, funded by Local Authorities, by refuges through their own reserves and in one case by NASS. Of these, ten women were in refuges, 4 were being accommodated in a communal house by one social service in the Greater Manchester region, 2 women with child(ren) were accommodated in an exclusive flat, 3 were in emergency accommodation and one in NASS-funded accommodation.

All the women who were housed by social services, NASS or refuges had a bedroom for their sole use or shared it with their child/ren. One woman in a refuge shared her room with her four children. Of the women who lived with their family or friends most did not have the use of a bedroom for their sole use.

All women were asked to describe the quality of their present accommodation. While most women were relieved to have a place to live in, women living with relatives, friends and strangers or in emergency accommodation were most likely to describe their living arrangements as less than adequate.

E: I’m not happy because the furniture is very old and not in good condition. Carpets are very dirty and unhygienic. There is no central heating in this house. It’s very cold.

N: It’s very difficult as I am pregnant and I don’t keep well either. It is really hard to stay here (with friends) for a further six months.

P: There is not much here (B&B) but… I feel lucky to have a roof over my head and the fact that I am alive.

Women living in refuges, particularly specialist refuges, were most likely to indicate higher levels of satisfaction with the services they were receiving and their accommodation in general. Previous research has also documented that women value the availability of support from trained workers, the validation of their experiences, the empowerment model within which refuges work, the opportunity to talk about their experiences with other women and in the case of specialist services, the provision of culturally-sensitive support in appropriate languages, intensive advocacy and support over a prolonged period of time and often English classes (Kelly and Humphreys, 2001; Mullender and Hague, 2001; Thiara, 2005).

D: Very good. Because when my husband kicked me out of his house with my… baby, I had no place to go to. I had no relatives, no friends here who could help me or support me. We now feel secure… I had no money for food before but after coming here I have had no worries about myself and my baby… This service (specialist refuge) provides me everything.

F: (it is) the nearest thing to home.

Apart from the quality of their accommodation, we also asked women who had left the abusive relationship about the security of their tenure, as this can have significant impact on their ability to recover from the abuse and move towards independent living. In the last year,
two women had moved once, eleven women had moved twice, another eleven women had made three or four moves while four women moved between five and eight times.

Women who had moved once or twice tended to have children and were hence able to access support with greater ease compared to single women. Women with children sometimes stayed with a friend or family for a short period before they were moved into emergency accommodation, to a refuge or a flat with the support of social services, or occasionally managed to make a planned move to such accommodation as they left home. However, there were a few cases where women with children had to move from place to place while they awaited a favourable response from different Local Authorities, as local response varies widely. In such cases, finding somewhere to stay was even harder where the woman had a small baby to care for, and her caring responsibilities also prevented her from working.

AA: After moving from my in-laws’ place, I went to my uncle’s, then went back home but was sent back here. I was then put up at a B&B and since then I have been here – in a one bedroom flat (where she is being accommodated by social services with her baby).

Single women find it hardest to access support from the Local Authorities and often struggle to find somewhere to live. Seven women in this situation had managed to find a place with a relative, friend or stranger while nine women were being supported by the social services or by specialist refuges from their own reserves.

B: I moved from one friend’s house to another – I lived in 5 places like this. When no one could have me, I went to Oldham Crisis Centre, and they found me a place to stay. From there I went to Saheli.

T: First I moved in with my sister’s friend. I lived there just for two months when she refused to support me and took a rented flat for me. I had my parents’ jewellery with me, so I sold it and paid rent and when that finished, someone told me about Roby and I went there - they helped arrange this accommodation (in communal house provided by one social service in the Greater Manchester region) for me.

Eight single women had lived in four or more places in the last year, with two women who had lived in 7 and 8 places as they sought to find safety. Many single women were reliant on the charity of others, even strangers, which placed them in a highly vulnerable situation.

N: My husband had me thrown out of the house… I was scared as I didn’t know about the laws in this country – I was not even registered with a doctor… I stayed with an aunt but her husband tried to sexually abuse me. I fled from there and ended up with a friend. I’ve moved from place to place. I have no connection with my family now… I need my family, but they won’t support me.

Women whose accommodation and food is provided by the family for whom they provide domestic labour, are hardly in a position to negotiate better terms of work, days off or some privacy. Kalayaan has documented the abuse faced by Migrant Domestic Workers (Roberts, 2006); women with NRPF are vulnerable to similar exploitation and abuse because of the state policies which remain blind to gender based violence.

S: First I went to a refuge… then they said you have no visa, so you can’t stay here anymore, so I came to this city to live in my friend’s house. After that I went to an unknown woman’s house where I did housework, then I went to
another friend’s house. Then after that I went to social services office and they found a place for me.

G: When I left home I stayed with a friend but she could not keep me in her house for long. I looked around for somewhere to stay but everything was very expensive. I couldn’t afford it. My friend I found this family who gave me a room in their house cheaply and I do cooking and cleaning for them. I do not trust people at all. When they find out about my situation they try to take advantage.

More than one woman reported being told by social workers to go back to the abusive partner or go home while they were meant to be ‘supporting’ her. In one case, a woman felt that she had been forced to return to the abusive relationship with her baby. She eventually left again, and this time managed to access support in a refuge.

F: I have stayed in several places - more than six or seven. The social people (social workers) forced me to go back but it did not work.

We also asked women who participated in this study about their security of tenure and feelings about their future. Women who were living with relatives and friends faced the greatest uncertainty about their future accommodation.

J: My aunt… is with her in-laws. They are very supportive… but I will need to move soon… she can’t keep me for long, so I’m going to my uncle’s house.

Women who were being supported through public funds reported some sense of security in the knowledge that they had a place to stay till a decision was made on their application. However, the threat of deportation was ever-present, and previous studies indicate that the stringent evidence demanded under Domestic Violence Rule means that many women are unable to meet the criteria and are deported to face stigma, financial uncertainty and often threats to their life (Gill and Sharma, 2006).

X: I am very worried about the case – I could be deported. What will happen in the future?

I: I’m depressed and very moody because of everything that has happened to me. I worry - what if I don’t get indefinite stay, or they take away this house, where will I go? I get upset and cry a lot at night. I feel emotionally drained. I don’t feel like meeting anyone and want to be alone. I’m lucky to be safe and alive but I miss my country and people, my food. Some days are good but other days I cry for no reason.

Some women who had been thrown out of their in-laws’ house felt relatively safer because they did not expect their husband or his family to attempt to trace them, but for women who had left the abusive relationship, the fear of being found was ever-present, and many women curtailed their movements to avoid being located. Where women were living with friends, relatives or strangers, their perceptions about their safety also depended on a combination of factors like their assessment of their spouses’ or in-laws’ future behaviour, the likelihood of being located and the extent to which they could trust the family they were living with.

G: I feel safe because these people are good. I pay my rent on time and the factory is not far from here. They are Asian people and I have not had any problem so far.

O: Not that safe but I am OK (staying with friends). I don’t venture out because I’m scared of being seen.
Their fears are not unfounded, as research indicates that the process of leaving and immediately afterwards is the most dangerous period for women escaping from an abusive relationship (Browne, 1987; Campbell, 1992). Women who were living with their abusive family, those who were housed in emergency accommodation like B&Bs or hotels reported the greatest level of fear for their safety, as did some women who were living with family or friends.

L: No, I don’t feel safe here (B&B)... it is all strange. I am very scared for myself and my daughter …very unhappy. Everything has gone wrong, I’ve faced so many problems in a foreign country. …I don’t want my sisters-in-law and mother-in-law to find me. These people don’t understand what I am saying. I feel safe when the police and social services are there. I pray to my Babaji (god) please help me; keep me and my daughter safe.

P: I am worried that my husband will be looking for me. I cry all the time, I’m very scared. I don’t know what will happen, I get scared thinking about what my husband will do to me if he finds me or if someone tells him I’m here. But pray to Allah that he does not find me here. I feel safe when my worker is here. I keep to my room (B&B).

D: The social services first refused to support me because I had no status. Then they arranged a room in a B&B in very dirty and bad place where I was the only woman and all others were English men. But my in-laws found out about me so they arranged another B&B for me and my child. Then I went to a refuge...

Women who were in refuges were most likely to say they felt safe, as did some women who were living in the communal house provided by one social service in the Greater Manchester region, particularly if this was not in the same town as their husband or in-laws. At the time of this study, one social service in the Greater Manchester region had begun to house single women with NRPF in a house. Women in this situation felt safer here than in a B&B or hotel, as the panic alarms provided to them gave them a sense of security. However, in the absence of a worker based here, this still remains a less supportive and less empowering alternative to a refuge. This was even more so for women who were living in flats on their own without any support near them. Given the evidence about post-separation violence, support is crucial in this period while a woman is trying to re-establish her life.

T: I think this is good because at least I am secure here (in a communal house provided by Local Authority for women with NRPF). Nobody can touch me here. We have safety alarms and panic buttons for our safety.

U: Yes. I am safe because we have security alarms. And this place (communal house) is far from my in-laws’ house.

Refuges in UK have over three decades of experience in creating a safe and empowering women-only space for survivors of domestic violence, and women who were staying in refuges pointed to these aspects of the service they received when they accessed their safety. Confidentiality, women-only spaces, availability of support and empowerment featured in their evaluation.

Q: I feel very safe. The rules are strict and there are only women here.

K: I did not understand what they meant by confidentiality. I was so worried about talking at first but they (Saheli) would not even talk about (my) case to my sister. This was very reassuring. After that, I felt much better and safer. If women would understand about this confidentiality, they will have less fear.
7.3 Social isolation

In this study women were asked how often they had managed to spend time with their family and/or friends in the two weeks prior to the interview, and whether this was their usual pattern of socialising. This was to establish what informal support systems existed for them in the difficult period following separation. It is often assumed that leaving an abusive relationship is an end of all troubles. However, research has demonstrated that the period following exit from the abusive relationship, while one of intense relief at having made the move, can also be particularly fraught as women often struggle to recover from the effects of the abuse, deal with the risk of post-separation violence, adjust to life in a refuge or in a new place and for some women and deal with often ambivalent feelings about the relationship (Hoff, 1990; Kirkwood, 1993; Hyden, 1999; Dugan, 2000).

Thirteen women who had left the abusive relationship had no contact with any informal sources of support in the UK, while two women who were living in their family home were being denied such contact by the perpetrators. Four women managed to maintain contact with their family or friends who offered support to them, while eleven women socialised with those they lived with – relatives, friends or other residents.

Research has documented the control imposed on women by their abusive partners and his family, which is aimed at cutting them off from possible sources of support (Browne, 1987). Two women who were still living within the abusive relationship recounted the impact of isolation and unrelenting control exercised by the perpetrator(s).

K: I often spend time with my sisters-in-law and mother-in-law. If my husband rings or comes home early, he is OK. But when I was with friends he used to ask so many questions… I don't go anywhere alone now. I am very, very stressed. I feel someone is controlling my movements all the time, as if I am in a prison. I have lost all confidence in myself. I don't feel like dressing up or going out. I am in a lot of fear, I feel depressed. I don't recognise my husband any more. I have tried to convince him but he does not trust me.

The control exercised over all aspects of their social life had a profound adverse impact on women’s mental health while they lived with the perpetrators, and for many women, their loneliness did not end following their exit from the abusive home. Many women not only had to cope with the effects of abuse from multiple members of their marital family, but were also struggling to come to terms with rejection from their birth family who often blamed them for the breakdown of the marriage.

M: When you have your dreams broken and lose everything, you feel bad. I've lost everything. I've spent nights crying. All my relationships have changed. ...even my family in Pakistan don't behave the same now. I am just about managing.

S: My family doesn't want to meet me or talk to me because they don't want to support me. They said, “You have taken this step (of leaving the marital home), so you cope in this situation by yourself.” They totally refused to help me.

Women who had no informal networks of support in the UK experienced overwhelming isolation and despair as well as uncertainty about their future. The situation was worst for women who were still in the marital home or housed in emergency accommodation and for women who had no access to specialist services where they could communicate in their own language.
I: I have had no friends, few acquaintances. After the last incident, I have been very scared. I have only spoken to an outreach worker one or two times in the last few weeks. ... So much has happened to me since I came to this country. I feel very depressed and all alone.

P: Social services came to help me after police told them about my situation. I spoke to my family in Pakistan to let them know I was alive and that I would rather die than go back to that man... the people from social services are looking for a place for me to live (currently in a B&B). ...I am able to speak in Urdu to you, and to people from Hosla. There is no one else here for me.

Having access to someone who could validate their experiences and offer non-judgemental support was crucial to women's recovery from the abuse, and women who had such support from family or friends valued it highly. While some women received emotional support as well as practical assistance and advocacy from their relatives or friends including help in contacting services, others were concerned that they were putting their female relatives and friends, particularly those who were living with their in-laws, in difficulties due to their presence.

J: I have been in my aunt's house. She has been helping me and supporting me by contacting services. ... (they) are helping me financially but I know this is temporary. I don't want to be burden on their family.

Living in a refuge and adjusting to the rules and to aspects of a communal life can be daunting and difficult. However, women who were housed in a specialist refuge or with other South Asian women in the communal house drew upon the support of other residents who had similar experiences as them, and described the strength such friendships gave them.

F: My family is abroad, but my friends here are very supportive. They have experienced similar things, they live in a refuge with me.

U: I live with my friends in the same house provided by social services. I feel very comfortable when I am with them.

C: My family are all in Pakistan. I live alone here (in a refuge). Nobody interferes with me. I eat what I want. I sleep when I want. I have nice company, we go outside for meals together – our workers arrange that for us. I am feeling so relaxed and secure.

While the period following exit is a difficult one for all women as they adjust to their changed circumstances, for women with NRPF, the difficulties are multiplied as they struggle to find a safe place to live in, funds to survive on and apply for their ILR in the UK. Support at this time can be vital to validate women’s experiences, to deal with any feelings of self-blame that they might have entertained, promote a sense of well being and to the recovery of their self-esteem.

7.4 Physical and mental health

The impact of domestic violence on physical and mental health has been well documented, and this effect continues long after the end of the abuse. We asked women to describe their physical and mental health over the past six months on a sliding scale from very good to very bad. Twenty eight women participated in this study had endured physical violence and sixteen women had been subjected to sexual abuse, of whom six women sought treatment from A&E as a result of the violence they faced. The impact of ongoing and persistent abuse, including
starvation, on the health can be severe, and many women indicated that they were struggling to cope with the effects of the abuse on their physical health.

R: It’s bad. Before all this my health was good but because of not eating and sleeping properly my health has gone down. Bad, because the whole situation I had suffered still hurts my body.

P: Bad. The social woman took me to a doctor. I have lots of marks on my body and pain.

However, for most women who had left the abusive relationship, their physical health had improved over time. This was particularly so for women who were being supported by social services or by a refuge and had some financial security to meet their basic needs as well as that of their children.

S: Look for yourself, my health is good compared to my previous days. At that time I was not looking well. Not at all.

H: Good. Here my health is becoming better every day because I am satisfied… I am eating well, I am sleeping well… I have no worries about myself or my baby. Nobody is here to taunt me. Nobody hits me. I give attention to my baby. I love her and when she smiles I forget everything.

While their physical health improved over time, for most women who participated in this study, the effects of the abuse they had endured on their mental health was severe and long-lasting. Research has shown that health effects of domestic violence include low self esteem, anxiety and depression (Mooney 1994; Kirkwood, 1993; Campbell et al., 1995; Cascardi et al., 1999; Golding 1999; Humphreys and Thiara, 2003), both in the short term and long after women have managed to leave violent relationships (Kirkwood, 1993). This link has only recently been highlighted in the Department of Health consultation document on women and mental health which reports that at least 50% of women users of mental health services have experienced domestic violence (Department of Health, 2003) compared to one third of women in the general population (Mooney, 1994). We asked women to tell us about their mental health over the past six months, and while a few women received the support they needed and reported an improvement in their mental health, a majority of women recounted experiencing a range of mental health problems.

Five women reported significant improvement in their mental health due to the end of the abusive relationship, and the availability of adequate support over a period of time which enabled them to regain their self-esteem. These responses were from women who were receiving financial support and were in secure accommodation – three in refuges, one in a flat provided by social services and one in the communal house provided by one social service in the Greater Manchester region.

H: It’s good. I think if you are free of worries and tensions, your mental health is good. I am so happy and satisfied so I think my mental health is good - I have no depression now.

C: Good. It is not easy to forget my past, but living in this relaxed atmosphere I am no longer stressed.
Three women had accessed their GPs for help with their mental health problems and had been prescribed medication, but had not been offered any specialist mental health support to address the psychological impact of the violence they had faced.

T: I was so depressed that when I registered with the GP he gave me anti-depression tablets. I have been taking them for six months but now he has said that I don't need these anymore. I do feel better… but all those things are still in my mind… it hurts me so much. I am always thinking about my past so I can't sleep properly. I always think, why has this happened to me? It makes me mentally ill.

M: I have been taking medicines for one year for depression and have been taking sleeping pills. I still think of the past and that brings me down.

Given the impact of domestic violence on mental health, the particularly severe forms of abuse faced by women with NRPF and the ongoing uncertainties about their immigration status, the need for such support is even more acute for this group of women. However, only three women had managed to access counselling. One woman accessed such support through a specialist refuge and two women received help from a community mental health service, Roby, in a context where the link between mental health problems and domestic violence had been recognised.

A: I am not too worried now – I feel much better mentally. I still feel low sometimes, but counselling has helped me a lot.

However, the majority of the women had not received the support they needed and reported a range of mental health problems including depression, stress, suicidal thoughts, suicide attempts, eating and sleeping difficulties and extreme fear, all directly attributed by them to the abuse they had faced.

U: It’s bad - I am not getting proper sleep. I’m very stressed. …whenever I want to do anything the first thing that comes to my mind is that I can’t do it …because I have lost my confidence. I always have lots of thoughts in my mind, lots of fears about what happened in the past and now about my future.

P: My mind is all confused and I can’t stop thinking. I get very bad dreams and keep awake. I just want to lock myself in a room and cry for a long, long time.

The additional consequences of domestic violence for Black and minority ethnic women, particularly South Asian women in the UK has been documented in several studies and includes high levels of self-harm and suicide (Raleigh, 1996; Yazdani and Marshall, 1998; Husain et al., 2006; Wilson, 2006). Many women reported feeling suicidal and a few women had attempted to kill themselves.

V: Because of suffering domestic violence my health has gone down. I have difficulty eating and have stomach problems. My mental health is very bad because I can’t forget all those incidents belonging to my past. …I am very emotionally hurt …lots of times I think of killing myself… I feel so depressed.

S: When I remember all those things, I get very upset …I often think of killing myself when that happens. I have sleeping and eating problems, so I can’t think properly. I am always tense, I have lots of bad thoughts in my mind. My past hurts me badly.
O: I never used to talk to anyone. I'd burst out crying all the time. I'm much better than before, but I still get upset because of the past. I feel suicidal. I feel I need to escape from my past. I think, if I wasn't alive what difference would it make? I go for a walk in the park and ask the tree... I question my whole life. I can't sleep - past memories won't leave me. This triggers migraine and I get worse. ...I look okay from outside, but no one knows how I am suffering on the inside.

Psychologists have found parallels between the effects of domestic violence on women and the impact of torture and imprisonment on hostages (Graham et al., 1988). The emotional impact of domestic violence has also been documented to lead to the development of Post Traumatic Stress Disorder (Barnett and LaViolette 1993; Cascardi et al., 1999; Golding 1999). While this research usefully draws attention to very different societal attitudes and responses to survivors of a hostage situation or war and those of domestic violence, there is also a trend towards the medicalisation and depoliticisation of women’s experiences. For women with NRPF, state policies result in continuing trauma and risk of further violence or even death if deported. The effects of domestic violence, living in a new country, absence of informal networks of support, and in the case of some women, no support from services added to these uncertainties about their future. In the absence of specialist domestic violence advocates able to speak their language, many women remained uncertain about the progress of their application for ILR and this left many women extremely fearful about their future. In such circumstances, women who participated in this study were in desperate need of support, both practical support from domestic violence services to secure their future, as well as emotional support from specialist mental health services.

E: I still have lots of worries about my job, about my accommodation, about my future and the main reason is that it is not so easy to forget my past. ... The violence I had faced is still in my mind. I want to get rid of all those memories but it is not easy. Whenever I remember my past I start crying because I had faced hate from all my in-laws, especially my ex-husband.

However, for women who were living with family, friends and strangers or within the abusive relationship, their mental health needs were least likely to be recognised or met. Given that the GP is often the first port of call for women who face domestic violence or mental health problems as a consequence of domestic violence (Dobash et al., 1985: 148), it is significant that of the ten women who were not in social housing, seven were not registered with a GP, or were registered at the practice near their marital home and could not access it. One woman did not know about the existence of this service, since there is no such provision in her country of origin, and her husband had not registered her with a GP.

G: When I left home I did not want anyone to find me. I don't have any papers with me. I have not needed to go to a doctor.

R: It is difficult for me because I have no one to support me and this area is totally new for me. So I am still not registered with a GP.

Q: My husband did not take me to see the doctor. I thought I would have to pay. In Pakistan, doctors take a lot of money. Once I tried to speak to the woman next door, but she did not understand me. Someone should speak to us when we go to get the visa... tell us what our rights are. ... In Pakistan we are very scared but at least there are people you can talk to.
Another problem for women with NRPF is that they have to pay for their prescription charges unlike other people who receive benefits – this is often the case even for women who receive support from social services under section 17 or section 21, and for women who are being supported by a refuge. While some social services in the Greater Manchester region provide additional support to enable women with NRPF to access such medical expenses, the practice remains inconsistent and variable across the region. Where this support can be made available, it is only accessible for women who are already in receipt of Local Authority support. Given the extreme poverty faced by most women with NRPF who do not receive Local Authority support, going to the GP was often not a viable option even for women who were registered with a GP.

O: When I was with my husband I needed the inhaler, but I had to bin it because he thought I was pretending I needed it. Now I know the whereabouts of a GP but I can’t go because I have to pay, so I look for cheap medicines so I can survive.

M: I haven’t been to a doctor for a few months now. I can’t afford the medicines...

A review of entitlement to free NHS care for foreign nationals undertaken by the Department of Health, Enforcing our Rules (Home Office, 2007), suggests that primary care will be brought into line with existing secondary care regulations. Groups considered to be not ‘lawfully resident’ in the UK have been liable for National Health Service (NHS) hospital charges since 2004. Women with NRPF are struggling to meet their basic health needs under existing regime and it is likely that any further reduction in the provision will deny basic healthcare to a very vulnerable group of women and entrench discrimination in the NHS (Medact, 2007).

7.5 Proposal to retrieve costs of supporting women with NRPF from sponsors: the way forward?

Given the destitution women with NRPF face if they manage to leave the abusive relationship and the lack of viable options which prevents many women from leaving, there is an urgent need to make funds available so that women can truly avail the ‘Domestic Violence Concession’. Following the criminal justice white paper, ‘Justice for All’ (Home Office, 2002), the government consultation paper ‘Safety and Justice (Home Office, 2003) outlined a range of measures towards developing a national strategy on domestic violence. These proposals were addressed in the Domestic Violence Crime and Victims Act 2004.

However, the legislation contradicts the Government’s commitment to protecting all victims of domestic violence, as expressed in Safety and Justice. Despite intensive campaigning by women’s groups like Imkaan, Southall Black Sisters and Women’s Aid, this legislation makes no provision to enable a woman with insecure immigration status to access public funds such as benefits or social housing. In a continuation of Conservative government policy, controlling the migration of certain groups into Britain has been at the heart of Labour government’s policies and beliefs since 1997 (Schuster and Solomos, 2004), one that overrides concerns about the rights of survivors of domestic violence.

In this context of the government’s reluctance to commit any funds to women with insecure immigration status, there is a proposal by Southall Black Sisters and some other organisations that public funds should be made available to women with NRPF and that “the government should retrieve these funds from sponsors (partner/ his family) provided there is no further risk...
of harm to the victim or her family” (Southall Black Sisters, undated). In this study, the participants were asked for their opinions on these proposals, as well as on whether they would be willing for the government to claim these funds from their sponsor, and the impact this proposal would have on their particular situation.

While eight women welcomed these proposals as it would lift them out of the destitution they were facing, twenty-two women expressed concerns about the risk this would entail for them, their children and sometimes their families in South Asia.

A: No, this would be too dangerous for me. No way.

O: My husband would torture me if I took the money. He'd say, "Why are you taking this money when we're not together?" He will say, “Get it from your parents,” but they don't accept me anymore, so why will they finance me?

K: No. My sister is married into same family…it will make life very difficult for her.

In the context of the escalation of violence during the post-separation period, some women were extremely fearful of being traced and did not want anything to do with the perpetrators. Even women who were in safe spaces and confident about not being traced were concerned that this proposal might jeopardise the welfare and safety of their family members in the UK and in the subcontinent. There were others who could see the possible merit of these proposals in offering a way forward for women who were able to utilise this provision and welcomed these proposals in theory, but maintained that this would not work for them.

AA: I agree with this proposal. But my husband will get angry …I might as well forget it because it will affect my family. It will cause lots of problems for me and my family.

Q: My husband should pay for causing me all the misery. But how can there be no risk? He will try and harm me here...

For some women, their willingness to consider this proposal depended on their ability to ‘opt out’ at no further cost to them. However, in the case of Child Support Agency (CSA), survivors of domestic violence have long expressed the concern that they are pressurised to disclose contact details of the father despite their fears of further violence (BBC Online Network, 1999; Carrington, 2000). Despite the existence of a clause that theoretically enables survivors of domestic violence to withhold information without any fear of penalty, reports from agencies working with single mothers as well as findings from American studies indicate that these exemptions are not publicised, are inconsistently applied and definitions of 'good cause' varies across the country (Roberts, 1997; Turetsky, 1997; Seltzer et al., 1998; Carrington 2000; Roberts, 2000), an issue on which there has been very little research in the UK. Women who cannot prove 'good cause' to agencies (which have so far displayed little understanding of the nature of domestic violence) are liable to have their benefits cut. For women with children, research findings indicate that contacts are still routinely awarded by courts to fathers despite a history of violence to the mother, and in disregard of the definition of harm which now includes the notion of harm done to a child from seeing the abuse of a loved one (Humphreys and Harrison, 2003; Saunders and Barron, 2003). Contact remains a dangerous time for women and children (Jaffe et al., 2003; Saunders, 2004), and some women with children remain wary of retaliatory violence if they pursue child support.

AA: I don’t think so. Because if this happens, my child will suffer - my in-laws will make trouble for us. I am afraid to go back to Pakistan as my life and child's
Eight women welcomed the proposals without any reservations as it would enable them to access refuges and to begin a new life. Using religious arguments, or the guarantee that the sponsor gave when applying for a visa that he would support them without recourse to public funds or citing a father’s duties towards his child, these women argued that their husband was indeed responsible for their well-being and should be held accountable.

D: I am 100% agreed. We married British citizens… they treat us like animals and whenever we refuse to accept this violence they start threatening us that we are not allowed to stay in this country anymore … if we have a child, they never bother about them. If they sponsored us from Pakistan, we are their responsibility… Yes, the government must claim funds from our sponsor or in-laws when we are on no recourse. We cannot get a place in a refuge very easily, we are not eligible for public funds, not allowed to register with GP – who else is responsible for our situation?

H: In my case I have a baby. He is responsible for supporting his baby whether he likes her or not. … I have faced very bad days because of this ‘no recourse’. I had to spend two weeks without eating anything. I had nothing to wear. I am still his legal wife, then why did I have to suffer those bad days? …according to our religion too, he is responsible to take on mine and his baby’s responsibilities.

These women also felt that their husband and/or his family had not faced any consequences for subjecting them to the abuse, and felt that if they knew they would have to pay, this might act as a deterrent.

G: I think husbands would think twice before ruining someone's life if they knew they had to pay if they left their wife. At present they have nothing to lose.

There remains the question of the effectiveness of any such policy that seeks to recover funds from the sponsor. The CSA has been notoriously ineffective in recovering funds from absentee fathers and only managed to collect £1.85 for every £1 spent on administration. This has been far from a cost-effective way and has left thousands of women to face poverty as they wait for payments going back several years. In the case of women with NRPF, given that all the sponsors have a history of abuse, they are even more likely to be recalcitrant, making the recovery of the debt even more arduous. It is also argued that allowing the CSA to collect the funds will take the decision out of the hands of the woman, therefore making reprisals from the perpetrators less likely – however, women who ‘opt’ to recover the funds from the sponsor will still have to declare the contact details of the perpetrators. It is unlikely that these matters of ‘small print’ will deter persistent abusers who will no doubt feel aggrieved at being held accountable for their actions.

It is indeed a matter of concern that the perpetrators are not held accountable for their criminal actions. This is an issue that affects most survivors of domestic violence and conviction rates have remained extremely low over the years. However, this is due to a combination of factors like ineffective policing, sentencing policies and the inability of agencies to empower women and support them such that they are able to pursue their abusers without any fear. For
domestic violence service providers, the priority must remain women and children’s safety and wellbeing – where ensuring this safety alongside appropriate responses from the criminal justice system enables women to prosecute successfully, this can be seen as a just outcome. However, pressurising immigrant women to compromise their safety and that of their children, in order to access services that are available as a matter of right to resident women, cannot be considered a just or a safe way forward. This proposal also obscures the state’s responsibility to protect women’s rights.

7.6 Neither safety nor justice: the deportation of women with NRPF

In this study, women were also asked about the consequences for them, if they could not meet the stringent evidential requirement of the Domestic Violence Rule and if they were deported. Most women were extremely anxious about their case and were experiencing severe stress and depression. If deported, women who had been disowned by their family had nowhere to go to. As a divorcee living alone, they could see no prospect of having a safe and independent life, except in the UK.

R: No one accepts me in my family anymore. …my parents have said, “you are married and when you just left your marital home you died for us.”

O: I would rather I was killed and buried in the UK than return to Pakistan. People will say things. Again, I will say kill me and bury me here - I don’t want to go back as no one is there for me now.

Even for women who could go to their family home, the prospect of being deported filled them with dread at the thought of the stigma this would entail for their family.

Z: If I lose this case, my life will be ruined and so will my parent’s life. I’d rather just die here in this country than go back.

Y: I would have no future. I would be considered a disgrace by people. My community in Pakistan is very narrow-minded, they will make it difficult for me. I will not get a job or have any future. I will have to spend my entire life combating society and living at my mother’s with no money. My family is not very secure financially so they cannot support me … I want to rebuild my life but can only do that in the UK as I won’t be allowed to do so in Pakistan.

Some women were fearful that their family or their husband’s family would be able to locate them and would harm them or even kill them. Honour killings are common in the regions of the subcontinent where women who participated in this study come from (Hassan, 1995; Amnesty International, 1999; Hariharan, 2004). While on the one hand, the labour government has declared its intention to take this form of violence against women in the UK seriously, it is at the same time returning immigrant women back to face violence or death for breaching the patriarchal moral code of their community by leaving an abusive relationship.

P: I think my father and brothers will kill me. Or my husband will make sure I am killed. I am too scared even to think what they will do. I am the bad one, the ‘izzat’ (honour) of my family has gone because of me.

N: They (my parents) said, “Thank god you are in the UK. If you were in Pakistan we would have cut you up in so many pieces no one would be able to count
your pieces. You are dead for us.” I tried to commit suicide. I need them. I need my family, but they won't help me.

For South Asian women with NRPF, their suffering endures beyond the end of the abuse. Women with insecure immigration status often live in fear of their lives due to the lack of safe spaces like refuges, face isolation, destitution and the threat of deportation that looms over them because of state policies. Research has noted how Black and minority ethnic women’s lives, already circumscribed by the actions of their abusers, are thus further limited by the response of the state (Batsleer, 2002). Participants in this study commented:

Q: Women in my situation who are facing this violence should not be treated like illegal citizens. We have come here through marriage and should be told about our rights and should have our own rights not just through our husband.

V: I think instead of giving two years visa, if the government give us indefinite leave straight away, so we have equal rights on everything…our problems will be solved. And I think a lot of the violence will stop.

Immigrant women deserve the same protection that is available to other resident women, and the same opportunity to survive the abuse and to make a new life for themselves and their children.
Chapter 8

Conclusions and Recommendations

This study highlights the need for many changes, while some may be longer-term changes requiring a change in the law, other changes may be made more immediately. The following section specifies some key recommendations.

8.1. Changes in law

- The ‘no recourse’ requirement under the ‘Two Year Rule’ reinforces gender inequalities for all women in a marriage, and not just those seeking to leave an abusive relationship, and needs to be abolished.

- At the very least, all survivors of domestic violence should receive welfare benefits and safe housing under the Housing Act 1996 to enable more women to leave the abusive relationship and to prevent them from facing poverty, destitution and further abuse and exploitation after they leave.

- The proposal to support women with public funds and reclaim the funds from their sponsor raises concerns including fear of retaliatory violence to women, their children and to relatives in the subcontinent. Such a move would be ineffective and it obscures the responsibility of the State to protect women’s human rights.

- The current treatment of ‘ overstayers’ needs to be reconsidered, as the nature of domestic violence and the failure to renew visa can itself be part of the abuse and control women experience.

- A wider range of evidence including personal statements and witness testimonies needs to be permissible under the Domestic Violence Rule because many women are unable to make a successful contact with services which record their disclosure.

- Applications for Indefinite Leave to Remain need to be fast-tracked for women experiencing domestic violence to enable them to access the full range of benefits that ILR will entitle them to, as well as reducing the burden currently faced by specialist refuges in supporting women with NRPF.

- The Domestic Violence Rule should be extended to all survivors of domestic violence who are subject to immigration control (for example, to address the needs of other categories of women who remain trapped within abusive relationships due to NRPF, such as spouses of workers and spouses of students).
8.2 Improving service provision

- There is an urgent need for national guidelines on social service obligations to women with NRPF. Whilst examples of good practice exist they need to be emulated across the country.

- Social services need to house women with NRPF in refuges, with the option of specialist refuges, in order to enable them to access the support they need.

- There is an urgent need for publicity about these provisions to enable women to leave abusive relationships.

- Social services need to reach a decision within twenty-four hours of an application for support to prevent women from returning to the abusive relationship, giving them an option to leave the relationship.

- Compulsory, regular and continuous training on the nature of domestic violence and the issue of NRPF is needed for all frontline staff.

- Routine screening and recording of domestic violence by health services is essential.

- Also necessary are better information about services, the prioritising of the women’s safety, a pro-arrest policy and appropriate referrals by police, the provision of accessible advice and information by legal services.

- Adequate Legal Aid is essential to enable women to access their rights and legal support.

- Information about services needs to be provided through leaflets and posters in everyday and accessible spaces in the UK and in British High Commissions in the subcontinent.

- Specialist domestic violence services are crucial for South Asian women with NRPF, as are outreach services that are accessible to women who remain trapped in the abusive family home.

- The impact of the abuse on women’s mental health needs to be addressed through the provision of accessible mental health services, addressing women’s language needs, in women-only spaces.
Conclusions

While domestic violence exists across all communities, the policy of NRPF and the existence of the ‘Two Year Rule’ reinforce patriarchal structures within which such violence against women takes place, as well as effectively penalise women who resist this violence by seeking to leave the abusive relationship. In the absence of effective service responses to women with NRPF, existing legislation in principle, offers an opportunity to exit for some women, but in practice existing policy makes it extremely difficult for most women to avail this opportunity. Specialist domestic violence services, often under-funded and struggling to survive the current shifts in domestic violence service provision, are often risking financial viability to support such women. Women forced to live with ongoing severe violence in the UK, women who have managed to leave but are facing destitution and a struggle for survival in the UK, and women deported to face further violence are three faces of a state policy that urgently needs reform to extend to migrant women the basic rights that most resident women take for granted.

The policy of NRPF allows the government to apply double standards in its approach to domestic violence, allowing some women the right to protection but not others. The NRPF rule represents a major and serious obstacle to accessing services and justice for a very vulnerable group of minority and migrant women. It underpins the reasons why South Asian women with unresolved status are unable to leave violent relationships or face destitution, if they do.

Whilst this study provides significant insights into the experiences of one group of women, there remains a need for further research into the needs and experiences of women still living within the abusive relationships; and of other groups of Black and minority ethnic women with NRPF including marriage migrants, partners of students and workers, migrant domestic workers, asylum seekers and refugees, ‘ overstayers’ and illegal entrants.
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Questionnaire for participant women

SECTION 1

CORE QUESTIONS

Please tick boxes as appropriate

1) What age group do you belong to?
   18 – 24 [ ]
   25 – 34 [ ]
   35 – 44 [ ]
   45 – 54 [ ]
   55 – above [ ]

2) What is your ethnicity?
   Pakistani [ ]
   Indian [ ]
   Bangladeshi [ ]
   Sri Lankan [ ]
   Other [ ]

3) What is your nationality?

4) Date and place of arrival in UK.

5) What area are you living in now?
6) Which languages do you speak?
   Basic:
   Intermediate:
   Fluent:

7) Which languages do you read/write?
   Basic:
   Intermediate:
   Fluent:

8) Religion/ faith/ belief
   None [ ]
   Buddhist [ ]
   Christian [ ]
   Hindu [ ]
   Jewish [ ]
   Muslim [ ]
   Sikh [ ]
   Other (give detail please) ..............................................................

9) What is your sexuality
   Bisexual [ ]
   Heterosexual [ ]
   Lesbian/ Gay [ ]

10) Do you have any disabilities (If yes please state what)
    Yes [ ] .................................................................
    No [ ]
11) What is your Marital Status

- Married [ ]
- Civil Partnership [ ]
- Cohabiting [ ]
- Separated [ ]
- Divorced [ ]
- Single [ ]
- Widowed [ ]

12) Do you have any children or are you expecting any? If so, how many children do you have, and what is their age/sex?

13) (If yes to previous question) Who do your children live with?

- With me [ ]
- With my husband/partner [ ]
- With my family [ ]
- With my husband’s family [ ]
- Other (specify) [ ]

15) Employment status

- Full time employment [ ]
- Part time employment [ ]
- Retired [ ]
- Student [ ]
- Voluntary work [ ]
- Not permitted to work [ ]
- Unemployed [ ]
- Other [ ]
SECTION 2
EXPERIENCES

1) We would like to know about your experiences when you first came to this country following marriage. What were the circumstances of your marriage?

(Follow up questions/prompts include: Where exactly are your family from and are they financially secure/very comfortable? Did you have any family/friends here? How did the marriage come about? What were your feelings about it?)

2) Can you tell us about your relationship with your partner and with his family when you first came here?

(Follow up questions/prompts include: Who were the members of your household? Could you tell us about your daily life?)

3) What does the term ‘Domestic Violence’ mean to you?
(What is your understanding of domestic violence?)

4) Have you experienced domestic violence?
Yes [ ]
No [ ]

5) Have you experienced any of the following?
Please tick all relevant boxes
Physical abuse [ ]
Verbal abuse [ ]
Financial abuse [ ]
Mental abuse [ ]
Emotional abuse [ ]
Sexual abuse [ ]
Isolation [ ]
Controlling partner [ ]
Controlling family [ ]
6) Could you tell us a bit more about what you have experienced?
   *(How long has this been happening for? How often did you suffer any of the above?
   by whom?)*

7) Have you ever discussed your experiences with your family/ friends, strangers,
   neighbours or any one else?

   If yes, with whom (here or back in your country), and how did they respond to your
   concerns?

   If no, then why not? Could you tell us a bit about why you did not want to/ feel
   able to talk to anyone about what you have experienced? How do you cope with your
   situation?

8) Do you still live in your marital home?

   If no, when did you first think about leaving? When did you finally leave *(get
   approximate dates)*? Could you tell us about the three biggest issues you faced when
   you made the decision to leave?

   If yes, Have you ever thought about leaving your marital home because of the
   domestic violence? What are the things that make it hard for you to take the decision
   to leave?

9) We would like to know if you manage to spend time with your family and friends
   regularly. In the last two weeks, how often have you managed to spend time with
   your family or friends? Is this your usual pattern of socialising?

**SECTION 3**

**SERVICE PROVISION & AWARENESS**

1) Could you tell us what you understand about your and your children’s rights in these
   areas:

   Immigration:

   Benefits (social security)

   Housing

   Employment

   Access to health services

   Legal services/ right to legal advice, legal aid
2) Do you know of or have you used any of the following services to seek advice/help about the domestic violence you have faced:

<table>
<thead>
<tr>
<th>Service</th>
<th>Know of</th>
<th>know of</th>
<th>Don’t know</th>
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<td></td>
<td>Not used</td>
<td>used</td>
<td>not used</td>
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<td>GP</td>
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<td>Mental health services, eg. Counselling. Specify which:</td>
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<tr>
<td>Midwives, health visitor</td>
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<td>A &amp; E</td>
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<td>Social Services</td>
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<td>Law centre</td>
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<td>Asian women’s organisations like Saheli [ ]</td>
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<tr>
<td>Generic women’s organisations (like domestic violence helpline, etc. specify which)</td>
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<td>Religious organisations/ Faith groups</td>
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<tr>
<td>Community Organisation</td>
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<tr>
<td>Citizen’s Advice Bureau</td>
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<td>Police</td>
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<td>Samaritians</td>
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<tr>
<td>Other (specify which)</td>
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</tbody>
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3.) FOR EACH OF THE SERVICES CONTACTED, SEEK THIS INFORMATION

a) How did you find out about this service?

b) When/ over what period did you contact this service, and how many times?

c) What advice/ help were you provided? Were you satisfied with this service (for both yes and no, get reasons)

4.) What, if anything, stops you from approaching a service for help or advice about the domestic violence you have faced/ are facing?

Not aware of service [ ]

Language barriers [ ]

Lack of child care provision [ ]
Lack of public transport [ ]
Lack of confidence [ ]
Location of service provided [ ]
Family pressure [ ]
Community pressure [ ]
Fears about breach of confidentiality [ ]
Fear of stigma [ ]
Fear of further violence to oneself [ ]
Fear of further violence to one's children [ ]
Lack of money [ ]
Other (please explain) [ ]

5.) Where would you like more information about services in your area displayed or made available to you?

GP [ ]
Dentist [ ]
Community Centre [ ]
Library [ ]
School [ ]
Web [ ]
Buses/ Public transport [ ]
Local or street posters [ ]
Workplace [ ]
Other (please state) [ ]

6.) In your opinion, what are the three most important things that the service providers could do, which would most help you and other women in your situation?
SECTION 4:  
ISSUES AROUND POVERTY AND DEPRIVATION

INCOME:
1) How would you describe yourself over the last six months and please explain why:
   - Financially very comfortable/secure [   ]
   - Comfortable [   ]
   - Just getting by/ managing [   ]
   - Struggling to meet basic needs [   ]
   - Cannot meet basic needs/ in debt [   ]

2) What is your approximate income from all sources per week:
   - Under £60 [   ]
   - Between £60-100 [   ]
   - Between £100-150 [   ]
   - Between £150-200 [   ]
   - Between £200-300 [   ]
   - Between £300-400 [   ]
   - Above £400 [   ]

3) Do you pay any money for rent, council tax and water rates? If so, how much per week?

4) In the past year, have you sought any financial assistance from the voluntary or statutory sector, charity or faith group (example: crisis fund, last resort fund, etc)? If so, from whom? How much money did you receive?

ACCOMMODATION

5) Could you tell us about the place where you live? Is it
   - In your marital home (nuclear family) [   ]
   - In your marital home (extended family) [   ]
With your (birth) family [ ]
With friends [ ]
In rented accommodation [ ]
In a refuge [ ]
In a B&B [ ]
Emergency accommodation [ ]
Am homeless [ ]
Other (please specify) [ ]

6) Could you tell us a bit about your accommodation?
- How many people (children and adults) live in this accommodation?
- How many rooms (include kitchen, living room, bathroom and bedrooms) are there in your current accommodation?
- Do you have a bedroom for your sole use? If not, who do you share it with?

7) How would you describe your accommodation, and why?
Very good [ ]
Good [ ]
Adequate [ ]
Bad [ ]
Very bad [ ]

8) In the last one year, how many places have you lived in?
(If more than one, please find out the reason for the moves)

9) Do you think you will stay in your present house for the next 6 months?
(Why/ why not?)

10) Do you feel safe in your current accommodation, and please give reasons for your answer?
HEALTH

11) How would you describe your physical health over the past six months, and please tell us why you chose this option.

- Very good
- Good
- Average
- Bad
- Very bad

12) Have you experienced any of the following recently (during last 6 months)? Please tick all relevant boxes

- Extreme anger
- Memory loss
- Suicidal thoughts
- Suicidal attempts
- Depression
- Anxiety
- Extreme fears
- Stress
- Eating problems
- Sleeping problems
- Panic attacks
- Self harm

Other problems that affect your emotional well being.
(please describe)

13) How would you describe your mental health over the past six months, and please tell us why you chose this option.

- Very good
- Good
- Average
14) Are you registered with a GP? Where? 
   (If no, why not?)

15) How easy do you find it to access health services (get reasons for the answer)?
   Very easy  [  ]
   Easy  [  ]
   Neither easy nor difficult  [  ]
   Difficult  [  ]
   Very Difficult  [  ]

16) There is a proposal by some organisations that public funds should be made available to women with no recourse and that the Government should retrieve these funds from sponsors (partner/ his family) provided there is no further risk of harm to the victim or her family. Do you agree or disagree with these proposals, and why?

17) Would you be willing for the government to claim these funds from your sponsor? What impact would these proposals have on your situation?

18)
   a) What will happen, if you are deported?  
      (Phrase this question depending upon her circumstances)
   
   or

   b) If you are currently pursuing legal case, could you tell us what will happen if you lose your case and get deported? What will be the consequences be for you and your family?

19) Is there any other information that you would like to add?