'We need to centre the margins' with racially Minoritised women survivors of domestic abuse: Exploring their experiences in the context of the COVID-19 pandemic in the UK

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A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy

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22 May 2024

Abstract

What was the pattern and experience of domestic abuse, help-seeking, mental health and wellbeing of racially Minoritised women in the COVID-19 pandemic? What needs to be done to address the concerns and challenges related to these issues and how can we work towards that? This thesis investigates these questions by working collaboratively with racially Minoritised women who experienced domestic abuse in the COVID-19 pandemic using an intersectional Black feminist thought informed Participatory Action Research approach. Four studies were conducted using the action research cycle of inquiry, exploration, action and reflection. Study 1 (inquiry phase) was a survey that examined the patterns and predictors of domestic abuse, mental health, wellbeing and help-seeking in the lockdown conditions. Study 2 (exploration phase) explored through interviews the lived experiences of domestic abuse, mental health and help-seeking of racially Minoritised survivors in the context of the COVID-19 pandemic highlighting the compounded effects of systemic racism and the COVID-19 pandemic. Study 3 (exploration phase) sought to understand the experiences and perspectives of formal and informal support providers of racially Minoritised domestic abuse survivors during the pandemic through online focus groups, uncovering critical gaps in service provision and demonstrating systemic inadequacies faced by support providers. Study 4 (action phase) used creative arts-based workshops to design action plans and recommendations that would address the challenges and concerns experienced by Minoritised survivors. Findings suggest the critical role of the pandemic in the confluence of domestic abuse and racism by demonstrating the complexities and nuances of the women's experiences and their overlapping oppressions in relation to the socio-politico-historical realities in which they are situated. The findings also demonstrate the transformative potential of using a Participatory Action Research orientation to disrupt power imbalances within the research process, provide counter-narratives of Minoritised survivors and their journeys of healing and support-seeking, and foster conditions where the knowledge(s) and expertise of these women can be used to promote social change.

Acknowledgments

To the light that guided me, gratitude Maa for blessing me with perseverance, courage and humility throughout the process.

I would like to acknowledge the Faculty of Science Scholarship that made the PhD happen and Participatory Research Network's funding support throughout different stages of the project. I am grateful to my viva examiners, Dr Ava Kanyeredzi and Professor Rebecca Lawthom, whose work not only guided my PhD but also for their insightful and deeply reflective engagement with the thesis giving me a delightful viva experience.

They said it takes a village. I needed three continents with the support of countless people in this adventure. I am forever grateful to my 'Tip Tip' family and 'Team long-distance' for holding me up in the worst of times and powering me through this journey which may have stretched across continents, but your unwavering support and love was a constant force across the miles. Thank you,

Shivani Ma'am, for believing in me and encouraging me to pursue my dreams;

Garima, this would not have been possible without you and your sisterhood;

My PhD sibling and my dearest friend Eric, for helping me make sense of everything, PhD, Sheffield and life: forever grateful for your kindness and wisdom at every step of the way;

Penelope and James, for taking care of me and making me feel at home;

Addy, Aunam and Mark, my fellow action research geeks and the dream team, I have learned so much from you;

Tasnim, for being so inspiring and incredibly supportive;

PJ, for your friendship and generosity leading me to the 'Reject Lounge';

Mo, Vick and Victoria, what would I have done without you pals? For countless food times, rant times and much more, thanks for your affection and care;

Zoë, Melody and Amy, for sharing my passion and channelling it through Media Sigils;

Alex, for helping the journey be a little less isolating than it was through all your work;

Antonios, Lauren and Kirsty, for the endless dreams about ethics and participatory research;

Family back home (Mama, Bapa, Bou, Aja, Rikun, Mama, Nana, Nani, Bhaina, and the Mahapatras): my voice speaks with the values you instilled in me.

My anchor and my biggest strength, Abhijeet. For your love, sacrifices and patience, for bearing with my incomprehensible spiels and endless tears, for celebrating every milestone with me, for staying up with me to get through the writing, for your pep-talks, your shoulder to cry on, for feeding me, holding me and planning everything for me, for believing that ‘we’ can do it, here’s to you. I could not have made it here without you. Now that this is over, I can only promise that I will stop troubling you with help for formatting and proofreading.

Finally, the people that actually made this work possible, the amazing, fierce and beautiful women who trusted me with their stories, my co-researchers, my Humraaz family and my fabulous and brilliant supervisors, Chantelle and Jilly. What a remarkable learning experience it has been for me. Thank you for the generosity of your time, your willingness to embark on this exploration with me, your infectious enthusiasm and boundless support on the way and making it possible. This work is as much yours as it is mine.

Aja and Abhijeet,

This one's for you

Contents

Declaration

I, the author, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means). This work has not been previously been presented for an award at this, or any other, university.

The findings of Chapter 4 and 5 have been published in the following article:

Beddows, A., & Mishra, A. (2024). How agencies enable and perpetuate the coercive control of women. *Psychology of Women and Equalities Review, 7*(1), 20-36.

The studies in Chapter 2, 3 and 5 are currently under review as follows:

Mishra, A., Gibson-Miller, J., & Wood, C. *Stay At Home Policies do not keep Everyone Safe: Domestic Abuse and Help-seeking in racially Minoritised Women during the UK COVID-19 Pandemic*. [Revise and resubmit in *Psychology of Women Quarterly*]

Mishra, A., Wood, C., & Gibson-Miller, J. The pandemic within a pandemic: Mental health and wellbeing of Minoritised women experiencing domestic abuse during the COVID-19 pandemic in the UK. [Accepted for publication in *BMC Women's Health*]

Mishra A., Wood, C., & Gibson-Miller, J. Experiences of formal and informal support providers of racially Minoritised survivors of domestic abuse in the UK during the COVID-19 pandemic [Under review in *Victims and Offenders*]

We have also disseminated our research beyond academic publications, in other formats through various public engagement activities.

A storytelling session at Pint of Science, May, 2022:

The 'Shadow Pandemic': The Elephant in the Room that says See Me!

Narrative dance piece at Festival of the Mind, September 2022:

Love Should Not Hurt: A Way Out

An art-based exhibition at Festival of the Mind, September 2024:

Clay, Thread, and Light: In conversation with Minoritised survivors of domestic abuse

Chapter 1: Introduction - Setting the scene

> Nowhere in the world is a woman safe from violence. The strengthening of global commitment to counteract this plague is a movement whose time has come.
>
> -Asha-Rose Migiro

Violence against women and girls is a serious problem worldwide. The United Nations (1993) defines violence against women and girls as:

> Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence encompasses but is not limited to physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; perpetrated or condoned by the State, wherever it occurs.

According to the World Health Organization (2013), roughly 1 in 3 women are likely to experience abuse from a current or former partner, or a non-partner, at some point in their lives, with domestic abuse the most prevalent form of violence against women and girls. Domestic abuse is defined in the UK through the Domestic Abuse Act (2021) as: ‘Any incident or pattern of incidents of controlling, coercive or violent and threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners, family members or relatives who are ‘personally connected’, regardless of gender, sexuality, ethnicity, religion or socioeconomic status. This includes but is not limited to psychological, physical, sexual, financial and emotional forms of abuse, honour-based violence and Female Genital Mutilation (FGM).’ UN Women (n.d.) has highlighted that such experiences of abuse tend to have short and long-term physical, economic and psychological consequences on

women and girls. WHO (2013) indicates that women who experience violence are more likely to experience severe negative consequences with regards to their physical, mental, sexual, and reproductive health. The historical and socio-economic-political context in which such violence occurs shapes women's lives (Haaken, 2010; Testa et al., 2012) by influencing the way they experience, interpret, and share their narratives. For instance, the sexual violence experienced by Palestinian women from the Israeili army in the ongoing genocide occurs in the context of decades of military occupation, forced displacement, food shortage, deterioration of essential health services, destroyed infrastructure, economic insecurity and intergenerational trauma, revealing how broader historical systemic forces shape their lives (Office of the High Commissioner for Human Rights, 2023). Thus, it is vital to situate women's experiences of violence and abuse in their everyday contexts to not only help understand the patterns, forms and manifestation of such abusive and violent behaviours and the complexities of the choices and decisions women navigate and negotiate but also the impact such violence has on them and their lives (Sokoloff and Dupont, 2005). It is therefore important to understand the context for the present research.

Research context

> COVID-19 has presented us….with a rare opportunity – a time for all of us to reset.
>
> -Silliniu Lina Chang, President of the Samoa Victim Support Group
>
> ..as social conditions change, so must the knowledge and practices designed to resist them
>
> -Patricia Hill Collins

The COVID-19 pandemic has highlighted both the fragility of the current socio-political-economic-cultural systems in dealing with crises but also exposed the deeper issues embedded within these systems, demonstrating that the problems resulting from the pandemic are an outcome of broader interlocking systems of oppression, especially white supremacy, ableism, capitalism and cis-hetero-patriarchy (Shelton, 2021). Such systems of oppression tend to privilege cisgender heterosexual middle and upper class able bodied white men through class disparities, norms of able-bodiedness, and beliefs in racial

superiority of white people marginalising women, non-binary, working class, disabled, racially minoritised, LGBTQIA+ people perpetuating overlapping forms of discrimination and creating a compounded effect on those at the intersections of multiple marginalised identities. The context of the COVID-19 pandemic has exposed, amplified and deepened these pre-existing inequalities experienced by vulnerable communities and groups (for example, disabled and/or chronically ill people, racially minoritised groups) with the impact on them being more severe and disproportionate (Sapkota et al., 2020; Shevlin et al., 2020; van Bortel et al., 2022). The COVID-19 pandemic has become a point of critical juncture: a crucial and historical moment of change that provides an opportunity for social transformation by rethinking the status quo and existing power relations (Green, 2020).

Experience and evidence from past viral outbreaks (such as Ebola Virus Disease and Middle East Respiratory Syndrome) have shown the differential impact pandemics have had on women (O'Brien, & Tolosa, 2016). For example, crises such as global disease outbreaks and times of unrest have been linked to increased interpersonal violence, including incidence of violence against women and children (Fraser, 2020; Palermo and Peterman, 2011) through factors that contribute to a survivors' inability to temporarily escape the abusive partner including: limited mobility on account of quarantine and isolation; diminished access to health services; economic vulnerability; limited access to legal systems and safety support services; changing demographics and law enforcement operations (Peterman et al., 2020). In the most recent Ebola outbreak in Democratic Republic of Congo, a rapid assessment in North Kivu found an increased risk of violence against women and girls, particularly sexual violence, domestic violence and sexual exploitation and abuse (International Rescue Committee, 2019). There is broad consensus that unequal gender relations and patriarchal norms are important causes of violence against women and these have potential to further magnify and modify risk and protective factors during times of crisis (Heise and Kotsadam, 2015; Gibbs et al., 2020).

Given that most humanitarian crisis situations (including public health emergencies) amplify the systemic inequalities (entrenched disparities that are built into the structures,

institutions, policies and processes of a society such as healthcare, education, legal systems resulting in unequal access to resources, opportunities, and rights, often disadvantaging certain groups based on factors like race, gender, socioeconomic status, or disability) and hegemonic systems (eg, patriarchy, colonialism, capitalism) associated with violence against women and girls, one of the most significant and distressing impacts the COVID-19 pandemic has had is the global rise of gender-based violence (Sri et al., 2021). UN Women (n.d.) has described this rise in cases of domestic violence and abuse amidst the COVID-19 pandemic as a shadow pandemic. While the narrative and discourse around the use of the term 'shadow pandemic' to describe the increasing domestic violence against women and girls is debatable (Okwuosa & Diamond, 2021), reports from a large number of support services, helplines and organisations for women in the UK have documented the surge in domestic violence cases against women during the lockdown (Speed et al., 2020). The Refuge website recorded an increase of 150% in calls about domestic abuse (Kelly and Morgan, 2020).

The rise in domestic abuse during the COVID-19 pandemic can be understood from a syndemic perspective (Horton, 2020). Instead of viewing these as isolated states or conditions, a syndemic approach helps to highlight the interplay of biological, social, economic, and political states and how they collectively amplify the impact and harm on marginalised populations (Singer, 1996). A syndemic framework, thus, helps to integrate multiple forms of violence, including historical legacies of systemic racism and other structural inequalities (Mendenhall, 2020), and underscores the importance of paying attention to the socio-political-economic context to account for the disproportionate impact of the pandemic on marginalised populations. This in turn is likely to prevent the tendency to attribute such differential impacts as an inherent marginalised group problem. For example, the problematic notion to attribute disproportionate health outcomes in racially minoritised communities to inherent characteristics of race or culture instead of recognising the historical and structural factors which disadvantage certain groups and contribute to such impacts is challenged from a syndemic approach. In the case of the COVID-19 pandemic, a syndemic

framework emphasises how intersecting factors, such as systemic racism, socio-economic marginalisation, and health disparities, amplified the impacts on racially minoritised communities. The syndemic lens shifts the focus away from racial or cultural “deficits” or the intrinsic Black vulnerability (see Gravlee, 2020) to understanding systemic context of harm. The syndemics of COVID-19 and gender-based violence necessitate addressing this context of the inequities and being cognisant of the geographical and temporal setting in which such violence occurs (Stark & Ager, 2011; Stark et al., 2020).

In the UK context, the COVID-19 pandemic was accompanied with increasing hostility towards immigrants and racialised minorities (Griffiths & Trebilcock, 2022; Stewart & Sanders, 2023) fuelling the Black Lives Matter protests (Schachter, 2020) and bringing to light the experiences of racial violence, discrimination and the long-standing systemic problem of racism in the UK. Phoenix and Bhavnani (1994) discuss the role of the shifting socio-political climate on identities and racisms. For instance, racially Minoritised communities being blamed for not only spreading the virus, but also burdening the healthcare system through increased susceptibility to the disease attributed to be an inherent problem with them (Bentley, 2020). This is particularly important in the light of contemporary neoliberal politics of race and racism which tends to disguise race in other terms such as the use of cultural, national and/or religious identities (Goldberg, 2008). In neoliberal discourses, issues of racial oppression and systemic inequality are often framed as issues of “cultural differences” rather than structural racism. This allows for the persistence of racial inequality under the guise of promoting diversity, while avoiding systemic changes to address racism.

Similarly, austerity measures (government policies aimed at reducing budget deficits by cutting public spending, increasing taxes, and reducing social welfare programs that disproportionately affect marginalised groups) have had a significant impact on funding cuts in the domestic abuse sector with pressures towards merging specialist by and for Black and Minoritised domestic abuse charities and services into more generalist ones (Domestic Abuse Commissioner, 2024), as reflected in the draft Victims and Prisoners Bill. Additionally,

the Bill continues to exclude racially Minoritised migrant survivors from being able to access support along with a lack of firewall, meaning women and girls with insecure immigration status are unable to report to statutory agencies such as the police without the risk their information will be passed to the Home Office; this has severe consequences for migrant survivors and further marginalises and victimises them (House of Lords, 2023). Such measures in the policy-practice spheres indicate the lack of knowledge and understanding about the specific needs and the heterogeneity and complexity of experiences of racially Minoritised domestic abuse survivors. This highlights the *absent presence* of race in gender-based violence across (mainstream) research, policy and practice landscape. M'charek et al., (2014) discuss the *absent presence* of race through its exclusion and removal from general discourse, viewing it as a thing of the problematic colonial past and scientific racism which, however, keeps resurfacing itself through varied forms of societal differences. The *absent presence* of race can also be understood through what Phoenix (1987) terms as 'normalised absence, pathologised presence' based on the exclusion and absence of racially minoritised people in research with their presence becoming apparent only through the lens of being 'exception to the norm (of whiteness)', 'deviant' or 'pathological'. The present programme of research seeks to address this *absent-presence* of race in the discourses of gender-based violence and psychological research which (re)surfaces as 'hard-to-reach' populations and often leads to exclusion, silencing and erasure of the narratives of racially Minoritised women survivors of violence.

The syndemic perspective can be extended to understand the confluence of COVID-19, domestic violence and racism (Khanlou et al., 2021), calling attention to the interplay of escalating abuse, limited support and help seeking options, debilitating mental health and wellbeing due to the lockdown regulations, stay-at-home orders and quarantine regulations in the pandemic. The lockdown mandated that everyone stay at home with closure of schools, nurseries and non-essential retail, hospitality and other services were closed. People were allowed to only leave homes if they wanted to shop for basic necessities or exercise once a day within one's local area. This therefore demonstrates the need to explore

the experiences of domestic abuse, mental health, wellbeing and help-seeking of racially Minoritised women in the UK in the context of the pandemic which is understudied. The present programme of research aims to bridge this gap by working with racially Minoritised women who have experienced domestic abuse in the COVID-19 pandemic in the UK.

In the context of the present thesis, racially Minoritised refers to the processes and practices that groups which are not white are subjected to and experience relative to white people in the UK (Burman et al., 2004) which include presumptions and stereotypes about people belonging to racial and ethnic groups that are not white and who are diminished and discriminated against as a result of systems and structures (Kanyeredzi, 2014). The terms Black women, African and/or Caribbean heritage women, Black British women, Asian women, Asian British, Mixed heritage women used in the thesis represent the diverse ways racially Minoritised women self-identify and are recognised influenced by geographical, social, and political factors. These terms capture the complexity of self-identification and how these identities are understood in various contexts. The term Black in Black feminist scholarship as used throughout the thesis refers to the collective identity shaped by the historical and ongoing experiences of racial oppression, colonisation, and resistance. It highlights the need to centre the voices and struggles of women of colour which cannot be understood without acknowledging the intersection of race, gender, class, and other factors, challenging systems of power that marginalise them. The term women of colour is used in the thesis as a collective term to include women from racialised communities who are marginalised due to their race or ethnicity, while acknowledging the complexities, wide range of identities and diversity within the communities so as to not homogenise the specific histories, struggles, and cultural contexts of distinct groups. The use of the term ‘survivors’ in the thesis is based on how the women wanted to identify themselves. We have used help-seeking, support-seeking, help or support seeking alternatively to reflect the alternate uses by the women. We have also used co-researchers and participants to reflect the dual role they played throughout the programme of research, sometimes referring to them as experts-by-experience of the research process.

In order to explore the domestic abuse experiences of racially Minoritised women in the pandemic and its impact on their mental health, wellbeing and help and support-seeking, it is very important to acknowledge that the present thesis builds on the contributions of a number of scholars (Ahmed et al., 2009; Ajayi et al., 2022; Anitha, 2008, 2019; Batsleer et al., 2002; Burman et al., 2004; Chantler et al., 2017; Femi-Ajao, 2018; Gangoli et al., 2006, 2020; Gill, 2004; Gill & Anitha, 2023; Kanyeredzi, 2018; Mama, 1989; Thiara & Roy, 2010; 2022) and adds to the growing body of work in the field. As Ahmed (2023, p. 40) highlights that 'we have to keep saying it because they keep doing it', the present thesis is a testament to working with racially Minoritised women survivors of domestic abuse in the UK, centring their experiences and voices to better improve policy, practice and research regarding their support seeking and health and wellbeing in crisis situations such as the pandemic and beyond.

Theoretical underpinnings of the research

> Black women and our children know that the fabric of our lives is stitched with violence and with hatred, that there is no rest. We do not deal with it only on the picket lines, or in dark midnight alleys, or in the places where we dare to verbalize our resistance. For us, increasingly, violence weaves through the daily tissues of our living — in the supermarket, in the classroom, in the elevator, in the clinic and the schoolyard, from the plumber, the baker, the saleswoman, the bus driver, the bank teller, the waitress who does not serve us.
>
> - Audre Lorde

While feminist theories and perspectives are integral in understanding domestic violence (or any form of violence against women), they rely heavily on patriarchy (Dobash and Dobash, 1979) and the system of male power (Yllö, 2005) as critical components of the violence. Their main focus is solely on gender as the site of disadvantage and inequality. This branch of feminism which arose in the west in the 1980s is generally referred to as 'white/western liberal feminism' (Ahmed, 2017). The major concern with this type of 'liberal feminist' perspective is its universal conception of gender 'rooted in the experiences of white,

middle-class women' (Korteweg & Yurdakul, 2021, p. 413) as the only discrimination faced by women. Accordingly, it fails to engage with how other axes of identity, such as race, class, disability and faith, may disadvantage women and maintain systems of oppression and relations of power. hooks (2000, p. 31) challenges this 'liberal feminist' view to critically attend to 'the interrelatedness of sex, race, and class oppression'. It is important to recognise that racially Minoritised women in the UK are located at the intersection of several axes of disadvantage based on their gender, race, class, faith, disability, nationality and different aspects of their identity which not only shape the context in which they experience abuse and violence and its impact on them but are also implicated in their decisions and choices of seeking help. It is in this context that the present thesis is guided by intersectional Black feminist thought (Collins & Bilge, 2020).

Building on the work of Black feminist scholarship (Collins, 1986; Combahee River Collective, 1995; Lorde, 1984), Crenshaw (1989, p.153) framed the notion of 'intersectionality' to attend to the experiences and struggles of women of colour, which were relatively neglected in feminist theory and anti-racist politics. She argued that "because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular way Black women are subordinated" (p.140). A number of scholars have, therefore, cautioned that the concept of intersectionality is not only about multiple identities (Bowleg, 2017; Collins, 2002; Crenshaw, 1989). For example, Cole (2009) called the discipline of psychology to attend to the concept responsibly without resorting to an additive model of multiple identities.

Intersectionality, as a construct, is attentive to understanding the role of power on/through people's lives and how "privilege and oppression can be co-constituted through subjectivity" (Nash, 2008, p. 11). This offers a more in-depth approach to understanding the complexities posed by the intersections of different social identities and structural power relations, and how they influence the multiplicity of lived experiences. The present thesis aligns with intersectional Black feminist framework of examining interlocking power relations,

overlapping forms of oppression and responses to structural inequalities that co-construct the complexity of racially Minoritised women's experiences of abuse, mental health and help-seeking in line with Collins' (1991, p. 225):

> Additive models of oppression are rooted in the either/or dichotomous thinking of eurocentric, masculinist thought…Replacing additive models of oppression with interlocking ones creates possibilities for new paradigms. The significance of seeing race, class, and gender as interlocking systems of oppression is that such an approach fosters a paradigmatic shift of thinking inclusively about other oppressions such as age, sexual orientation, religion, and ethnicity.

Further drawing upon Collins and Bilge's (2020) conception of intersectionality, namely through the themes of social inequality, relationality, power, social context, complexity and social justice, the present work aims to pay attention to social context, especially as it explores the experiences of Minoritised women in the context of the COVID-19 pandemic. The adoption of a Black feminist approach in this thesis facilitates an analysis of structures of how power and privilege are differently situated at different intersections (Collins & Bilge, 2020) and builds on the work of prior scholars (Ajayi, 2020; Kanyeredzi, 2014; Gill & Anitha, 2023; Thiara & Roy, 2022) who have adopted this standpoint in their work with racially Minoritised survivors of violence. Intersectional Black feminist approach helps us to examine the complexity of racially Minoritised women's experiences of overlapping oppressions in the pandemic and sheds light on social inequality (e.g. oppression, stigma, discrimination, marginalisation) when the women navigate the complex terrain of domestic abuse, help and support seeking and mental health and wellbeing in the UK context.

Black feminist thought values the intellectual contributions of excluded groups and seeks to "decentralise the way knowledge is legitimised" (Johnson & Joseph-Salisbury, 2018, p. 154) by bridging the gap between scholarship and social justice activism (Collins, 2002). Therefore, informed by this framework, the present thesis through its commitment to social justice and equity centres the voices and intellectual contributions of Minoritised

women, co-producing knowledge with the women in order to dismantle the inequity experienced by them rather than merely documenting it (Ford & Airhenbuwa, 2010) and emphasises relationality through the interconnectedness of the women's social positions, theory and praxis (Collins & Bilge, 2020). Thus, the six core themes of intersectionality (Collins & Bilge, 2020), namely, social inequality, relationality, power, social context, complexity and social justice, underpinned by Black feminist framework inform and guide the current thesis and have been illustrated and unpacked further across the various chapters. Rooted in the work of Black women activists and scholars, intersectionality as a psycho-socio-political notion cautions psychologists that 'identities' should not be understood as severed from socio-political realities, and that research should not be severed from action (Fine et al., 2021). In line with this, the present thesis uses a Black feminist framework informed *participatory* action research approach by working with racially Minoritised women as knowledge producers in exploring and making sense of their experiences of domestic abuse, help-seeking and mental health in the context of the COVID-19 pandemic. This methodology and approach is detailed below.

Methodology and approach

> Coloniality refers to "long-standing patterns of power that emerged as a result of colonialism but that define culture, labour, intersubjective relations and knowledge production well beyond the strict limits of colonial administrations.
>
> -Nelson Maldonado-Torres

The idea of "coloniality of knowledge" (Maldonado-Torres, 2007; Quijano, 1993) challenges the power inherent in determining how knowledge is produced and used, marginalising and excluding certain groups and communities from knowledge systems and scholarship. It asks crucial questions such as: Who gets to decide what counts as knowledge? Whose benefit/interest does it serve? How specific ways of knowing can silence or disadvantage the voices and experiences of entire communities? This pattern of power asymmetry in knowledge production/generation is generally maintained, reproduced and reinforced through 'whitestream hegemonic psychology' (Reddy & Amer, 2023) which often

draws generalisations from studies focused on western, educated, industrialised, rich, and democratic populations (WEIRD) (Henrich et al., 2010) and imposes them on the Other (referring to anyone who is alternate to WEIRD), constructing their narrative as inferior or problematic, thus being complicit in 'epistemic injustice' (Fricker, 2007, p. 1). Epistemic injustice refers to wrong done to someone in their capacity as a knower. It occurs when dominant discourses of knowledge production exclude, silence, invisibilise and undermine the status of certain groups in their capacity as 'knowers' and diminish their ways of knowing as less valuable (Fricker, 2007). While there are critiques of whitestream approaches in hegemonic psychology by critical scholars, much of the contributions of these scholars to resisting the dominant approaches continue to exist within the margins (Readsura Decolonial Editorial Collective, 2022). Epistemic violence is a broader structural continuation of epistemic injustice which erases, dehumanises and silences the agency of certain (marginalised) groups to construct knowledge about themselves by ignorance and delegitimisation of their knowledge systems by the dominant groups do not (want to) value these groups as knowers (Dotson, 2011; Spivak, 1988). It continues to be perpetuated by doing research on, rather than with the marginalised/Otherised communities through exploitative and extractive research practices (Broesch, 2020; Grosfugel, 2016). Furthermore, Rizvi (2022) indicates that the lack of intersectionality in such research approaches reinforces whitestream methods, epistemologies and standards which continue to uphold systems of oppressions such as racism, ableism and patriarchy in the field. It is therefore important to develop ways to dismantle epistemic violence by not only interrogating and disrupting whitestream hegemonic approaches, but also reorienting how we produce, consume and disseminate knowledge (Reddy & Amer, 2023). In response to this call, the present thesis aims to centre knowledge from within the research context by collaboratively working with racially Minoritised women using a *participatory* action research framework, viewed through an intersectional Black feminist lens.

Participatory Action Research (PAR) is a collaborative form of inquiry which centres the commitment to 'no research on us without us', originally advocated for by South Africans

and Maoris in New Zealand and later adapted as the primary value of the disability justice movement (Fine et al., 2021). The origins of PAR and its development draws inspiration from several thinkers and practitioners in the geopolitical South and have been adopted worldwide including Fals-Borda and Rahman (1991), Freire (2020), Lewin (1951) as well as more recently from works of scholars such as Ayala et al., 2018; Cahill, 2007, 2010; Guishard, 2009; Fine & Torre, 2019 and others. PAR is an approach to conducting research that challenges traditional power dynamics as it is 'expansive in terms of who sits at the "research table," including those most at the margins, with little social power, who have been written about, often disparagingly, but not involved in shaping the social research or policy' (Fine et al., 2021, p. 345). Thus, it enables researchers to explore social problems by being situated in and working with marginalised communities (Brydon-Miller & Kral, 2020; Guishard, 2009; Sallah et al., 2010).

Drawing upon both Participatory Research (PR), which aims to collaboratively work with communities through varied ways and differing depths of participation (Lassiter & Campbell 2010; Cornwall & Jewkes 1995; Hall 1993; Pain 2004), and Action Research (AR), which aims to explore a social situation to bring about change as part of the research act (Campbell & McNamara 2010; Brydon-Miller et al. 2003), PAR prioritises social justice by promoting change and improving the lives of marginalised groups led by and with their active participation (Baum et al., 2003; Guishard, 2009). Through a collaborative process, the expertise of the often excluded and marginalised communities is combined with academic knowledge to draw on their nuanced insights and experiences in order to understand social inequalities and exclusion to contribute towards more equitable social change and community praxis. Furthermore, PAR also seeks to challenge the power asymmetry in traditional dominant research practices which prioritise certain perspectives and ways of knowing (Cahill, 2007) by questioning and reflecting upon whose voices are typically heard and whose are silenced and which ways of knowing are legitimate and valid. Guishard (2009, p.87) highlights how PAR aims to redress the power imbalance by "problematising and engaging in reflective dialogue concerning whose ideas and viewpoints are traditionally

privileged and excluded in research". This approach therefore complements the aims and objectives of the present thesis which seeks to tune into the voices of racially Minoritised women in the often absent discourses and narratives of domestic abuse research in the UK context.

PAR, as one of the primary scholar-activist research approaches, prioritises the lived experiences of people experiencing a social issue due to the oppressive and unequal social systems. It brings together community members, academics and activists to collaboratively and iteratively create knowledge-for-action and knowledge-through-action to foster social change (Cornish et al., 2023; Kemmis et al., 2015; Kindon et al., 2007). Many scholars consider PAR to be compatible with exploring how different social, cultural, and political contexts contribute to disempowering conditions amongst excluded groups (Brydon-Miller et al., 2003; Kelly, 2005; Ganann, 2013; Guishard, 2009). Research has highlighted the use of PAR with survivors of abuse and violence in various geopolitical contexts (Chakraborty et al., 2020; Sullivan et al., 2005) to address unjust structural issues and enact positive community changes and constructive action. This is in line with the aims of the research programme as it not only explores domestic abuse, help-seeking, mental health and wellbeing experiences of racially Minoritised women in the context of the COVID-19 pandemic, it also aims to generate action for policy and practice by working in partnership with Minoritised women to facilitate social justice and change.

As both feminist researchers and action researchers challenge traditional notions of expertise (Frisby et al., 2009; Torre & Ayala, 2009) and aim to stimulate social change by addressing oppressions (Brydon-Miller et al., 2003; Maguire et al., 2004), many researchers agree that feminist informed participatory action research is a transformative research framework providing opportunities to improve women's lives by empowering them as agents with autonomy and contributing to a just social change (McIntyre & Lykes, 2004; Wang & Burris, 1994). However, one of the key challenges in applying feminist informed PAR in the present work is the focus of feminist-PAR frameworks solely on gender inequity, highlighting its limitations/inadequacies in generating alternative feminist discourses while working with

racially Minoritised women. By centring white women and their concerns in these discourses and furthering western ideals of women's liberation (Mirza & Meetoo, 2018), white liberal feminist PAR approaches often miss the point in understanding what Minoritised women genuinely experience and need. In the same way that Wang et al (2000, p. 84) centre homeless people as experts in designing solutions for their own lives by asking, 'Who knows the streets as well as the homeless?', the present thesis argues that in order to truly understand the needs of racially Minoritised domestic abuse women survivors, we need to approach the issue with: Who knows about the needs of racially Minoritised women experiencing domestic abuse better than themselves?

It is therefore important that to consider Minoritised women as intellectuals, experts and equal collaborators in the process, the feminist informed PAR framework needs to interrogate its whiteness and liberal white feminist discourses about inequality and empowerment and integrate alternative perspectives that centre the experiences of Minoritised women, understanding how they make sense of these experiences. Collins (2002, p. 95) suggests that this involves questioning the very idea and nature of "intellectual discourse itself", and who is constructed and perceived as legitimate producers of knowledge. By integrating intersectional Black feminist thought informed PAR approach as legitimate forms of academic knowledge production, the present thesis aims to centre racially Minoritised women's voices, their alternative worldviews and ways of knowing through written, verbal, visual, and artistic expression as forms of 'oppositional knowledge production, in the pursuit of social change' (Collins, 2002). Consequently, the present programme of research through a PAR approach aims to incorporate the principles of inclusion, equality, democratic participation and collective action (Baum et al., 2003) to disrupt the traditional hierarchies embedded in the researcher-researched paradigm by undertaking research with (and not on) the women. This, therefore, shifts power imbalances in the research process to some degree as it engages a more ethical and reflexive approach, thus challenging research practices in hegemonic psychology. Additionally, as Kelly (2005) highlights the important aspects of community collaboration, involvement and

critical reflection during the planning, acting and review stages of the research as integral to feminist informed PAR, the present thesis undertakes an iterative approach to PAR consisting of inquiry, exploration, action and reflection phases (see Figure 1.1), with increasing degrees of participation as the project unfolded and evolved.

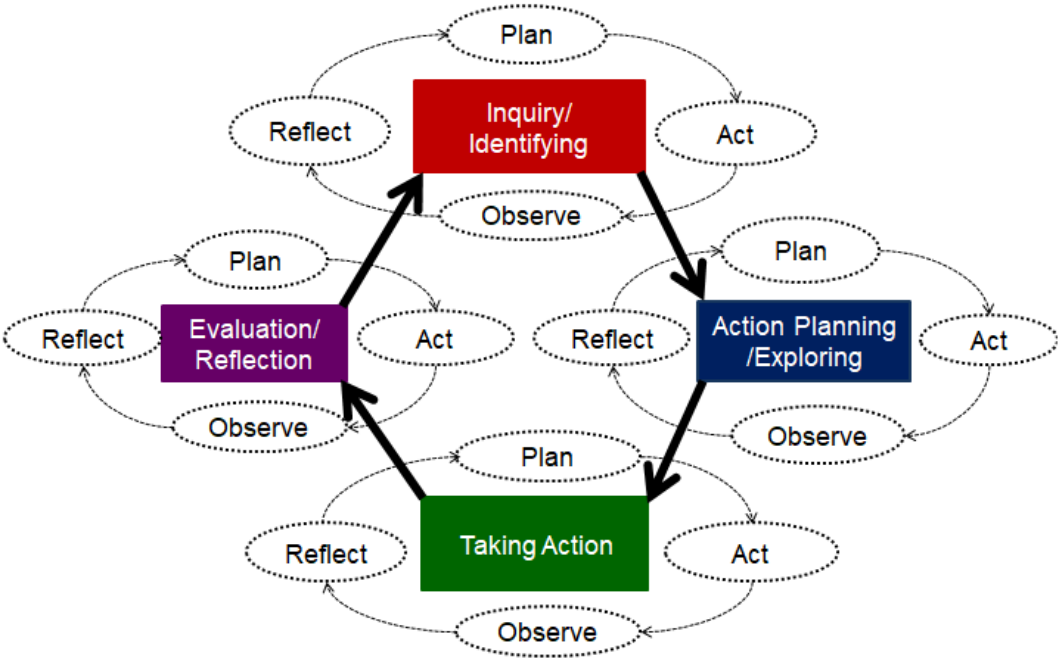

Fig 1.1: Action Research Approach

Embodying the intersectional Black feminist informed PAR approach, the present work was carried out in partnership with Humraaz, a community organisation run by and for Black and Minoritised women that provides multifaceted support to racially Minoritised women survivors of abuse and violence by centring intersectionality in their practice. To refrain from superficial inclusion of marginalised groups in PAR as cautioned by Guishard (2009), the programme of research included a group of five racially Minoritised women, three in the capacity of experts-by-experience of domestic abuse in the pandemic and two in the capacity of professional support providers in that context where one of them has lived experience of abuse (henceforth the five of them are referred to as co-researchers). The co-researchers collaboratively shaped the design and delivery of the project through meaningful relationships. This is not to say that the process was free from errors and we made no mistakes. I discuss this later in this chapter and through reflections in other chapters about

how the process became increasingly participatory as the relationship developed and evolved over the period and phases of the project. All of this required ongoing reflexivity, dialogue and critical reflection on my positionality and negotiation of power dynamics together with the co-researchers throughout the phases of the action research cycle in the current programme of research.

Summary of Thesis structure

The current programme of research aims to answer the following research questions (which developed organically with the co-researchers as we progressed through the various phases of the research):

(1) What were the pattern and experience of domestic abuse, help/support-seeking, mental health and wellbeing of racially Minoritised women in the pandemic?

(2) What can/needs to be done to address the concerns and challenges relating to seeking help/support and mental health and wellbeing raised by racially Minoritised women and how can we work towards that?

Using an intersectional Black feminist thought informed Participatory Action Research framework, the present research involved working collaboratively with Minoritised women co-researchers using a variety of quantitative, qualitative and creative methods. Four empirical studies were conducted which are featured in the next five chapters followed by the discussion chapter highlighting the contribution of this body of work and the concluding reflection chapter. The inquiry phase began with a survey exploring the patterns of domestic abuse, mental health and help-seeking amongst racially Minoritised women during the pandemic and is reported in chapters two and three. Building on the survey, the exploration phase reported in chapters four and five used interviews with survivors and focus groups with their support networks, respectively, to understand their experiences in-depth. The action phase discussed in chapter six brought survivors and support providers together through creative and arts-based workshops to generate action plans and recommendations for policy, practice and research. Each phase ends with a brief reflection to indicate the

ongoing negotiation of one's positionality and changing context and dynamics of the research. Based on our commitment and aim to promote social justice, all the phases of the research were collaboratively planned, designed, developed, analysed and reflected upon together with the co-researchers from Humraaz and the supervisory team, with participation and co-production increasingly evolving across the phases. Decision making was shared and rooted in constant reflection on who is taking/making them throughout the phases of the project. We created an inclusive space to facilitate reflections and discussions on this aspect along with the core aims of co-designing and co-producing knowledge together.

Inquiry Phase: Study 1- Online survey during the third COVID-19 lockdown

Based on discussions with our collaborators, the original plan for this phase was to inquire in-depth the experiences of domestic abuse during the initial lockdown in March 2020 through interviews. However, with the enforcement of the third lockdown in the UK in January 2021, these plans took a backseat. The collaborative discussions with our co-researchers as well as the supervisory team centred on minimising risks of meeting in-person in the context of the ongoing pandemic as well as how the ethical concerns of interviewing online could add to safety concerns of the participants. Prioritising safety of the survivors, we decided to embark on the inquiry phase through an online survey designed to provide an overview of the patterns of domestic abuse, mental health and help-seeking in racially Minoritised women throughout the country during the lockdown. The online survey aimed to capture the following questions: What does the pattern of domestic abuse look like in the lockdown conditions for racially Minoritised women? How does their mental health and wellbeing feature in such circumstances and what are the predictors for the patterns? Have they sought help or not and if so, which avenues? What are the predictors for help-seeking in these conditions? Due to the large number of variables and different focus of analysis for mental health and help-seeking in Study 1, the inquiry phase has been divided into two chapters. Chapter two discusses the pattern of domestic abuse, mental health and the predictors of mental health in Minoritised women experiencing abuse in the lockdown.

Chapter three highlights the patterns and predictors of domestic abuse and help-seeking during the lockdown in the UK.

Exploration Phase: Study 2- Interviews with survivors and Study 3- Focus group with support providers

Based on the results of the inquiry phase along with the co-reflection, discussion and feedback from the co-researchers, we decided to explore the narratives of Minoritised survivors of domestic abuse through in-depth interviews. We decided that these interviews would help us better understand their needs and concerns by elucidating the initial patterns and impressions formed from the inquiry phase. Chapter four reports Study 2 which involved a reflexive thematic analysis of 20 in-depth in-person interviews with Minoritised survivors of domestic abuse about their experience of domestic abuse, seeking support and the impact on their mental health during the pandemic.

Following the results obtained in the inquiry phase about the role of social support as a strong predictor of help-seeking in the pandemic, we also decided to explore the experiences of support providers (both formal and informal) of Minoritised survivors in the pandemic. Chapter five reports Study 3, which involved a framework analysis of six virtual focus group discussions about formal and informal support providers' experiences and perspectives of support provision during the pandemic.

Action phase: Study 4- Collaborative arts-based and creative workshops with survivors and support providers

While reflecting on the challenges and concerns expressed by survivors and support providers in the exploration phase, we collaboratively identified that we needed to bring survivors and support providers together in the same space in order to think through and generate action plans and recommendations which can be implemented feasibly. Chapter six reports Study 4, a series of creative and arts-based workshops where a group of Minoritised survivors, formal and informal support providers together co-generated recommendations for policy, practice and research. Chapter six discusses how in addition to generating calls to action, the workshops also became sites and spaces for action for

Minoritised women survivors as they reclaimed their agency in those settings during their interaction with support providers.

Discussion

Chapter seven summarises and outlines the overall contribution of the thesis to the field of knowledge adding an enriched understanding of the lives, needs and perspectives of racially Minoritised women survivors of domestic abuse in the UK. It discusses the practical implications and outcomes from the project on the body of knowledge on racially Minoritised women's experiences of domestic abuse in the pandemic context and beyond. It further highlights the methodological contribution of using participatory research in the field of psychology while working with marginalised populations. It concludes with noting the work-in-progress undertaken to put the knowledge generated in the thesis in action.

Reflection

Chapter eight outlines the reflections of (trying to) taking a PAR approach within the doctoral context. It highlights the negotiation of the theoretical expectations and the practical realities in undertaking the research.

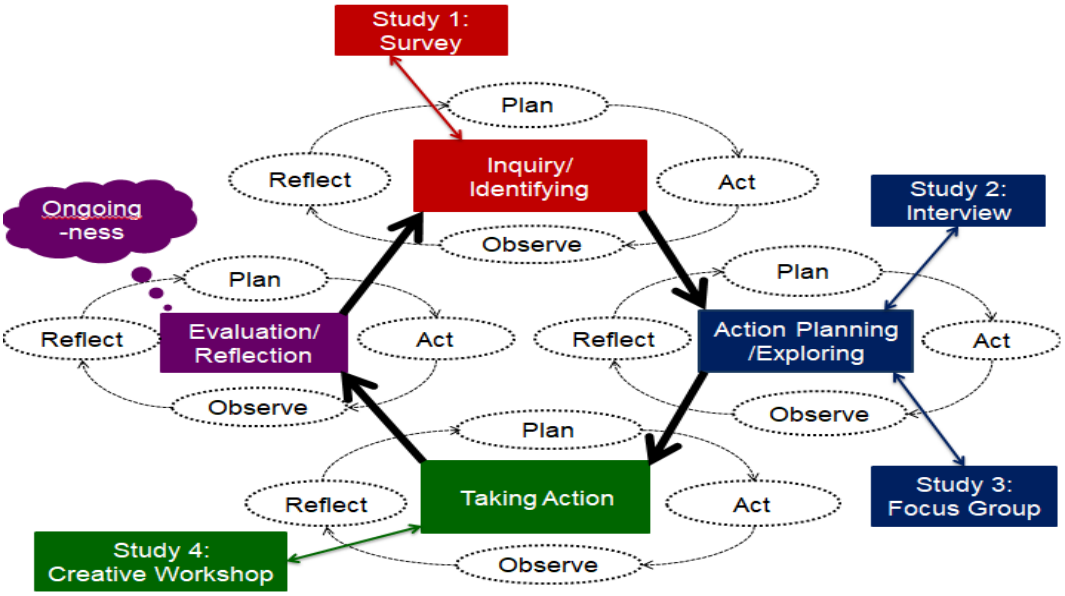

Fig 1.2: Situating the PhD project within the action research approach

Researcher positionality and reflexivity

It is important to engage in researcher reflexivity which is rooted in PAR ethics (Miled, 2019), therefore, I critically reflect on my position in the context of the present study and how it influenced the research process. As a young heterosexual upper-caste South Asian woman born and raised in one of the most economically deprived regions of India, speaking multiple languages, involved in the gender-based violence charity sector in India as a researcher and activist for over 8 years and continuing the same as a migrant to the UK, I come with my experiences, worldviews, politics and perspectives like any researcher would. Therefore, I share some insider and outsider characteristics with the community involved in the present study. Through my lived experiences of abuse and public sexual harassment, my immigrant status with no recourse to public funds and as a racially Minoritised woman in the UK, I have experienced instances of sexism, racism, abuse and discrimination, all of which have impacted how I engage with and interpret the topics as well as shared insider status with the community members. I am also a trustee on the board of Humraaz, which helps me to facilitate the advocacy and activism of specialist-by-and-for organisations within the wider Violence Against Women and Girls sector, giving me an insider status in light of the present project. I understand my insider status as a source of knowledge. I do not see it as a means of declaring bias, a perspective that is predominant in whitestream hegemonic psychology.

Despite my insider status, I was aware that my academic background renders me with an outsider status which necessitated working towards addressing the mistrust that community organisations, especially from racially Minoritised backgrounds, have because of prior extractive practices and harm they have been subjected to by traditional researchers and universities. Being aware of this, I approached the research with a collaborative praxis incorporating social justice along with the need to be fully transparent about my motivation for the research, the outcomes and mutual benefit for the community which resulted in the collaboration with Humraaz. It was therefore important for me to engage in constant self-reflection about how the researcher privilege remains embedded throughout the research

process in PAR, despite the insider status I may share with my collaborators. I also drew upon what Hamilton (2020) discusses as the need to adopt intersectional reflexivity as a tool for negotiating power which allowed me to be attuned to how different social identities interact in complex ways to influence the power dynamics in research.

Kelly (1998) suggests that researchers in the field of violence against women and children need to demonstrate their ethical obligation by not disregarding any form of implied or direct violence, using their research as a way of advancing knowledge to address violence and develop appropriate strategies with a long-term vision to end such violence. Consequently, it was important for me to reflect on, and confront any stereotypes which may result in victim-blaming and/or condoning abuse along with being cognisant and reflective of the present programme of research as a tool to develop our understanding of abuse in critical social contexts such as the pandemic and develop better response strategies, eventually contributing to the long-term goal of ending violence against women.

In taking a PAR approach for the co-production of knowledge, Muhammed et al. (2015) note that the ethical and methodological decisions in different phases of the research can be shaped by researcher's positionality, identity, and insider status. The writing up was a deeply challenging one for me as it made me acutely aware of the impact of my own background, my aspirations and philosophies and the pressures of fitting them into certain academic conventions. One major concern I had was how to share the stories responsibly. My insider status and the development of trust meant that the women were honest with me. But I worried whether any of these details could be misused to perpetuate the very problems we are trying to challenge and address. Then how do I share the insights from the empirical perspective and still maintain the trust and share their deeply personal stories, views, and experiences? These reflections meant that writing up was a challenging and reflexive process. I had to constantly go back and forth to check things over with the women with the constant struggle of my dual identities as a researcher and as part of the community. Can research be truly ethical where we avoid reproducing harm, despite our claims of being embedded in ethical principles and PAR approaches? How do we write about these stories

without sounding tragic or even risking the sensationalising of the violence in our communities? I grappled with these questions and reflections throughout the thesis, particularly during the writing.

One issue I reflected (and continue to reflect) on throughout the project was whether this project can be genuinely a participatory one. In the eyes of the women, will it ever become ‘our research’ (at some point I think it did when some of them expressed that ‘our project’ is a hopeful adventure). The possibility of using PAR to purely serve my own ambition was a notion that made me very anxious and bothered, so I aimed to centre the women as co-researchers of the project. Campbell & Wasco (2000) argue that feminist research aims to centre women’s voices and legitimise their lived experiences as sources of knowledge. To centre their lived experiences as legitimate sources of knowledge, I made a care-full commitment and conscious effort early on to avoid “extractive scholarship” (Ganann, 2013; Mansouri, 2020) that exploits marginalised communities. This involved extensive training, learning and unlearning in participatory methods and ethics, securing funding to honour the women's participation to co-create the research, taking the time to build trustworthy and genuine relationships with the by and for racially Minoritised domestic abuse community organisation.

Another challenge I discovered was that when I started working on my project, my home department’s predominant orientation to research was not in line with a PAR approach; instead it was centred on positivist and post-positivist paradigms. I could not receive any specific proper guidance on using such an approach and the unique ethical complexities it entails such as the relational aspect of the approach. Building trust and reciprocal partnerships with communities often implies that PAR projects tend to take longer than traditional research approaches and ethics in practice can look different to those dictated by the form/application. As Brydon-Miller et al. (2003, p.17) note, “university-based doctoral training proved inadequate for the questions they (doctoral researchers engaged in PAR) grappled with and the challenges they faced in the field”. I traversed the complexities of ethical issues in community perspectives and renegotiated informed consent by going

through the information sheet with them and asking whether they had any questions, especially around data ownership and how that works. I also made them aware that they could refuse participation for whatever reason by stopping the interview if they felt that they could not agree with the expectations of the University and its regulations.

This sensitivity to the power dynamics and possible risks made me critically reflect on how my positionality and power influenced the research process. I have woven these reflections throughout the process of the research in the respective chapters corresponding to the different phases of the research. Using this approach meant I was not acceding to the often glorified scientific approach to research in mainstream psychology that often distances and removes itself from the socio-political context of the marginalised groups of which I am part of (Hordge-Freeman, 2018; Mansouri, 2020), instead I remain deeply invested in the community's wellbeing. In line with the emancipatory aims of social justice research (Guishard, 2009), a core aspiration for this project (and beyond it) was to initiate and promote changes to be able to benefit the community I am located in. The journey wasn't always straightforward, but by grappling with these challenges, I believe the research has the potential to create positive change, something I consistently aspired and strived for in the present project and continue to work towards beyond this academic thesis.

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Phase 1: Inquiry

Chapter 2: The pandemic within a pandemic- Inquiring mental health and wellbeing during the COVID-19 pandemic in the UK

Introduction

UN Women describes violence against women and girls as a fundamental violation of human rights that has short- and long-term consequences on women's physical, mental, sexual and reproductive health (UN Women, n.d.). According to the World Health Organization (Garcia-Moreno et al., 2006), 1 in 3 women across the globe experience physical or sexual violence in their lifetime, primarily by an intimate partner. In the UK, (Anderton, 2021) domestic abuse is defined as: 'Any incident or pattern of incidents of controlling, coercive or violent and threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners, family members or relatives who are 'personally connected', regardless of gender, sexuality, ethnicity, religion or socioeconomic status.' This includes but isn't limited to psychological, physical, sexual, financial and emotional forms of abuse, honour-based violence and Female Genital Mutilation (FGM). Extensive research has shown that domestic abuse is associated with adverse physical and mental health consequences which impact negatively on women's physical and psychological quality of life; including bruising, gastrointestinal issues, broken bones, depression, suicidality, anxiety, low self-esteem, posttraumatic stress disorder (PTSD), sleep disorders and substance abuse among women of all backgrounds (Bell & Naugle, 2008; Campbell, 2002; Carbone-López et al., 2006; see Dillon et al., 2013 for review).

The prevalence of domestic abuse is often greater in times of humanitarian crisis (Molyneaux et al., 2020; Murphy et al., 2021). Research from past disease outbreaks, such as Ebola Virus Disease (EVD) and Middle East Respiratory Syndrome (MERS) have recognised the differential impact of pandemics on women (O'Brien & Tolosa, 2016). Furthermore, pandemics have been linked to increased violence against women through factors that contribute to a survivors' inability to temporarily escape the abusive partner including economic vulnerability; limited mobility on account of quarantine and isolation; limited access to legal systems and support services; diminished access to health services; and changing law enforcement operations (see Peterman et al., 2020 for review). During the

recent COVID-19 pandemic, many countries including the United Kingdom, United States, Brazil, Tunisia, Australia and France reported a surge in cases of domestic violence (Roesch et al., 2020; Speed et al., 2020), due to mandatory home isolation and forced proximity with cohabiting perpetrator(s), physical and social distancing, financial uncertainties, and anxieties caused by the coronavirus (Ertan et al., 2020; Wood et al., 2021). Indeed, UN Women described violence against women during the COVID-19 pandemic as a 'shadow pandemic', bringing attention to this urgent public health issue (UN Women, 2020).

The COVID-19 pandemic is also likely to differentially impact vulnerable populations, including ethnically and/or racially Minoritised women (Bentley, 2020; Germain & Yong, 2020). Recent research has provided preliminary evidence of this differential impact on the mental health of some disadvantaged and marginalised groups (Lei et al., 2020; Lu et al., 2020; Shevlin et al., 2020). Evidence suggests that even outside of the pandemic, Women of Colour are disproportionately impacted by domestic abuse (Gill, 2009; Kelly, 2010; Patel et al., 2012) compared to White women (Caetano & Cunradi, 2003; Cho, 2012; Lacey et al., 2013; Stockman et al., 2015; Taft et al., 2009). In the UK, the latest data from the Office for National Statistics (2020) estimates that rates of domestic abuse among Minoritised communities together is greater than White communities, with rates highest for Mixed ethnicity women (9.4%) followed by Black (4.6%) and Asian (4.4%) women, compared to White women (7.7%). However, these statistics are skewed by underreporting of domestic abuse in Minoritised communities who face prohibitive structural barriers (Belur, 2008; Petersen et al., 2004; Pokharel et al., 2020). In the present study, we argue that Black and Minoritised women experience unique forms of oppression and also respond to abuse in different ways due to the simultaneously intersecting nature of their racial and gender identities (Anitha, 2011; Gangoli et al., 2018; Gill, 2004). Thus, it is important to view the experiences of domestic abuse of Minoritised women in crisis contexts through an intersectionality lens (Crenshaw, 1991).

Domestic Abuse, Mental Health and protective factors in Minoritised women

In addition to the greater risk of domestic abuse, Minoritised women are susceptible to multiple systemic challenges and social stressors which render them at a greater risk for poor mental health and wellbeing (Hunter & Schmidt, 2010; Kelly, 2010; Pascoe & Richman, 2009; Patel et al., 2012). The Minority Stress Model (Meyer, 2003) argues that sexual minorities are exposed to a more hostile and stressful social environment due to the experiences of discrimination, prejudice and stigma, which disproportionately impacts their mental health. Similarly, for Minoritised women survivors of domestic abuse, the interlocking experiences of abuse, systemic racial health inequities, and experience of prejudice and discrimination in their broader social environment is likely to have a greater impact on mental health (Bryant-Davis et al., 2009; Hien & Ruglass, 2009; Meyer, 2003; Valentín-Cortés et al., 2020).

A wealth of research demonstrates the impact of domestic abuse on Minoritised women's mental health including higher rates of depression, anxiety, reduced wellbeing and poor mental health compared to those who haven't experienced abuse (Ferrari et al., 2016; Lacey et al., 2013; Rakovec-Felser, 2014) as well as compared to White women with experiences of abuse (Anand & Cochrane, 2005; Bryant-Davis et al., 2009; Caetano & Cunradi, 2003; Lacey et al., 2013). The multiple risk factors of social isolation experienced during lockdowns along with the escalating racial health disparities together have the potential to magnify the distressing mental health consequences for Minoritised women observed during the pandemic (Fink-Samnick, 2021). Again, taking into consideration the layers of interlocking risk factors and social challenges that Minoritised women experiencing domestic abuse are exposed to during lockdowns will help enormously in developing tailored responses for improving mental health in Minoritised women.

Research has identified protective factors that might mitigate the high levels of distress experienced by many survivors of abuse. Studies have highlighted the role of resilience (Humphreys, 2003), social support (Carlson et al., 2002) and autonomy (Bengesai & Khan, 2020) as likely buffers during such adverse situations. Resilience, the process of

adapting well and bouncing back from any adversity, is associated with better mental health and wellbeing (Wu et al., 2020). Similarly, a number of studies have identified social support, which refers to assistance from family, friends, or formal services, which can be emotional, practical, or informational, as a key protective factor in the context of domestic abuse, aiding better mental health and wellbeing in Minoritised survivors (Coker et al., 2002; Ogbe et al., 2020; Thompson et al., 2000). Emotional support includes empathetic listening without judgment, tangible support involves practical help like childcare, temporary housing, or financial aid, and informational support refers to guidance, such as connecting individuals to formal services. These types of support have proven beneficial for victim-survivors, aiding in their coping and recovery (Thomson et al., 2000). A recent study by Catabay et al. (2019) suggests that social support and resilience could act as salient buffers against poor mental health in Black and Minoritised women who had experienced violence. Autonomy refers to the power and agency women have in the context of their social relationships and is recognised as a form of interdependence (Osamor & Grady, 2016; Tenkorang, 2018) Greater autonomy and agency have also been linked to more positive health outcomes for Minoritised women experiencing abuse (Thapa & Niehof, 2013; Yilmaz, 2018). These studies suggest that resilience, autonomy and social support may safeguard to some degree the mental health and wellbeing of Minoritised women experiencing abuse during the COVID-19 pandemic.

At the interpersonal level, Kang (2012) has highlighted the need to consider family environment-related factors, including but not limited to sociodemographic features, relationships between family members, resources and stability of the family, in studies of violence against adults in the family. Family functioning refers to how well all the family members get along, interact and communicate effectively, highlighting the social and structural aspects of the family environment (Lewandowski, 2010). A multitude of studies have further shown a significant link between level and style of family functioning and mental health (Cheng et al., 2017; Wiegand-Grefe et al., 2019; Zashikhina & Hagglof, 2009). While

some research has found associations between poorer family functioning and negative mental health consequences in the context of domestic abuse and partner violence (Anyikwa, 2016; Heru et al., 2007; Kivelä et al., 2019), there is little research exploring the dynamics of family relationships of Minoritised women experiencing abuse, and the possible impact of family functioning on their mental health and wellbeing.

Another significant factor influencing women's mental health in the context of domestic abuse is silencing the self, an overarching concept that describes how women, based on gender norms and societal structures, actively 'silence certain thoughts, feelings and actions' to nurture and maintain intimate relationships (Jack & Dill, 1992, p.98). Jack (1991) argues that while women's motivation to engage in self-silencing behaviours stems from the need to avoid further conflicts in intimate partner relationships, it also increases their risk of depression. Silencing of women who experience partner violence is linked with a complex interaction of interpersonal, environmental and sociocultural factors (Pokharel et al., 2020). Some studies have shown a significant association of self-silencing with women's mental health and wellbeing in the context of domestic abuse (Maji & Dixit, 2019; Thompson, 1995). Research has also found associations between negative mental health effects and self-silencing in intimate relationships across different racial groups (Beauboeuf-Lafontant, 2007; Gratch et al.,1995). Jack and Ali (2010) have further highlighted the significance of the social context in impaired mental health of those who engage in self-silencing across diverse cultures. It is therefore important to explore the self-silencing of Minoritised women experiencing abuse and its association with their mental health and wellbeing.

The Present Study

The intersection of marginalisation and discrimination has made Minoritised women more susceptible to domestic violence during the COVID-19 pandemic (Kofman & Garfin, 2020; Sokoloff & Dupont, 2005; Sorenson et al., 2021), which has the potential to be debilitating for their mental health and wellbeing (Mazza et al., 2020; Sediri et al., 2020). This is an understudied research area and requires urgent attention. The present study explores

the mental health and wellbeing of Minoritised women experiencing domestic abuse during the third national lockdown in the UK. First, we predict that there will be a difference in the mental health (operationalised as anxiety and depression) severity, wellbeing and resilience between those who report domestic abuse and those who do not. We further seek to explore the role of a range of potentially mitigating psychosocial factors, including resilience, autonomy, silencing of the self, family functioning and social support, influencing their mental health and wellbeing. Our second prediction is that for those Minoritised women experiencing abuse, self-silencing will be strongly correlated with their mental health and wellbeing; resilience, social support and autonomy will be positively correlated with their mental health; and family functioning will be negatively correlated with their mental health and wellbeing. Third, we predict that autonomy, self-silencing, resilience, family functioning and access to social support will be significant predictors of the mental health (i.e. anxiety, depression) and wellbeing of participants experiencing abuse. The current study has been pre-registered on Open Science Framework (OSF): https://osf.io/pcrw7/?view_only=4e88eb2df08a4edbafb7c420be9333ac.

Method

Design

We employed an online survey using a cross sectional cohort design to collect data on sociodemographic variables, mental health and wellbeing, silencing the self, family functioning, autonomy, experiences of domestic abuse, resilience and social support. Participants took part in the study during the third national lockdown of the UK between February-July, 2021. The lockdown mandated that everyone stay at home with closure of schools, nurseries and non-essential retail, hospitality and other services were closed. People were allowed to only leave homes if they wanted to shop for basic necessities or exercise once a day within one's local area.

Participants

Our participants in this phase were 1202 self-identified racially Minoritised women (*M*age= 31.38 years, *SD*age= 9.46 years, Age range = 18 - 71 years; two participants did not report their age) in intimate partner relationships (e.g. married, cohabiting, civil partnership) and residing in the UK. 246 participants (20.5%) were Black women, 568 participants (47.3%) were Asian women, 291 participants (24.2%) were Mixed ethnic women, 97 participants (8%) were women from other Minoritised communities (e.g., Arab). See Table 2.1 for sample demographics. The survey period was from February to July 2021. Data collection ended when lockdown measures were lifted.

Participants were recruited via Prolific (an online participant recruitment platform), networks of the partner organisation and co-researchers and snowball sampling. Invitations were directed to a range of platforms such as social media platforms (e.g. Facebook, Twitter, Reddit), as well as Prolific Academic and networks and contacts of the research team and University groups (the BAME Staff Network, BME Students' Committee, etc). Participants recruited through Prolific Academic were paid at the recommended rate of £7.50/hour for completing the survey. All other participants were given the option to enter a prize draw to win 1 of 25 £20 and 1 of 30 £10 online shopping vouchers.

Power analysis via G*Power (version 3.1) was conducted for all relevant analyses and the one with the larger sample size was regression analysis which indicated that 782 participants would provide .80 power to detect a small effect size (r = .10) at alpha =.05. Our target sample size was therefore 2346 (782 in each of the following ethnic categories, Black, Asian, Mixed ethnicity, Other minoritised communities). We had not achieved our target sample size when the lockdown measures were lifted in July 2021, therefore we combined all the 'race'/ 'ethnicities' in the analyses.

Procedure

We invited participants to take part in an online survey which they accessed via a link on an online recruitment invitation on Qualtrics. After reading an information sheet and

signing the consent form, participants then completed the survey. We decided to present the questions to all participants in the same order, designed to minimise the triggering nature of the survey. Specifically, the most sensitive items (domestic abuse questionnaires: CBS-R and CAS-SF; see below) were placed in the middle of the survey. There was no time limit to complete the questionnaire. The participants were given the option to close the browser if they wished to withdraw from the study, or return to it at a later time if they wished to. After completion, participants viewed a debriefing sheet and were signposted to a list of support/advice resources (e.g. contact details of specialist domestic abuse services/charities, counselling helplines, mental health resources). Participants were also asked if they would be willing to pass the survey link on to others they knew who might be interested in taking part in the research.

Measures

We used the following measures based on our discussions about the notions we wanted to explore. The measures relevant to the present chapter are:

Socio-Demographic Characteristics. Participants were asked to report the following socio-demographic characteristics based on self-identification: age; ethnicity; religious beliefs; SES (measured through income levels); employment status; education levels, relationship status and length of current relationship; household make-up i.e. number of individuals and children in the household; country of residence in the UK.

Mental Health and Wellbeing. Depression was measured using the depression subscale (PHQ-9) of the Patient Health Questionnaire (Kroenke & Spitzer, 2002). This scale consists of nine items (e.g., “Over the past two weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things”), scored 0 (Not at all) to 3 (Nearly every day). The total score was calculated by taking the sum of scores of all the 9 items, giving a severity score ranging from 0 to 27 and the final score was calculated by taking an average of all the 9 items. Higher scores indicate increasing severity of

depression. In line with Kroenke and Spitzer (2002), total scores in the range of 0-4 are interpreted as no depression, 5-9 as ‘mild’, 10-14 as ‘moderate’, 15-19 as ‘moderately severe’ and 20-27 as ‘severe’ depression. Internal consistency in the current study was excellent (Cronbach α = .89) and similar to past research (Cronbach α ranging from .87 to .89: Kroenke & Spitzer, 2002).

GAD-7 (Spitzer et al., 2006) was used to measure symptoms of anxiety. This scale consists of seven items (e.g., “Over the past two weeks, how often have you been bothered by the following problems? Not being able to stop or control worrying”), scored 0 (Not at all) to 3 (Nearly every day). The total score was calculated by taking the sum of scores of all the 7 items, giving a severity score ranging from 0 to 21 and the final score was calculated by taking an average of all the 7 items. Higher scores reflect increasing severity of anxiety. In line with Spitzer et al., (2006), scores in the range of 0-5 have been interpreted as ‘mild’, 6-10 as ‘moderate’, 11-15 as ‘moderately severe’ and 16-21 as ‘severe’ anxiety. Internal consistency in the current study was excellent (Cronbach α = .92) and consistent with past research (Cronbach α = .92: Spitzer et al., 2006).

WHO-5 Wellbeing Index (Bech, 2004) is a 5 item questionnaire that was used to measure participants’ general wellbeing levels (e.g., “Over the past two weeks, how often have you experienced the following: I have felt calm and relaxed.”), scored on a 6-point Likert scale ranging from 0 (At no time) to 5 (All of the time). The final score is calculated by taking the average score of all the 5 items, such that higher scores reflect greater wellbeing and quality of life. We found excellent internal consistency of the scale (Cronbach α = .92) in our study.

Silencing The Self. The Silencing The Self Scale (Jack & Dill, 1992) is a 31 item questionnaire which was used to measure normative beliefs in intimate-partner relationships that are considered “socially desirable” for women (e.g. “In a close relationship my responsibility is to make the other person happy”). Each item is scored on a 5-point scale ranging from 1 (Strongly disagree) to 5 (Strongly agree), with some items being reverse

scored. The final score was calculated by taking the average score of all the 31 items. Higher scores indicate greater pressure to fulfil the role of a “good woman” in the relationship. We found excellent internal consistency of the scale (Cronbach α = .91), similar to past research (Cronbach α ranging from .86 to .94: Jack & Dill, 1992).

Family Functioning. The level of family functioning was measured using the Brief Family Relationship Scale (BFRS) which is adapted from the 27-item Relationship dimension of the Family Environment Scale (FES) developed by Moos (1994), consisting of cohesion, expressiveness and conflict subscales. The BFRS is a 19 item scale (e.g. “ In our family we really help and support each other a lot”; “In our family, we argue a lot”) which asked participants to respond how frequently such was the case in their family during the lockdown (Fok et al., 2014). Each item is scored on a 3-point scale ranging from 0 (Not at all) to 2 (A lot), with some items being reverse scored. The final score was calculated by taking an average score of all the 19 items. Higher scores indicated better family functioning. The calculated Cronbach α = .92 reflects excellent consistency for the scale in our study.

Autonomy. In order to measure the degree of empowerment, agency and autonomy participants have in their own life, a template based on the definition and components of autonomy developed by Centre for Analysis of Social Exclusion, University of Oxford (Burchardt et al., 2012) was used in the present study. It was measured using 6 items from the template about autonomy in decision making, quality of options in life (e.g. “I feel like I am free to decide for myself how to live my life.”), with each item scored on a 5-point Likert scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree); 2 items about autonomy in relationships (e.g. “Do you feel free to form or maintain a relationship with someone of your choosing without external pressures?”) where each of the items is scored on a 5-point Likert scale ranging from 1 (Never or almost never) to 5 (Always or nearly always) and 1 item about the relevance of improving autonomy in relationships for the participants (e.g. “How important would it be for you to see an improvement in this aspect of your life?”) which was also scored on a 5-point rating scale ranging from 1 (Not important at all) to 5 (Very

important). The final score was calculated by taking an average score on all the 9 items with higher scores reflecting greater choice and autonomy in the lives of the participants. In our study, the calculated Cronbach α = .75 indicates good internal consistency of the questions on autonomy.

Domestic Abuse. Two domestic abuse screening instruments were used in our questionnaire, namely, the Composite Abuse Scale (Revised)-Short Form and the Controlling Behaviours Scale-Revised (CBS-R), to assess whether and to what extent the participants have experienced any form of abusive behaviours from their partner and/family member(s) during the lockdown.

The Composite Abuse Scale (Revised)—Short Form (CASR-SF) is a 15 item questionnaire measuring intimate partner violence by assessing physical (e.g. “My partner shook, pushed, grabbed or threw me”), sexual (e.g. “My partner made me perform sex acts that I did not want to perform”) and psychological abuse (e.g. “My partner blamed me for their violent behaviour”), with a focus on severity and intensity of experiences (Ford-Gilboe et al., 2016). The participants were first asked if they had experienced each of the behaviours (Yes or No were scored as 1 or 0, respectively) during the pandemic. The total score on this question was calculated by taking a sum of the scores on all the 15 items. The total scores ranging from 0-15 were further coded into two categories, namely, No abuse at all (coded as 0) for obtained total scores of 0 and Presence of at least one abusive behaviour (coded as 1) for obtained scores ranging between 1-15.

Those who had responded ‘Yes’ to each of the abusive behaviours (participants’ with scores ranging from 1-15) were asked to rate how frequently they experienced those behaviours during the past 12 months, using the options: ‘not in the past 12 months’ (scored as 0), ‘once’ (scored as 1), ‘a few times’ (scored as 2), ‘monthly’ (scored as 3), ‘weekly’ (scored as 4), ‘daily or almost daily’ (scored as 5). The final frequency of abuse score was calculated by taking the average score of all the 15 items on this scale of 0-5. Higher scores

indicated greater frequency of physical, sexual and psychological abuse experienced by the participants.

The Controlling Behaviours Scale-Revised (CBS-R), a 24 item questionnaire that measures controlling behaviours in the context of intimate-partner relationships across five subscales: Economic (e.g. “Refuse to share money/pay fair share”), Threats (e.g. “Threaten to disclose damaging or embarrassing information about you”), Intimidation (e.g. “Smash your property when annoyed/angry”), Emotional (e.g. “Tell you you were going mad”), and Isolation (e.g. “Try to limit the amount of activities outside the relationship”). Participants were asked to rate on a 5-point Likert scale how frequently they experienced those behaviours in the pandemic ranging from 0 (Never) to 4 (Very Often) (Graham-Kevan & Archer, 2005). The total scores ranged from 0-96 which were again coded into two categories, namely, No abuse at all (coded as 0) for obtained total scores of 0 and Presence of any of the abusive (controlling) behaviours at least once (coded as 1) for obtained scores ranging between 1-96. Higher scores indicated greater frequency of abuse experienced by the participants in the form of controlling behaviours by their partners.

Participants who had responded to either of the scales with scores between 1-15 for the CASR-SF and 1-96 for the CBS-R behaviour during the pandemic were categorised into ‘Presence of Abuse’ (coded as 1; n=802) whilst those who had scored 0 on both the scales were categorised into ‘No Abuse at all’ (coded as 0).

Resilience. We measured resilience using Brief Resilience Scale (BRS) (Smith et al., 2008) where participants responded to six items (e.g. “I tend to bounce back quickly after hard times”) on a 5-point Likert scale (Strongly Disagree - Strongly Agree). The total score ranged from 6-30. Higher scores on the scale indicated higher resilience among the participants. The final score was calculated by taking the average score of all the 6 items (after reverse scoring). Our study found good internal consistency of the scale with Cronbach $\alpha = .86$ similar to past research (Cronbach α ranging from .80–.91: Smith et al., 2008).

Social Support. To measure access and availability of social support for the participants, we used the Inventory of Socially Supportive Behaviours-Short Form (ISSB-SF). The ISSB-SF is a 19-item self-report measure designed to assess 'aid provision' i.e. how often individuals received various forms of assistance such as directive guidance, tangible assistance, positive social exchange and the like in the past four weeks (Barrera & Baca, 1990). Participants were asked to rate how frequently other people did those activities (e.g. "Expressed interest and concern in your wellbeing") for them on a 5-point Likert scale ranging from 0 (Not at all) to 4 (Almost every day) and the final score was calculated by taking the average score of all the items, with higher scores indicating greater levels of availability of social support.

Results

Sample characteristics

Two-thirds of participants reported experiencing at least one abusive behaviour during the pandemic (66.7%; n=802). Of these, 30.9% (n=371) were Asian women, 13% (n=157) were Black women, 17.5% (n=210) were women of Mixed ethnicity and 5.3% (n=64) were women from other Minoritised backgrounds. See Table 2.1 for further detail.

Impact of Domestic Abuse on Mental Health and Wellbeing

Scores on the PHQ-9, GAD-7, WHO-5 and BRS were each subject to an independent t-test, with domestic violence experience (experienced some aspect of domestic abuse at least once during the pandemic vs. did not experience domestic abuse during the pandemic) as the independent factor. As shown in Table 2.2, participants who had experienced domestic abuse at least once during the pandemic had significantly higher mean scores on the PHQ-9 and GAD-7, and significantly lower mean scores on the WHO-5 and BRS, relative to participants who had not experienced domestic abuse during the pandemic. Consistent with Hypothesis 1 therefore, results showed significantly poorer mental health (depression and anxiety), wellbeing and resilience amongst the participants

experiencing domestic abuse compared to those who do not. The total mean scores on PHQ-9, GAD-7 and WHO-5 are shown in Table 2.3, highlighting the difference in severity of mental health and wellbeing between participants experiencing domestic abuse compared to those who did not. Figure 2.1 compares percentages of women who reported experiencing abuse and did not experience abuse by severity category for depression (none, mild, moderate, moderately-severe, severe) and for anxiety (mild, moderate, moderately-severe, severe). The Figure clearly shows that there were greater proportions of women in the more severe categories for anxiety and depression in those women experiencing abuse compared to those who did not, suggesting that the experience of abuse led to more severe suffering. Although there was a greater proportion of all women reporting mild levels of anxiety (not an unexpected consequence in the context), the observed pattern for both anxiety and depression followed the same trend whereby women experiencing abuse reached the threshold for more severe categories much sooner than women who did not report abuse. Nearly one third (29.6%) of women experiencing abuse, for example, reported being moderately or severely anxious compared to 16% of women not experiencing abuse. There was a similar difference (13% between groups) for combined moderate, moderate-severe and severe categories of depression.

Influencing factors in mental health and wellbeing of Minoritised women experiencing abuse

For participants who reported experiencing domestic abuse at least once during the pandemic, scores on the Silencing the Self scale, Autonomy scale, BRS, BFRS and ISSB-SF were subject to bivariate Pearson's correlation with scores on the PHQ-9, GAD-7, and WHO-5. As shown in Table 2.4, scores on the Silencing the Self scale were positively and moderately correlated with scores on the PHQ-9 and GAD-7, and negatively correlated with scores on the WHO-5; scores on the Autonomy scale, BRS and BFRS were negatively and moderately correlated with scores on the PHQ-9 and GAD-8, and positively correlated with WHO-5. Consistent with Hypothesis 2 therefore, the results suggest that for people who

experienced domestic abuse, increased silencing of the self, decreased autonomy, resilience and family functioning is associated with increased depression and anxiety and decreased wellbeing. On the other hand, scores on ISSB-SF were positively and weakly correlated with scores on GAD-7 and WHO-5 and not correlated with scores on PHQ-9, indicating increased access to social support is associated with increased anxiety and increased wellbeing and it did not have a significant relationship with depression.

For participants who reported experiencing domestic abuse at least once during the pandemic, multiple linear regression analyses were conducted, whereby, autonomy, silencing the self, resilience, family functioning and access to social support were entered as predictor variables and mental health and wellbeing were entered as outcome variables. As can be seen in Tables 2.5a and 2.5b, scores on Autonomy, Silencing the Self scale, BRS, BFRS and ISSB-SF significantly predict scores on PHQ-9 and GAD-7 respectively, suggesting that poor mental health (i.e. increasing depression and anxiety) in the participants experiencing abuse is predicted by lower levels of autonomy, resilience, family functioning and greater self-silencing and increased access to social support. Table 2.5c shows that scores on Autonomy, Silencing the Self scale, BRS and ISSB-SF significantly predict scores on WHO-5, while BFRS does not, suggesting that the wellbeing of the participants experiencing abuse is predicted by higher levels of autonomy, resilience, social support and lower silencing of the self, while family functioning did not play any role.

Discussion

The aim of this study was to explore the mental health and wellbeing of Minoritised women experiencing domestic abuse in the context of the UK COVID-19 pandemic. Our findings demonstrate that women who reported experiencing abuse during the pandemic had significantly poorer mental health and wellbeing than those who did not experience any abuse. We also found that various factors at individual, interpersonal and social levels were associated with the mental health and wellbeing of those who reported experiencing abuse. While higher levels of resilience, autonomy and family functioning significantly predicted

better mental health and wellbeing of those who experienced abuse; increased self-silencing and greater access to social support significantly predicted poorer mental health and wellbeing for those women.

The present study provides insight into the experiences of Minoritised women during the COVID-19 pandemic in the UK, where nearly 67% of the sample reported experiencing at least one abusive behaviour in their domestic spheres. The pattern, severity and extent of mental health, wellbeing and resilience of the Minoritised women reporting domestic abuse we observed was notable in comparison with women who did not report experiencing any abuse during the pandemic. Higher levels of depression and anxiety and lower levels of wellbeing and resilience were found in those who experienced abuse vs those who did not. This broadly supports previous studies which, outside of the pandemic, reported poorer mental health and wellbeing among Minoritised women who experienced abuse as opposed to those who did not (Ferrari et al., 2016; Lacey et al., 2013; Rakovec-Felser, 2014). It is also in line with preliminary findings of some studies which have highlighted the critical impact of the COVID-19 pandemic on various disadvantaged groups (Bentley, 2020; Shevlin et al., 2020).

Our findings may be explained in light of the minority stress model (Meyer, 2003), suggesting a dynamic interaction of multiple structural and social stressors with the experiences of domestic abuse being further compounded by the social isolation of the stay-at-home conditions imposed during the pandemic. The increased severity of poor mental health of women experiencing domestic abuse highlights the urgent need to account for mental health needs in the domestic abuse response strategy during crisis situations, such as a pandemic. Further, our findings have important implications for integrating culturally competent mental health support within formal and informal support services for Minoritised domestic abuse survivors.

Our findings demonstrate the protective roles of resilience and autonomy for Minoritised survivors of domestic abuse during the pandemic in predicting better mental

health and wellbeing. This aligns with a wide range of evidence that has shown that higher levels of resilience predicts positive and better mental health and wellbeing in survivors of abuse (Humphreys, 2003; Machisa et al., 2018; Sexton et al., 2015; Wu et al., 2020), and higher levels of autonomy is associated with improved wellbeing, reduced trauma in a variety of contexts and more positive outcomes for health (Bengesai & Khan, 2020; Thapa & Niehof, 2013; Yilmaz, 2018). The current study further demonstrates that higher levels of family functioning also predict better mental health of Minoritised domestic abuse survivors under lockdown. These results are consistent with a multitude of studies that have shown a significant link between the level of family functioning and mental health in other contexts (Cheng et al., 2017; Wiegand-Grefe et al., 2019; Zashikhina & Hagglof, 2009). We suggest that all of these protective factors together need to be bolstered during conditions of quarantine and lockdown to mitigate the negative effects of domestic abuse on Minoritised women's mental health and wellbeing in this altered social context. This would require developing and improving resources, interventions and services that can strengthen resilience, autonomy and family functioning and are culturally tailored to address the specific mental health needs of Minoritised women.

Consistent with the literature on Minoritised women's self-silencing and mental health outside of the pandemic (Beauboeuf-Lafontant, 2007; Gratch et al., 1995; Maji & Dixit, 2019), the present study also found that those participants who expressed greater self-silencing in their intimate relationships reported poorer mental health and wellbeing. Jack and Ali (2010) argue that the social context is most significant in the relationship between women's mental health and their tendency to silence themselves and we believe that the observed pattern of results here may be explained by the exacerbation of stereotyped beliefs about the gender role and expectations in close relationships in this unique social context (Fisher & Ryan, 2021). This finding further raises intriguing questions regarding the individualised and decontextualised conception of mental health and wellbeing and underscores the critical role of wider social and contextual factors in determining mental

health status. To develop an in depth understanding of mental health and wellbeing of Minoritised survivors of domestic abuse, future research should consider how 'individual' factors are shaped by social and relational contexts.

While a number of studies have shown that social support has been associated with better mental health and wellbeing for Minoritised survivors of abuse (Carlson et al., 2002; Coker et al., 2002; Fowler & Hill, 2004; Machisa et al., 2018; Ogbe et al., 2020; Paranjape & Kaslow, 2010; Thompson et al., 2000), the findings of the current study were at odds with our hypotheses. We found that higher levels of social support were weakly associated with higher rates of depression and anxiety and predicted poorer mental health among women experiencing abuse. Recent studies in the pandemic context have found similar relationships between social support and mental health in different populations. In a US-based study with young adults during the COVID-19 pandemic, Longest and Kang (2022) demonstrate that accessing online forms of social support is positively related to poorer mental health. Another study with Chinese adults during the COVID-19 pandemic suggests that increasing social support can have reverse buffering effects by enhancing associations of stress and mental health (Liu et al., 2021). One potential explanation for our findings is that the challenges of accessing the changing nature and form of social support in lockdown conditions with the added demands of concealing such efforts from the perpetrator(s), might have augmented the already deteriorating mental health of the participants. This finding has important implications for developing and reinforcing systems (e.g. remote communication applications) and ways (e.g. codeword schemes such as ASK for ANI in a UK pharmacy) during crisis that enhance the ease of accessing social support while mitigating the concerns of being 'found out' by the perpetrator.

Furthermore, social conflict, defined as the stress, tension and discord experienced by survivors of abuse within their social support networks seems to be widespread (Tilden et al., 1994). A number of studies have identified that informal and formal social support networks of domestic abuse survivors, such as family, friends, professionals, religious

leaders, communities and institutions can be intrusive, engage in sexism, systemic racism, victim blaming, minimising the abuse, add conditions to their offers of help and the like (see Barnett, 2001 for a review; McLeod et al., 2010; Trotter & Allen, 2009; Van Meter et al., 1987). All of this has the potential to be perceived as unhelpful and may instead lead to social conflict and have a negative impact on the mental health of survivors (Guruge et al., 2012). We therefore propose that in addition to the taxing experiences of accessing support during lockdown, it is also possible that social conflict could be a potential factor that diminished the expected protective role of social support on the mental health and wellbeing of the Minoritised survivors. In view of this, future research might consider the multi-faceted nature of social support, incorporating trauma- and violence- informed practices in support provision.

The results of the present study demonstrate how the mental health and wellbeing of Minoritised survivors of domestic abuse is influenced by psychosocial factors at multiple levels. We suggest that crisis situations, like the pandemic, interact with intersectional identities in complex ways to influence the nature and patterns of mental health in these women. We call for future research to take more critical approaches to mental health and account for complexity and context rather than an approach focused on the individual. It is essential that policy, legislation and practice recognise the multiple underpinnings of mental health and focus on enhancing protective factors whilst also simultaneously implementing systemic and structural changes as a means for improving mental health and wellbeing for Minoritised women experiencing domestic abuse. We also recommend the use of participatory research methods to collaboratively engage diverse stakeholders to design recommendations for policy and practice that are relevant to Minoritised survivors' lived experiences.

Limitations

Despite surveying a large, racially diverse and representative community sample of Minoritised women, the accessibility and reach of the present study may have been limited

due to its language (English only) and mode of availability (online, rather than paper-based) (Poole et al., 2021). Further efforts are needed to amplify the 'voices' of women with diverse linguistic and digital accessibility needs. Equally, future research might also explore other intersectional aspects of identities of domestic abuse survivors such as sexuality, disability and its impact on mental health and wellbeing. The present study provides a snapshot of the mental health and wellbeing of all Minoritised survivors. Future studies should take qualitative approaches to capture the nuances and manifold complexities of the lived experiences of mental health of survivors through their situatedness in multiple relational and social contexts. Additionally, as this was a cross sectional survey providing evidence on the state of affairs during a specific UK lockdown, it is problematic to confirm causality. However, we hope that our findings do provide a foundation for important avenues of exploration for future longitudinal mixed-methods research.

Conclusion

This study builds on existing knowledge in the literature in relation to Minoritised women's experiences of domestic abuse and mental health in a unique social context of the UK COVID-19 pandemic. The findings demonstrate the roles of autonomy, resilience, self-silencing, family functioning and social support as predictors of mental health and wellbeing during the 'shadow pandemic' in dynamic and interesting ways. Results also demonstrate the potential for developing future interventions by working with and/or by the Minoritised survivors, taking into account the interaction of individual, social and contextual factors in mental health. Future longitudinal research can build on this research and increase its reach to Minoritised women through availability in multiple languages, modes and platforms.

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Tables and Figure

Table 2.1

Demographic characteristics of participants

Baseline characteristic	Experienced abuse atleast once during the lockdown		Did not experience any abuse during the lockdown		Did not answer the questions about abuse		Full sample	
	n	*%*	*n*	*%*	*n*	*%*	*N*	*%*
'Race'/ Ethnic group								
Asian/Asian British: Indian	118	9.82	66	5.49	3	0.25	187	15.56
Asian/Asian British: Pakistani	63	5.24	29	2.41	1	0.08	93	7.74
Asian/Asian British: Chinese	83	6.91	42	3.49	1	0.08	126	10.48
Asian/Asian British: Bangladeshi	34	2.83	8	0.67	1	0.08	43	3.58
Other Asian background	73	6.07	45	3.74	1	0.08	119	9.90
Asian women (Total)	371	30.87	190	15.81	7	0.58	568	47.25
Black (Caribbean)	41	3.41	19	1.58			60	4.99
Black (African)	74	6.16	60	4.99	1	0.08	135	11.23
Black (British)	37	3.08	7	0.58	1	0.08	45	3.74
Other Black background	5	0.42			1	0.08	6	0.50
Black women (Total)	157	13.06	86	7.15	3	0.25	246	20.47
Mixed ethnic (White and Black Caribbean)	64	5.32	20	1.66	1	0.08	85	7.07
Mixed ethnic (White and Black African)	23	1.91	11	0.92			34	2.83
Mixed ethnic (White and Asian)	70	5.82	33	2.75			103	8.57
Other Mixed background	53	4.41	15	1.25	1	0.08	69	5.74
Mixed ethnic women (Total)	210	17.47	79	6.57	2	0.17	291	24.21
Arab	17	1.41	5	0.42	1	0.08	23	1.91
Any other	47	3.91	26	2.16			73	6.07
All other minoritised women (Total)	64	5.32	31	2.58	1	0.08	96	7.99
Missing data			1	0.08			1	0.08

Table 2.2

Results of t- test examining mental health, wellbeing and resilience between participants who experienced abuse and those who did not

Variable	Those who experienced Abuse		Those who did not experience Abuse		t	P
	Mean	SD	Mean	SD		
Depression	0.98	0.66	0.7	0.61	6.955	< .001
Anxiety	1.09	0.78	0.73	0.75	7.647	< .001
Wellbeing	2.25	1.1	2.68	1.22	-5.868	< .001
Resilience	3.04	0.82	3.38	0.81	-6.716	< .001

Table 2.3

Summary of descriptive statistics for mental health of participants who experienced abuse and participants who did not experience abuse

Variable	Those who experienced Abuse		Those who did not experience Abuse	
	Mean	SD	Mean	SD
Depression	8.84	5.97	6.33	5.53
Anxiety	7.66	5.47	5.1	5.23
Wellbeing	11.24	5.51	13.39	6.09

Table 2.4

Descriptive Statistics and Correlations for Study Variables

Variable	***n***	***M***	***SD***	1	2	3	4	5	6	7	8
1.Depression	802	0.98	0.66	1	.78**	-.60**	-.41**	.43**	-.43**	-.28**	0.06
2.Anxiety	802	1.09	0.78	.78**	1	-.60**	-.42**	.40**	-.39**	-.25**	.14**
3.Wellbeing	802	2.25	1.10	-.60**	-.60**	1	.42**	-.33**	.35**	.22**	.09*
4.Resilience	801	3.04	0.82	-.40**	-.42**	.42**	1	-.29**	.33**	.18**	-0.06
5.Self-Silencing	802	2.71	0.57	.43**	.40**	-.33**	-.29**	1	-.51**	-.28**	-.09*
6.Autonomy	802	3.84	0.63	-.43**	-.39**	.35**	.33**	-.51**	1	.43**	.08*
7.Family Functioning	802	2.39	0.40	-.28**	-.25**	.22**	.18**	-.28**	.43**	1	.08*
8.Social Support	796	1.12	0.76	0.06	.14**	.09*	-0.06	-.09*	.08*	.08*	1

Note. $^{*}p < .05$. $^{**}p < .01$.

Table 2.5a

Multiple Linear Regression: Variables predicting Depression in participants experiencing abuse

Variables	B	SE B	Beta
Autonomy	-0.189	0.039	-0.18***
Silencing of Self	0.082	0.012	0.243***
Resilience	-0.305	0.039	-0.25***
Family Functioning	-0.077	0.026	-0.099**
Social Support	0.037	0.012	0.089**

Note. R^2=31.3%

$^{*}p < .05$. $^{**}p < .01$, $^{***}p < .001$.

Table 2.5b

Multiple Linear Regression: Variables predicting Anxiety in participants experiencing abuse

Variables	B	SE B	Beta
Autonomy	-0.149	0.036	-0.154***
Silencing of Self	0.072	0.011	0.233***
Resilience	-0.305	0.036	-0.273***
Family Functioning	-0.06	0.024	-0.083**
Social Support	0.061	0.012	0.158***

Note. R^2=30.8%

$^{*}p < .05$. $^{**}p < .01$, $^{***}p < .001$.

Table 2.5c

Multiple Linear Regression: Variables predicting Wellbeing in participants experiencing abuse

Variables	B	SE B	Beta
Autonomy	0.133	0.038	0.137***
Silencing of Self	-0.042	0.011	-0.136***
Resilience	0.365	0.038	0.324***
Family Functioning	0.045	0.025	0.062
Social Support	0.03	0.012	0.078**

Note. R^2=24.6%

*$p < .05$. **$p < .01$, ***$p < .001$.

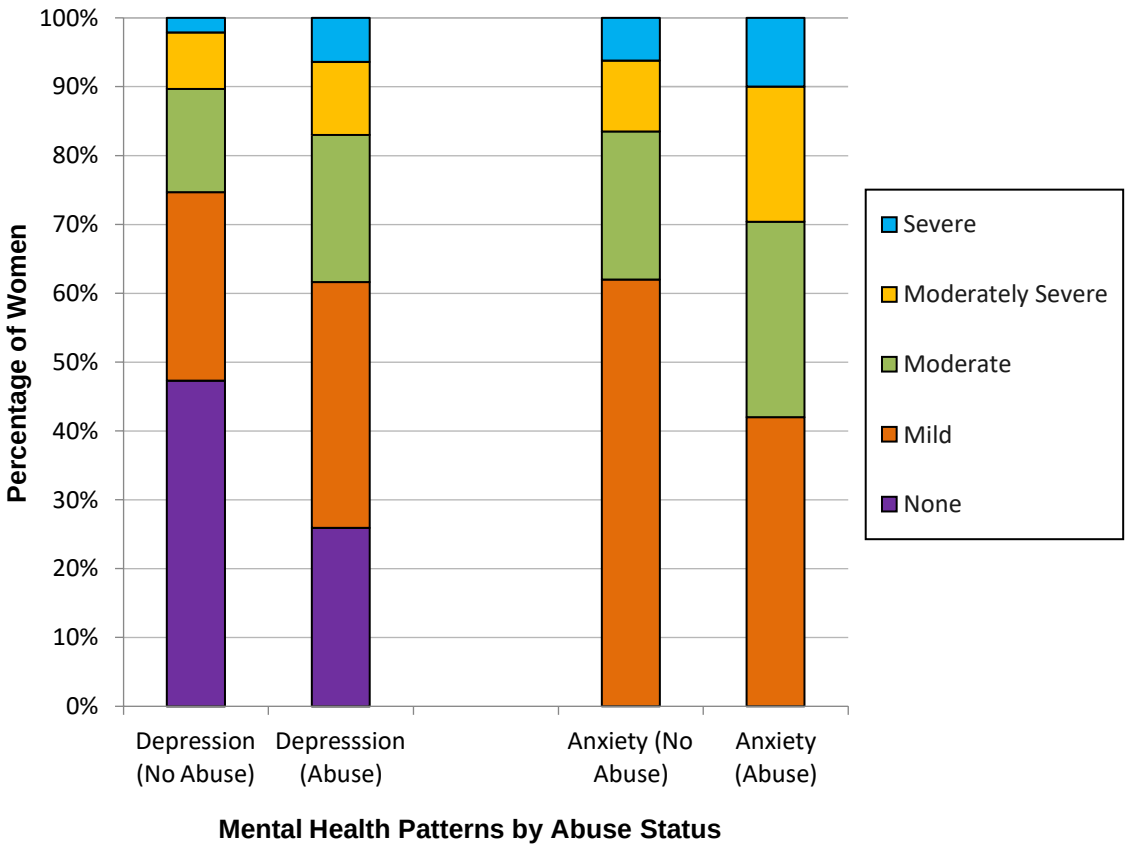

Figure 2.1: Graph representing mental health and wellbeing patterns of Minoritised women by the status of abuse during the lockdown

Phase 1: Inquiry

Chapter 3: Stay At Home Policies do not keep Everyone Safe: Inquiring help-seeking during the COVID-19 pandemic in the UK

Introduction

Domestic abuse is a serious social and public health issue, affecting nearly one-third of women worldwide (WHO, 2013). In the UK, an estimated 1.7 million women (approximately 7%) experienced domestic violence during October 2021 - March 2022 (Office for National Statistics, 2022). We use the definition of Domestic Abuse from the UK Domestic Abuse Act (2021) which defines domestic abuse as 'any incident or pattern of incidents between those aged 16 years or over who are or have been partners, family members, relatives or are personally connected with each other, with the following behaviours considered as abuse: physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse'.

Research has highlighted that the risk of domestic abuse is often amplified during public health emergencies and humanitarian crises (Murphy et al., 2021). This is due to the increased opportunities for perpetrators during periods of enforced lockdown to exercise power and control over their victims. The COVID-19 pandemic has been no exception. 'Stay at Home' policies created a context conducive for an increase of violence against women (Speed et al., 2020). Specifically, mandatory lockdowns and quarantine regulations exposed many women to increased contact with their cohabiting perpetrator(s) and limited their access to support networks, further increasing the likelihood of domestic abuse and restricting options to seek help (Evans et al., 2020). UN Women describe this increase in violence against women during the COVID-19 pandemic as a 'shadow pandemic' (UN Women, 2020). Several support services and charities such as Refuge, Southall Black Sisters, and Women's Aid reported a surge in domestic violence cases during lockdown periods in the UK (Krishnadas & Taha, 2020).

Despite the frequency of domestic abuse globally and in the UK, only 40 percent of women who experience violence seek help (UN Women, n.d.). It is important to understand the barriers to seeking help, as this may help us to develop interventions and inform policy to support women, especially in humanitarian crises situations such as pandemics. In the UK,

rates of domestic abuse measured by the British crime survey for England and Wales are estimated to be highest in women who identify as Mixed ethnicity (8.7%) followed by Black women (5.9%) white (5%) and Asian (3.9%) (Office for National Statistics, 2022) possibly due to a number of factors including staying in a relationship longer due to lack of support and discrimination around immigrations status on leaving relationships, isolation, racism, economic insecurity, fear of authorities, and the other barriers associated with seeking help (Safelives, 2015). Importantly, evidence from the literature indicates chronic under-reporting of domestic abuse by racially Minoritised groups due to increased structural barriers to disclosure (Belur, 2008; Gill, 2004), and as such, actual rates of domestic abuse in Minoritised women are likely to be significantly higher.

While a wide range of research has shown that domestic abuse affects women from all backgrounds, a 'one-size-fits-all' approach to understanding experiences of domestic abuse does not adequately account for how various intersecting systems of oppression are simultaneously experienced by those women who are at the intersections of multiple Minoritised identities, such as race, gender and class (Collins, 2000). Since women do not lead 'single-issue lives' (Lorde, 1984), a single-axis conceptualisation of violence against women is problematic as it could possibly lead to misunderstanding and harm to racially Minoritised women (Grzanka et al., 2020), who have a unique set of needs, experiences and cultural backgrounds that shape the ways in which they experience and respond to abuse (Anitha, 2008; Gangoli et al., 2018; Gill, 2004). For example, the unique forms of oppression that women of colour face due to the intersection of their race and gender identity (e.g. language barriers that might restrict their options to access support) cannot be captured if we only take a single-axis approach and focus on one system of domination at one point of time in their experiences of violence (Coles & Pasek, 2020; Crenshaw, 1991). It is therefore essential to undertake an intersectional feminist lens to understand violence against Black and Minoritised women (Crenshaw, 1991; Singh & Bullock, 2020).

The COVID-19 pandemic has amplified pre-existing structural inequalities and institutional racism experienced by racially Minoritised women (Sapkota et al., 2020; Siddiqui, 2018). For example, lockdown restrictions during the pandemic limited access to social and community support (Lausi et al., 2021) which is particularly invaluable for Minoritised survivors (Kasturirangan et al., 2004; Lee & Hadeed, 2009). The multiplying effect of these intersecting inequalities positions Minoritised women in a greatly disadvantaged position, heightening their 'intersectional invisibility' while seeking support and help during the current pandemic (Purdie-Vaughns & Eibach, 2008, p.380).

'Intersectional invisibility' refers to the experience of being invisible or 'unseen' because of a woman's membership of a number of Minoritised groups (Purdie-Vaughns & Eibach, 2008, p.380). On the one hand, racially Minoritised women are neither the prototypical/dominant image of a 'Black person' or a 'Person of Colour', nor the dominant prototype of 'women', therefore occupying multiple non-prototypical positions in identity groups, renders them invisible in a range of everyday life contexts (Jackson et al., 2022). This translates into contexts where the needs of racially Minoritised women are not understood or met, for example in (domestic abuse) policy landscape, mental health provision, and so on. On the other hand, Minoritised women often become 'hypervisible' for the same reasons, through increased scrutiny and salience of their identity in contexts where they represent a deviation from the 'norm' of male whiteness (Settles et al., 2019). For example, in the context of racially Minoritised survivors of domestic abuse, data from the Crime Survey renders them 'hyper-visible' while being 'invisible' or 'unseen' in the provision of appropriate support services, which are not designed to accommodate their intersectional needs.

Therefore, to be able to comprehensively understand help-seeking in racially Minoritised women survivors of domestic abuse during the COVID-19 pandemic, it is crucial to consider the dynamic interaction of individual, interpersonal, contextual and socio-cultural factors that influence Minoritised women's experiences of domestic abuse, and their help-seeking behaviours. We utilise Liang et al.'s conceptual framework (2005) to help illustrate

how we can understand the complex interplay of how individual, interpersonal and sociocultural factors influence domestic abuse and help seeking in racially Minoritised women.

Liang et al's (2005) framework elucidates the recursive and non-linear process of help-seeking by women across three stages: recognising and defining the problem; making the decision to seek help; and selecting a source of help or support. Importantly, this framework illustrates how individual, interpersonal and sociocultural level factors may shape survivors' actions in each of the three stages. While the model does not explicitly cover the social position of the survivors, we can conceptualise help-seeking being influenced by factors at various levels outlined in the model along with the social position of the survivors. For instance, racially Minoritised survivors' definition of justice (individual) and experiences of criminal justice institutions as racist can reduce the likelihood of seeking help from such formal institutions, while availability of family networks (interpersonal) and practices of engaging with elders of the community (sociocultural) can facilitate help-seeking from these informal sources. In this case, Minoritised survivors' selection of a source of support is shaped by factors at multiple levels (e.g. sociocultural factors, interpersonal dynamics, individual perceptions) intersecting with the social position associated with their gender, race, ethnicity, disability, class and sexual orientation.

Individual Level Factors Influencing Abuse and Help-seeking in Minoritised Women

***Attitudes and Beliefs towards Violence*.** Previous research demonstrates the role of individual attitudes, beliefs and conceptualisation of violence on Minoritised survivors' definitions of abuse and help-seeking (Spencer et al., 2014). However, the literature reports mixed findings. For example, while some research suggests perceptions of severity of violence are associated with greater likelihood of help-seeking (Hanson et al., 2019; Ammar et al., 2013), other research indicates that increased severity of violence and identification of multiple forms of violence are not associated with greater likelihood of seeking help, (Cho et al., 2020; Femi-Ajao, 2018), suggesting that the role of perceptions of severity of violence on choice to seek help is not straightforward. On the one hand, it may be intuitive to assume

that perceiving violence to be severe may motivate help-seeking, however, normalisation of violence can lead to less help seeking, or women may be too frightened to seek help that would threaten a very violent perpetrator. This study seeks to provide further clarification and exploration in a pandemic context on this point.

***Self-silencing*.** Silencing the self refers to the failure to express one's needs when they are in conflict with the partners' needs, in order to preserve and maintain intimate relationships (Jack, 1991; Pokharel et al., 2020). Research has shown that silencing of the self (Jack & Dill, 1992) has a negative impact on the quality of intimate relationships (eg, relationship dissatisfaction, miscommunication), which acts as a potential risk factor for intimate partner violence and victimisation in women (Inman & London, 2022). In cases of domestic abuse, help-seeking requires prioritising of the self and acknowledgement and understanding of the conflict between one's needs and values with those of the partner, suggesting that self-silencing should impede help-seeking (Abrams et al., 2019; Baeza et al., 2022). However, studies suggest that Minoritised women often use self-silencing as a coping strategy for partner abuse (Emran et al., 2020; Fernández-Esquer & McCloskey, 1999), while actively engaging in help-seeking from external sources (Barclay, 2004; Campbell et al., 1998). This demonstrates the importance of considering 'race' and 'ethnicity' when exploring the role of self-silencing in help-seeking for domestic abuse.

***Autonomy*.** The role of autonomy and agency in Minoritised women's help-seeking behaviours is equivocal. Outside the pandemic, some research has demonstrated that loss of agency, autonomy or financial dependency among Minoritised survivors of abuse is associated with less help seeking (Ahmad et al., 2009; McCleary-Sills et al., 2016). Other research suggests that increased autonomy of women confers greater risk of domestic abuse and also reduces help-seeking perhaps due to increased departure from the traditional norms for men and other family members who may resort to more control and dominance to re-assert their power through abuse and violence (Bengesai & Khan, 2021; Paul, 2016; Tenkorang, 2018). This indicates that the role of autonomy in domestic abuse

and help-seeking is not simple and to understand its influence, it is important to explore the wider context in which it operates.

Interpersonal and Sociocultural Factors Influencing Abuse and Help-seeking

Family Functioning and Social Support. Family functioning refers to how well all the family members get along, interact and communicate effectively, highlighting the social and structural aspects of the family environment (Lewandowski, 2010). This concept is distinct from domestic abuse in that domestic abuse relates to acts of violence across emotional, financial, sexual, physical and coercion spheres and may or may not happen within the family environment and can be perpetuated by personally connected members who may not be a family (eg, intimate partners who do not live together as a family), while family functioning is concerned with the interactions, organisation, structure and cohesion within the family environment among family members.

The level of family functioning influences the likelihood of abuse such that poorer family functioning is associated with an increased likelihood of violence (Kivelä et al., 2019) and influences the decision to seek help from outside (Petersen et al., 2004). However, research by Kang (2012) demonstrates that contrary to expectation, there is a decreased likelihood of family violence in Minoritised groups when family environment related aspects such as decreased stability and reduced resources are considered. In addition to such mixed results, some research suggests that the collectivistic nature of the family environment, need to maintain close ties within the family and competing needs of various family members in many Minoritised communities (Montalvo-Liendo, 2009) influences the perception of abuse and Minoritised women's willingness and patterns of help-seeking. All of this suggests that family functioning influences Minoritised women's domestic abuse and help-seeking in context-specific ways and needs to be explored in the pandemic.

In cases where Minoritised survivors recognise abuse, factors pertaining to social networks and agencies such as fears of deportation or arrest of immigrants (Gangoli et al., 2018; Gill, 2004) and experiences of institutionalised racism towards their partner and/or family by the criminal justice system (Coles & Pasek, 2020; Rizo & Macy, 2011) may act as

a deterrent to seeking formal help. On the contrary, research has identified that Minoritised women greatly rely on informal support networks (e.g. friends and family) as a way of seeking help for the abuse they experience (Anyikwa, 2015; Femi-Ajao, 2018). Studies have also highlighted the role of children as both a barrier as well as an incentive (Meyer, 2010) in Minoritised women's decision to seek help. While some research demonstrates that concern to protect children from the negative effect of violence acts as a facilitator in seeking help (Femi-Ajao, 2018; Randell et al., 2012), other research indicates that fear of children being taken away and prospective challenges of raising them alone act as barriers to help-seeking (Anitha, 2008; Hulley et al., 2022). It would therefore be interesting to explore the role of social support in help-seeking in Minoritised women experiencing domestic abuse in the pandemic.

Sociocultural Norms. Sociocultural influences such as protecting the honour of the family and community (Wellock, 2010), expected silence of women (Clark et al., 2018), and normalisation of controlling behaviours as part of the marital relationship (Ammar et al., 2013) perpetuate the justification of violence, and can not only impact women's ability to recognise abuse but also their willingness to seek help and the type of support they select (Sandhu & Barrett, 2020). A multitude of studies with Minoritised women have underscored the importance of social and community norms (Mahapatra & Rai, 2019), cultural nuances and practices (Burman et al., 2004; Kasturirangan et al., 2004) as factors influencing disclosure and patterns of help-seeking in non-linear ways.

The present study

Critically, it is likely that the COVID-19 pandemic influences the aforementioned factors in dynamic and complex ways, in turn affecting experiences of domestic abuse and help-seeking behaviours of Minoritised survivors. For example, job losses and economic consequences of the pandemic (Ertan et al., 2020) have the potential to diminish the agency of Minoritised survivors, with the increased likelihood of employment precarity contributing to their financial dependency (Fisher & Ryan, 2021), further influencing conflict within the family and choices and patterns of seeking help.

Therefore, there is an urgent need for research on domestic abuse in marginalised populations during the COVID-19 pandemic (Akel et al., 2022; Smith et al., 2020). It is important to consider the convergence of individual, interpersonal, and sociocultural factors in order to understand Minoritised women's experiences of domestic abuse, whether they engage in help-seeking behaviour and the choice of help-seeking strategies they employ. Further, current understanding of this behaviour is limited by mixed findings regarding the influence of these factors. Using an intersectional Black feminist framework, the present study aims to provide clarification on these issues by assessing the experience of domestic abuse and help-seeking in Minoritised women during the COVID-19 pandemic. We conducted an online survey to explore the influences of sociocultural norms, interpersonal dynamics, attitudes to violence and access to social support of Minoritised women on whether they experience domestic abuse and whether they engaged in help-seeking.

We hypothesised that Minoritised women's autonomy, self-silencing, attitudes towards domestic violence, level of family functioning and sociocultural norms will significantly predict whether they report having experienced domestic abuse (Hypothesis 1). With respect to help-seeking, it is predicted that frequency and/or severity of abuse will significantly predict help-seeking among the participants who experience abuse (Hypothesis 2). Similarly, it is hypothesised that access to social support, levels of autonomy, self-silencing, attitudes towards domestic violence, family functioning and sociocultural norms will significantly predict help seeking among those participants experiencing abuse (Hypothesis 3). The current study is part of a wider study and has been pre-registered on the Open Science Framework (OSF): https://osf.io/sw7ay/?view_only=91103480beff45a78b87ff9e77b086ef.

Method

Participants and Design

In this phase, our participants were 1202 self-identified racially Minoritised women (*Mage* = 31.38 years, *SDage* = 9.46 years; Age range: 18-71 years; two participants did not report their age) in intimate partner relationships (e.g. married, cohabiting, civil partnership)

residing in the UK: 47.3% identified as Asian, 20.5% as Black, 24.2% as of Mixed ethnicity, and 8% identified as women from 'Other' Minoritised communities (e.g. Arab) (see Table 2.1 for detailed sample characteristics).

We designed an online survey using a cross sectional cohort design to collect data during February to July 2021 when the third national lockdown in the UK was in place. The lockdown mandated that everyone stay at home with closure of schools, nurseries and non-essential retail, hospitality and other services were closed. People were allowed to only leave homes if they wanted to shop for basic necessities or exercise once a day within one's local area.

We used purposive and snowball sampling. Recruitment was conducted through social media (e.g. Facebook, Twitter, Reddit), Prolific (an online participant recruitment platform), networks of the co-researchers and partner organisation such as charities working with Minoritised survivors of domestic abuse, groups and volunteers' databases of the University. Participants recruited through Prolific were paid at the recommended rate of £7.50/hour and all other participants were given the option to enter a prize draw to win 1 of 25 £20 and 1 of 30 £10 online shopping vouchers.

Power analysis via G*Power (version 3.1) was carried out for all proposed analyses. Assuming a small effect size (r = .10) and *alpha* = .05 for all analyses, the largest estimated sample size to obtain 80% power was 782 participants. As such, we aimed to recruit 2346 participants overall (782 in each of the following ethnic groups, Black, Asian and Mixed ethnicity). We had not achieved our target sample size when the lockdown measures were lifted in July 2021. We therefore made a pragmatic choice to combine data from all ethnic groups in our analyses, in order to maximise power.

Procedure and Measures

Following ethics approval from the Departmental Research Ethics Committee in the University, we administered the questionnaire via the online survey platform, Qualtrics. There was a pre-screening question in the survey about ethnicity/race and the platform,

Prolific, also pre-screened participants before facilitating us with the recruitment of racially Minoritised women participants.

Participants completed socio demographic questions followed by questions on silencing the self, attitudes towards partner violence, family functioning, autonomy, domestic abuse, social/community norms, help-seeking and social support, as described below. We decided that the domestic abuse items will be included in the middle of the questionnaire owing to the triggering nature of the topic and inability of the researchers to gauge the circumstances of the participants while completing the questionnaire (e.g. locked in with the perpetrators). The order of the items was, therefore, kept constant for all the participants. They were signposted to a list of support/advice resources throughout the questionnaire (e.g. contact details of BME specialist domestic abuse services/charities, counselling helplines, mental health resources) to address such concerns. The participants were given the option to close the browser in case of any issues (e.g. potential danger, trauma, fatigue) and return to it at a later time if they wished to.

Following our discussions and deliberations, the following measures were used in the present study:

Silencing The Self Scale. Silencing The Self Scale (Jack & Dill, 1992) is a 31 item questionnaire used to measure normative beliefs about the role of a "good woman" in intimate-partner relationships (e.g. *"In a close relationship my responsibility is to make the other person happy"*). Agreement with each statement is scored on a 5-point scale (*Strongly disagree* to *Strongly agree*), with items 1, 8, 11, 15, 21 reverse scored. A higher mean score indicates greater silencing of the self. Internal consistency for this scale in the current sample was excellent (Cronbach's α = .91) and similar to past research (Cronbach's α: .86 - .94: Jack & Dill, (1992)).

Attitudes towards Intimate Partner Violence. The Inventory of Beliefs about Intimate Partner Violence (IBIPV) (García-Ael et al., 2017) is a 22 item questionnaire used to measure attitudes and beliefs towards Intimate Partner Violence (e.g. *"Occasional violence towards the woman can help maintain a relationship"*). Agreement with each statement is

scored on a 7-point scale (*Totally disagree* to *Totally agree*), with items 6, 15, 16, 17, 18, 19, 20, 21, and 22 reverse scored. A higher mean score reflects more tolerant or greater normalisation of attitudes towards abuse against women among the participants. Internal consistency for this scale in the current sample was good (Cronbach's α = .87) and similar to past research (Cronbach's α levels of .71 to .93 across the three subscales: García-Ael et al., (2017)).

Family Functioning. The level of family functioning was measured using the 19-item Brief Family Relationship Scale (BFRS) (Fok et al., 2014) which is adapted from the 27-item Relationship dimension of the Family Environment Scale (FES) developed by Moos (1994), consisting of cohesion (e.g. *"In our family we really help and support each other a lot"*), expressiveness (e.g. *"In our family we can talk openly in our home"*) and conflict (e.g. *"In our family, we argue a lot"*) subscales which asked participants to respond how frequently such was the case in their family during the lockdown. Each item is scored on a 3-point scale (0 *(Not at all)* to 2 *(A lot)*), with items 2, 5, 9, 11, 13, 19 reverse scored. A higher mean score indicates better family functioning. Internal consistency for the overall scale in the current sample was excellent (Cronbach's α = .92).

Autonomy. In order to measure the degree of empowerment, agency and autonomy participants have in their own life, a template based on the definition and components of autonomy developed by University of Oxford (Burchardt et al., 2012) was used in the present study. This included 6 items from the generated template about autonomy in decision making and quality of options in life (e.g. *"I feel like I am free to decide for myself how to live my life."*:5 point scale ranging from 1 *(Strongly Agree)* to 5 *(Strongly Disagree)*); 2 items about autonomy in relationships (e.g. *"Do you feel free to form or maintain a relationship with someone of your choosing without external pressures?"*: 5 point scale ranging from 1 *(Never or almost never)* to 5 *(Always or nearly always)*) and 1 item about the relevance of improving autonomy in relationships for the participants (e.g. *"How important would it be for you to see an improvement in this aspect of your life?"*: 5 point rating scale ranging from 1 *(Not important at all)* to 5 *(Very important)*). Three items were reverse scored. The final score was

calculated by taking an average score on all the 9 items with higher scores reflecting greater choice and autonomy in the lives of the participants. Internal consistency for this scale in the current sample was good (Cronbach's α = .75)

Domestic Abuse. The Composite Abuse Scale (Revised)-Short Form (CASR-SF) (Ford-Gilboe et al., 2016) and the Controlling Behaviours Scale-Revised (CBS-R) (Graham-Kevan & Archer, 2005) were used to assess whether and to what extent the participants experienced any form of abusive behaviours from their partner and/family member(s) during the lockdown.

The Composite Abuse Scale (Revised)—Short Form (CASR-SF) (Ford-Gilboe et al., 2016) is a 15 item questionnaire measuring physical (e.g. *"My partner shook, pushed, grabbed or threw me"*), sexual (e.g. *"My partner made me perform sex acts that I did not want to perform"*) and psychological abuse (e.g. *"My partner blamed me for their violent behaviour"*), with a focus on severity and intensity of experiences. The participants were first asked if they had experienced each of the behaviours (*Yes/No*) and a 'yes' response was assigned a score of 1. The total score on this question was calculated by taking a sum of the scores on the 15 items. We decided that to examine differences between people who self-reported experiencing abuse and those who did not, the total scores ranging from 0-15 were re-coded as no abuse (*coded as 0*) vs. presence of at least one abusive behaviour (*coded as 1*).

Participants who had responded 'Yes' to experiencing any of the abusive behaviours were then asked to rate how frequently they experienced each of the relevant behaviours during the past 12 months, using the options: 'not in the past 12 months', 'once', 'a few times', 'monthly', 'weekly', 'daily or almost daily' (*scored as 0-5*). Higher mean scores indicated greater frequency of physical, sexual and psychological abuse experienced by the participants.

The Controlling Behaviours Scale-Revised (CBS-R) (Graham-Kevan & Archer, 2005) is a 24 item questionnaire that measures controlling behaviours in the context of intimate-partner relationships across five subscales: Economic (e.g. *"Refuse to share money/pay fair*

share"), Threats (e.g. *"Threaten to disclose damaging or embarrassing information about you"*), Intimidation (e.g. *"Smash your property when annoyed/angry"*), Emotional (e.g. *"Tell you were going mad"*), and Isolation (e.g. *"Try to limit the amount of activities outside the relationship"*). Participants were asked to rate on a 5-point scale how frequently they experienced those behaviours in the past 12 months ranging from 0 (*Never*) to 4 (*Very Often*). The total scores ranging from 0-96 were again re-coded as no abuse (*coded as 0*) vs. presence of at least one abusive behaviour (*coded as 1*). Higher scores indicated greater frequency of abuse experienced by the participants.

Social/Community Norms about Partner Violence. To measure social or community (ethnic and/or religious) norms about Intimate Partner Violence, three of the six subscales of the Partner Violence Norm Scale (Clark et al., 2018) were used: one item in the *acceptability of violence* subscale (i.e., *"Husbands may use force to reprimand their wives because men should be in control of their families"*), two items in the *family primacy and honour* subscale (i.e., *"A woman who does not tolerate violence from her husband is dishonouring her family and should not be welcomed home."* and *"A woman who complains about her husband's violent behaviour is considered a disloyal wife by her in-laws"*) and one item in the *unacceptability of intervention in family affairs* subscale (i.e., *" A person who intervenes when a woman is being beaten by her husband would be considered to be interfering or meddling in the couple's private affairs."*). Participants were asked how many members of their community believed each of the four statements on a 4 point scale (0 (*no one in my community believes this)* to 3 (*everyone in my community believes this*)). Higher mean scores reflected stronger social norms or expectations about the normalisation of domestic abuse.

Help-Seeking. Help-seeking behaviour was assessed using the 39 item Intimate Partner Violence Strategies Index (IPVSI) (Goodman et al., 2003), which evaluates the use of specific strategies by women to stop, prevent, or escape from IPV. Specifically, 3 categories (out of 6) that represented active help-seeking behaviours were used: *legal* (e.g. *Sought help from legal aid*"); *formal network* (e.g. "*Talked to a doctor or nurse about abuse*");

and *informal network* (e.g. "*Stayed with family or friends*"). The participants were first asked if they had used any of the strategies (*Yes/No*). The total score ranging from 0-17 were further coded into two categories, namely, No help-seeking at all (*coded as 0*) for total scores of 0 and Presence of at least one help-seeking behaviour (*coded as 1*) for total scores ranging between 1-17.

Those who had responded 'Yes' to at least one of the help-seeking strategies (*participants' with scores ranging from 1-17*) were further asked to rate how frequently they used selected strategies to deal with conflict and abuse at home on a scale of 0 (*Never*) to 4 (*Very Frequently*). Higher mean scores reflected greater frequency of help-seeking.

Social Support. The Inventory of Socially Supportive Behaviours-Short Form (ISSB-SF) (Barrera & Baca, 1990) is a 19 item self-report measure designed to assess 'aid provision' i.e. how often individuals received various forms of social support such as directive guidance, tangible assistance, and positive social exchange in the past four weeks (e.g. *"Expressed interest and concern in your well-being"*). Participants were asked to rate how frequently other people performed those activities for them on a 5-point scale ranging from 0 (*Not at all*) to 4 (*Almost everyday*), with higher mean scores indicating greater levels of availability of social support.

Results

Sample Characteristics

We found that 66.7% of participants (*n* = 802) reported experiencing at least one abusive behaviour during the pandemic: 30.9% were Asian women, 13% were Black women, 17.5% were women of Mixed ethnicity and 5.3% were women from other Minoritised backgrounds. Amongst the 32.1% women who did not report experiencing any abuse, 15.8% were Asian women, 7.1% were Black women, 6.6% were women of Mixed ethnicity and 2.6% were women from other Minoritised backgrounds. (see Table 2.1 for further detail on sample characteristics).

Factors Influencing Domestic Abuse among Minoritised Women

A logistic regression was conducted to examine whether autonomy, self-silencing, attitudes towards partner violence, family functioning and sociocultural norms predicted the likelihood of experiencing domestic abuse during the COVID-19 pandemic. Results are partly consistent with Hypothesis 1 (see Table 3.1). In line with predictions, poorer family functioning (*OR* = 0.71, 95% *CI* [0.60, 0.84], $p < .001$), greater silencing of self (*OR* = 1.59, 95% *CI* [1.35, 1.87], $p < .001$) and stronger sociocultural norms (*OR* = 1.16, 95% *CI* [1.01, 1.34], $p = 0.035$) reflecting normalisation of domestic abuse predicted greater likelihood of abuse. However, at odds with our predictions, autonomy and attitudes towards partner violence did not significantly predict likelihood of domestic abuse.

Factors Influencing Help-Seeking for Domestic Abuse among Minoritised Women

Out of the 802 participants who experienced abuse, 20% (*n* = 160) reported having sought some form of informal, formal or legal help.

A logistic regression was conducted to examine whether frequency of abuse predicted the likelihood of seeking help among those participants who had self-reported experiencing abuse (*n* = 802). Consistent with Hypothesis 2, frequency of abuse predicted help-seeking among those participants who had self-reported experiencing abuse, such that increasing frequency of abuse (physical, sexual and psychological abuse measured by CAS: *OR* = 2.64, 95% *CI* [1.78, 3.91], $p < .001$; economic abuse, controlling and coercive behaviours measured by CBS: *OR* = 1.23, 95% *CI* [1.03, 1.47], $p = 0.023$) was associated with an increase in the odds of seeking help (see Table 3.2).

Finally, a logistic regression was conducted to examine whether availability of social support, sociocultural norms, level of family functioning, self-silencing, attitudes towards violence and autonomy levels predicted the likelihood of help-seeking among participants who had experienced abuse during the pandemic. Results are partially consistent with Hypothesis 3 (see Table 3.3). In line with predictions, greater availability of social support (*OR* = 1.59, 95% CI [1.31, 1.93], $p < .001$), poorer family functioning (*OR* = 0.65, 95% *CI* [0.54, 0.80], $p < .001$), greater self-silencing (*OR* = 1.32, 95% *CI* [1.06, 1.64], $p = 0.031$), greater normalisation of attitudes towards violence against women (*OR* = 1.24, 95% *CI*

[1.04, 1.48], p = 0.015), and stronger sociocultural norms about normalisation of domestic abuse (*OR* = 1.25, 95% *CI* [1.04, 1.49], p = 0.015) predicted greater likelihood of help-seeking. However, at odds with predictions, autonomy did not significantly predict the likelihood of seeking help.

Discussion

The aim of the present study was to assess, using a cross sectional survey, Minoritised women's experiences of domestic abuse and help-seeking in the UK during the third national COVID-19 lockdown (March 2020-July 2021). The results demonstrate that two-thirds (66.7%) of the women experienced at least one instance of domestic abuse, whilst only one-third of those women sought help during that time. We explored how the role of individual, interpersonal and sociocultural factors were related to the likelihood that women who experienced abuse, subsequently sought related help. Findings demonstrate that women who experienced greater self-silencing, poorer family functioning and stronger sociocultural norms about normalisation of violence were more likely to experience domestic abuse. Furthermore, greater availability of social support, stronger socio-cultural norms reflecting normalisation of violence, poorer family functioning, greater self-silencing and stronger attitudes towards normalisation of violence against women increased the likelihood of help-seeking.

By comparing Minoritised women's experiences of domestic abuse pre-pandemic and over the lifetime, the present study lends support to the existence of a 'shadow pandemic' among racially Minoritised women in the UK. The proportion of our sample (66.7%) who reported experiencing domestic abuse during the 5-month study period is substantially higher than global WHO figures, which estimate that one third of women experience violence and abuse by an intimate partner or non-partner in their lifetime (Garcia-Moreno et al., 2006). Furthermore, estimates of domestic abuse amongst Minoritised women outside the pandemic, are reported to range between 4.4% - 9.4% (Office for National Statistics, 2020). This comparison suggests that the COVID-19 pandemic, like other humanitarian crisis situations, creates conditions conducive for increasing domestic abuse

against women (Gibbs et al., 2020; Molyneaux et al., 2020). It further supports the "syndemic" (or synergistic epidemic) perspective proposed by Stark et al., (2020), by demonstrating the interconnectedness of both epidemics — domestic violence and COVID-19. This suggests that greater resources should be directed to domestic abuse support providers (e.g. victim support organisations, criminal justice institutions) during pandemics and humanitarian crisis situations.

Our results also highlight a number of factors associated with an increased likelihood of Minoritised women experiencing domestic abuse during the COVID-19 pandemic. We demonstrate that women who experience greater self-silencing, poorer family functioning and stronger sociocultural norms about the normalisation of violence are more likely to experience domestic abuse. Our findings provide support for the conceptual premise that pandemics, like most public health emergencies, have the potential to strengthen existing unequal gender relations, hegemonic systems, power imbalances and structural inequalities in relational and sociocultural contexts, thus increasing the likelihood of violence against women (Dlamini, 2020). We suggest that future research accounts for such complexity in understanding domestic abuse in women.

In the current study, the proportion of domestic abuse survivors who sought help for domestic abuse was lower than global estimates. While UN Women estimate that approximately 40 percent (UN Women, n.d.) of those who experience abuse seek any form of help, our study found that only 20 percent of those who reported experiencing abusive behaviours during the pandemic sought help. This difference likely reflects the disproportionate impact of the pandemic on both domestic abuse and help-seeking, in that being locked in with the perpetrator(s) increases the scale of the violence at the same time as restricting access to support systems. Other research has observed this 'pandemic paradox' (Bradbury-Jones & Isham, 2020) and the detrimental consequences of the stay-at-home orders on the help-seeking decisions and patterns of Minoritised survivors (Kaukinen, 2020). Future qualitative research might explore the challenges and barriers faced by Minoritised survivors through in-depth accounts in order to inform the development of more

nuanced or responsive support systems that would facilitate help-seeking in future pandemics.

In reference to Liang et al (2005)'s framework, our findings demonstrate that help-seeking is a complex multifactorial process shaped by a wide range of factors operating at multiple levels. We found that Minoritised women who reported more frequent and severe abusive experiences during the COVID-19 pandemic were more likely to seek help and support. These results are consistent with a large body of previous research that demonstrates that Minoritised survivors often wait until at breaking-point before seeking help for domestic abuse (e.g. Ben-Porat, 2020; Harper, 2021). Taking into consideration the notable surge of domestic abuse prevalence and intensity (Lausi et al., 2021) and limited access to resources for seeking help (Speed et al., 2020) compounded with its mental health consequences (Sediri et al., 2020) during the pandemic, this finding suggests the considerable scale of survivors who would have been at breaking-point without reaching out for support. This underscores the need for establishing immediate responsive plans and strategies during crisis situations tailored to the specialised needs of Minoritised survivors, to enhance their options and decisions to seek help and support. For example, emergency and crisis funding options to support digital or remote infrastructure in the domestic abuse landscape, strengthening the third sector with resources to expand service delivery and outreach activities, working within the communities to help reach out to survivors through link workers.

Whilst there were mixed patterns in the literature, our findings indicated that greater availability and accessibility of social support was the most important factor in increasing the likelihood of help-seeking among Minoritised survivors during the pandemic. Although availability of social support is crucial in facilitating help-seeking among survivors, social distancing measures and stay-at-home orders during the pandemic made it difficult for survivors to access social support (Kaukinen, 2020). This demonstrates the critical importance of developing resources, services and support systems that can continue to effectively provide support during such crisis situations, in order to facilitate help-seeking

among survivors. For example, support systems embedded in communities such as solidarity spaces and networks and establishing relationships with community link workers to external agencies and services. It is therefore critical for future research to explore the experiences of both formal and informal social support networks of Minoritised survivors during the COVID-19 pandemic, to build our understanding of barriers and facilitators of providing effective and equitable support.

Our findings demonstrate that greater self-silencing in the relationship and poorer family functioning levels among the survivors predicted help-seeking in the pandemic context. Suppressing one's own needs to preserve intimate relationships, along with the lack of social connection or trust within the family environment, may encourage survivors to seek help and support outside the family unit. Evidence for this has been found in some previous studies (Gayer et al., 2020; Strang et al., 2020). This reinforces the need for strengthening alternative avenues for trust and connection outside the immediate family environment of Minoritised survivors in crisis situations. Additionally, as described earlier, it appears that self-silencing may act as a coping strategy in Minoritised women, encouraging more active forms of resisting abuse by seeking help (Campbell et al., 1998). This has important theoretical implications for understanding 'self-silencing' in Minoritised women as a means of safety planning, resistance and protecting oneself from escalation of harm during emergency situations.

We also found that socio-cultural norms about 'normalisation of violence' and participants' own 'normalised' attitudes towards violence against women increased the likelihood of seeking help among those who experienced abuse. While seemingly counterintuitive, these findings may be attributed to the altered social context during the pandemic, resulting from the social isolation of being locked in with the perpetrator(s). The lockdown measures, along with the social, psychological and economic consequences of the pandemic context escalated the intensity of abuse (Ertan et al., 2020). Based on our findings, we hypothesise that this altered context had a likely impact on survivors' decisions to seek help despite attitudes and norms reflecting 'normalisation' of violence. Our findings

contribute to the existing literature by shedding light on the influence of the pandemic context on social norms and attitudes of help-seeking in Minoritised women.

From an intersectional lens, our findings also challenge the stereotypes of racially Minoritised domestic abuse survivors as 'victims of their culture' (Crenshaw, 1991; Sokoloff & Dupont, 2005) as they seek help, regardless of community norms reflecting 'normalisation' of violence. Negative stereotypes regarding Minoritised communities tend to blame minority cultures for violence against 'their women', while downplaying the contextual, systemic and structural issues that can influence help-seeking, such as experiences of racism, discrimination, class oppression, migration, marginalisation and social exclusion (Dasgupta, 2007; Taft et al., 2009; Waller et al., 2021). These further calls attention to the critical role of exploring the wider social context and the dynamic interplay of factors at multiple levels in influencing the choices of seeking support by racially Minoritised domestic abuse survivors. Thus, it brings into question the current 'de-contextualised' notion of help-seeking as an individual choice or act taking place in a vacuum devoid of the larger socio-political context.

There are important implications of this study, including the need to develop interventions or programs that can facilitate help-seeking such as accessibility of social support systems or networks, strengthening the temporality and immediacy of responsive strategies and concurrently confront and examine the systemic and structural inequalities, barriers and power relations. Theoretically, we present the pandemic as a 'critical juncture' in the field of violence against women and girls as the study highlighted the 'shadow pandemic' of domestic abuse along with the intersecting racialised and gendered dimensions. We also indicate the need to explore the construct of 'self-silencing' in the context of racially Minoritised women survivors' strategies of seeking help. Our findings imply the role of the altered social context during the pandemic in shifting the established effects of socio-cultural norms and individual attitudes on help-seeking behaviours and choices of racially Minoritised survivors. We contribute to the larger conversations on domestic abuse by challenging the 'onus' on Minoritised survivors to seek help by demonstrating the role of the interplay of factors at various levels and in a wider social context.

Limitations

Despite surveying a large community sample of Minoritised women, one of the major limitations of this study was the inaccessibility of our online English language survey, in light of the well-documented 'digital divide' and linguistic barriers experienced by Minoritised groups (Poole et al., 2021; Yong & Germain, 2022). Further efforts are needed to explore the voices of women with more diverse linguistic and digital accessibility needs. Because of challenges in recruiting a large enough sample size, this study was further limited in its understanding of patterns within each of the Minoritised groups that were surveyed, giving the impression of a homogenised understanding of their experiences, which we do not advocate for otherwise. Additionally, whilst the current study provided insight into the relationship between experiences of domestic abuse and help-seeking and the role of individual, interpersonal and sociocultural factors, we cannot infer causality from a cross sectional survey. We also recognise the limitation of survey methods in capturing the nuanced dynamics of Minoritised women's lives and their decisions to seek help. Future research can work with (and not on) Minoritised survivors to explore the nuances through their narratives.

Conclusion

Our study is one of the first to provide time-sensitive evidence of the experience of domestic abuse and help seeking among Minoritised women in the UK during the COVID-19 pandemic. Results demonstrate that contextualising the individual in the social context, systems and structures is essential to understand the domestic abuse experiences and help-seeking patterns of Minoritised women during the pandemic. We call for future research to take more tailored approaches to domestic abuse and help-seeking and account for the complex role of individual, interpersonal and sociocultural factors within a crisis context, including the need to develop interventions and actions that increase the accessibility of social support systems and strengthen the immediacy of response strategies.

Reflections (inquiry phase)

In the inquiry phase, I constantly felt the pangs of the failure to share control of the whole research process. With no quantitative methods training with my co-researchers, I was left wondering if I had managed to share power at all, despite all the relationships and trust-building. Sharing my concerns with my co-researchers meant opening up conversations to share their interests and aspirations on why we took this approach and how will we do it. I was struggling with my fears and concerns about not being as equitable as we said we would and the notion of this phase, and in turn my research project being self-serving was deeply troubling to me. Since this phase was during the uncertainty of the third lockdown in the UK, being flexible and responsive to the ever evolving circumstances was of utmost importance. It was equally important to be mindful of our co-researchers' capacity during such heightened period of risks. Our open and honest conversations meant that co-researchers expressed that their interests were more around interpreting the results. This helped me realise that participatory processes are a continuum where different circumstances and interests meant that there will be different entry points on the continuum.

Embracing and centring co-researchers' perspective meant that selecting the concepts we aspired to explore in the survey, the scales we would use to do that, designing our hypotheses together and the shared meaning making of the results was of utmost importance in the process than running statistical analysis. We discussed how quantitative results can have myriad interpretations and our purpose was to use the present phase of findings to advocate the need for social change rather than create a 'deficit narrative'. Centring the co-researchers in the interpretation of the findings was of utmost importance in this phase as they reiterated the principles of Black feminism underpinning our approach to research. They shared how this phase can be viewed from a strategic perspective to mobilise political support. Thus, in retrospect I realised that it is important to be flexible, honest and open to make space for sharing the voice about how things will be done, instead of trying to force the imagined ideal of participation. This phase elucidated the complexities of doing PAR during a global crisis. Reflection was an iterative part of our process and was key to unlearning and learning in the process.

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Tables

Table 3.1

Results of logistic regression of factors influencing domestic abuse in Minoritised women

Predictor(s)	B	SE B	OR	95% CI for OR		*p*
				Lower	Upper	
Family Functioning	-0.338	0.084	0.71	0.6	0.84	<.001
Silencing of Self	0.462	0.082	1.59	1.35	1.87	<.001
Socio-cultural norms	0.151	0.072	1.16	1.01	1.34	0.035
Autonomy	-0.13	0.087	0.88	0.74	1.04	0.134
Attitudes towards partner violence	-0.125	0.068	0.88	0.77	1.01	0.064

Table 3.2

Results of logistic regression examining frequency of abuse as a predictor of help-seeking in Minoritised women

Predictor(s)	B	SE B	OR	95% CI for OR		*p*
				Lower	Upper	
Frequency of Abuse as measured in CAS-SF	0.97	0.2	2.64	1.78	3.91	<.001
Frequency of Abuse as measured in CBS	0.205	0.09	1.23	1.03	1.47	0.023

Table 3.3

Results of logistic regression of factors influencing help-seeking in Minoritised women

Predictor(s)	B	SE B	OR	95% CI for OR		*p*
				Lower	Upper	
Social Support	0.464	0.098	1.59	1.31	1.93	<.001
Family Functioning	-0.427	0.102	0.65	0.54	0.8	<.001
Silencing of Self	0.243	0.113	1.32	1.06	1.64	0.031
Socio-cultural norms	0.222	0.091	1.25	1.04	1.49	0.015
Attitudes towards partner violence	0.215	0.089	1.24	1.04	1.48	0.015
Autonomy	-0.093	0.115	0.911	0.728	1.141	0.418

Phase 2: Exploration

Chapter 4: It's like our experience of violence is not contained to the four walls of the house, we are violated everywhere we go…and the pandemic made things worse: Narratives of domestic abuse, mental health and help-seeking in the pandemic

Introduction

Violence against women and girls is a gross human rights violation. Research has demonstrated that unequal gender relations, power asymmetry and patriarchal norms are important causes of violence against women (Pence & Paymar, 1993) and have the potential to amplify risk factors during times of crises including public health emergencies, especially during situations of lockdown, quarantine and social isolation (Al Gasseer et al., 2004; John et al., 2020). During the COVID-19 pandemic, such restrictions were put in place globally. The UK government implemented a nationwide lockdown asking the public to stay at home to 'stay safe', presuming the home to be a safe space from the risks of the pandemic. However, this assumption of safety does not resonate with the realities of women and girls experiencing domestic abuse (Gill & Anitha, 2023). There were widespread reports of escalation of domestic abuse cases throughout the country (Bradbury-Jones & Isham, 2020; Kelly & Morgan, 2020).

The COVID-19 pandemic became a 'conducive context' (Kelly, 2016) for domestic abuse as it intensified existing challenges and created new patterns of control and abuse in the domestic sphere (Richardson-Foster et al., 2022). Emerging research has also highlighted the gendered and racialised nature of the pandemic context through its disproportionate impact on marginalised communities by exacerbating pre-existing structural inequalities (Murray, 2020; Thiara and Roy, 2022). Thus, the pandemic's unequal impact on Minoritised communities, compounded with the heightened risk of domestic abuse during lockdown restrictions resulted in a particularly precarious and challenging set of circumstances for racially Minoritised women.

Since women do not lead single-issue lives (Lorde, 1984), domestic abuse does not affect all women in the same way. Black and Minoritised women have particular and unique experiences arising out of the intersection of gender with other systems of social power such as those based on race, ethnicity, immigration status and the like (Crenshaw, 1989). For example, criminalisation of racially Minoritised survivors by the police, limited familial support

and isolation on account of migration, labelling and inappropriate responses from statutory and voluntary agencies, expectations of strength and resilience to cope with distress based on the ‘Strong Black Woman’ stereotype can impede racially Minoritised survivors from seeking help and support (Anitha et al., 2018; Hill Collins, 2000; Mama, 1989; Thiara & Gill, 2010). This illustrates how the wider structural context such as racism, hostile immigration environment, state funding and welfare policies, economic disparities acts as sites of violence and abuse for the women and continues to be retained in domestic spheres. Furthermore, the ‘continuum of oppression’ (Kanyeredzi, 2018) experienced by racially Minoritised women survivors of domestic abuse puts them at greater risks of debilitating mental health and wellbeing issues (Edge, 2010; Kalathil, 2011). Therefore, in order to understand the nature of abuse experienced by Black and Minoritised women and its impact on them, it is necessary to undertake an intersectional analysis that acknowledges the intertwined influence of gender with race, ethnicity, class, disability, immigration status, faith and the like.

Drawing on Black feminist thought, intersectionality helps us understand how various interlocking systems of domination and oppression (e.g. race, gender, class) are simultaneously experienced by those women who live at the intersections of multiple identities (Crenshaw, 1989), thus highlighting how all racially Minoritised women would not experience the same marginalisation (Collins, 2000). It recognises that these multiple disadvantages and/or oppressions cannot be viewed by taking an additive model or framework where the inequality experienced with each aspect of one’s identity (e.g. being a South Asian and being a woman) is simply added, further leading to an inability to assess and respond to the unique needs of the Minoritised women experiencing abuse in context-specific ways (Ghavami & Peplau, 2013). It illustrates that marginalisation is never totalised without opportunities to resist and intervene (Kanyeredzi, 2016). Thus, it is used in the present research as a tool to contextualise the domestic abuse, mental health and help-seeking experiences of racially Minoritised survivors in the pandemic context to better support practice and policy.

A growing body of evidence internationally has revealed worrying insights into the lived experiences of domestic abuse victim-survivors in the pandemic context, including worsening mental health concerns, limited support and heightened financial distress (Barbara et al., 2020; Dawsey-Hewitt et al., 2021; Lyons & Brewer, 2022; Ravi et al., 2022; Sabri et al., 2020). In light of these concerns and as argued above, it is imperative that we prioritise the needs of racially Minoritised survivors of domestic abuse in order to improve support provision and policy landscapes. A few studies have focused on the experiences of Black and Minoritised specialist support providers to highlight the needs of survivors (Gill & Anitha, 2023; Thiara & Roy, 2022). However, there is a notable gap in research that engages directly with racially Minoritised women survivors about their experiences in the pandemic.

The present study therefore aims to address this gap in knowledge to understand and explore the specific and unique experiences of racially Minoritised survivors of domestic abuse in the context of the COVID-19 pandemic through in-depth semi-structured interviews. The objective is to tune in to their voices and narratives to explore and understand (i) What was their experience of domestic abuse in the pandemic context? (ii) How did it impact their mental health and wellbeing? (iii) What was their experience of seeking support and help during the pandemic?

Method

Design

Qualitative semi-structured interviews were conducted in the current study. Semi-structured interviews are helpful to gain rich and detailed insight into the experiences, perspectives and understandings of participants (Clarke & Braun, 2013), while also allowing for a balance between structure and flexibility. This allows for capturing the main focus of interest for all the participants while also giving space for variation in people's unique experiences and exploring the unanticipated concerns and issues that might arise in the course of the conversation (Anderson et al., 2023). Participants were given a choice between face-to-face and online interviews and all of them chose to meet in person. With

pragmatic considerations of participants' choice, time and resources (Braun & Clarke, 2021), we conducted a total of twenty face-to-face interviews.

Participants

The eligibility criteria for this study included: (a) aged 18 years or older (b) self-identified as racially Minoritised women in the UK experiencing domestic abuse in the pandemic. Participants (*n*= 20) were between the ages of 24 and 58 years old (*M* = 37.8 years, *SD* =10.65) and included three of the co-researchers. Participants identified as being of Pakistani (*n* = 8), African (*n* = 3), Indian (*n* = 3), Bangladeshi (*n* = 2), Afghan (*n* = 1), Arab (*n* = 1), Caribbean (*n* = 1) and Chinese (*n* = 1) heritage. Almost one-fourth of the participants were born in the UK (*n* = 5) and the rest of them had immigrated within the last three to thirty-eight years. A total of thirteen participants were separated (two of them had their divorce case ongoing at the time of the interview), six were divorced and one was married. Thirteen participants had between 1-4 children and seven of them did not have any children. Full participant demographics are detailed in Table 4.1. Purposive sampling was used to recruit participants with the help of the community partner organisation (such as local women's community centres, specialist Black and Minoritised domestic abuse charities).

Procedure and Materials

Ethical approval was obtained from the Ethics Committee. Recruitment was carried out with the help of the partner organisations' networks, contacts of the researcher, and emails to women's centres or community centres and spaces for racially Minoritised women, as well as charities working with racially Minoritised women in the community (e.g., a few charities in the south of England). Recruitment advertisement was also shared with people who had expressed interest in a previous study about participating in further stages of the research. After reviewing the recruitment advertisement and the participant information sheet, interested individuals completed a short expression of interest form, which consisted of questions about the inclusion criteria, their preferred modality, language and location for the interview and available date and time. Those who expressed interest and met the criteria were contacted to confirm their place. Participants were invited to contact the researcher if

they have had any further questions at this point and were sent the consent form. However, all the participants preferred to sign the consent form on the day before the start of the interview. Interviews were conducted and recorded in multiple languages. Each interview began with a brief greeting and an overview of the procedure.

In total, we conducted twenty interviews (10 in English and the other 10 in Hindi, Urdu, Punjabi and Bengali), where participants were asked questions regarding their experiences of domestic abuse and seeking support in the pandemic context and the impact on their mental health. (see the Appendix for the interview guide). In addition to exploring the topics in the interview schedule, the discussion was guided by what was meaningful to the participants and interwoven with their experiences and priorities.

Participants chose the local community centres and/or domestic abuse charity spaces as their preferred location for the interviews. We also had emotional support access in place through in-house mental health counsellors and support workers during the interviews, in case participants needed it at any point. The interviews lasted between 45 minutes and 1 hour 40 minutes (*M* = 1 hour 6 minutes; 22.1 hours in total). Participants chose their preferred pseudonym. At the end of the interview, there was an opportunity for participants to debrief with the interviewer. The participants were each given a £20 online shopping voucher and childcare support for those with young children during the interview as a token of appreciation for their time. I did the transcription (and translation for the 10 non-English interviews) for all the interviews. Once transcripts were anonymised and allocated a pseudonym, audio recordings were deleted.

Data analysis

We used inductive reflexive thematic analysis (Braun & Clarke, 2013) to explore patterns of experience and generate themes from the participants' point of view. We developed both latent and semantic codes. Braun and Clarke (2020) define reflexive thematic analysis as an approach that "fully embraces qualitative research values and the subjective skills the researcher brings to the process" (p. 6).

Familiarisation with the data began by listening to the audio recordings of the

interviews followed by transcribing each interview and translating the non-English ones to English. The entire process of transcription took a significant amount of time, especially for the interviews which were not in English, but allowed for a deeper familiarisation with the data. Transcripts were read and re-read to facilitate further familiarisation with the data, with some initial impressions recorded as rough notes in my research journal. A summary of the transcripts was made and shared with the co-researchers to gather their initial impressions.

Initial coding was done where I first individually coded each of the pseudonymised transcripts through comments on the margins, which included both semantic and latent codes. Then I met with the co-researchers to discuss the codes, and engaged in peer debriefing. Next, codes were collaboratively refined, modified and developed with the inputs from the supervisory team as well as when we revisited the transcripts.

We (co-researchers and I) met regularly to **co-create and generate initial themes** by reviewing the codes and identifying larger patterns of shared meanings across the transcripts. The supervisory team also provided their inputs. To ensure methodological integrity, we did not aim to quantify our themes. Rather, we prioritised themes that worked together to form a coherent analytic story in response to our research questions (Braun & Clarke, 2019). At this stage, we had co-created four themes reflecting the entire dataset.

In **developing and reviewing themes**, we met across three months to discuss the initial themes against the coded data and whether they address the research question and convey a coherent narrative. The supervisory team also met once in two weeks across those months to provide their inputs in the process of ensuring distinction between themes and coherence within each theme. These discussions were facilitated through creating a mind-map of the existing theme patterns. This led to the realisation that two of the main themes were similar and needed to be combined into one with the sub-themes capturing the nuances. Specifically, how the women understood, challenged and redefined ideas of healing, justice, support and resistance were related to the idea of generating counter-narratives, so it was combined into one theme of *reframing the stories and producing counter narratives* instead of the previous two themes of *redefining healing and justice* and

reclaiming agency through resistance from margins. This led to reducing the number of main themes from four to three, each with their distinct sub-themes.

While **refining, defining and naming the themes**, I developed the scope and focus of each theme and subtheme and named them to reflect their substance and story. This was discussed with both my co-researchers and the supervisory team and decisions were made regarding the final naming of the themes. For instance, these discussions led to changing the name of the first theme from blurred boundaries of violence to navigating transgressed boundaries of violence to capture its essence and focus. Three main themes were thus generated and named as presented in the next section.

I was engaged in **writing up** the themes, which was an integral part of the analysis as it helped to finalise theme boundaries as well as present the analytic narrative with the exemplar data extracts and contextualised them with respect to the literature. Finally, the full dataset (and its summarised version) was reviewed by everyone to ensure that the themes represented a coherent data-driven narrative and resonated with the lived experiences of the co-researchers within the research programme. Although we have tried to provide our comprehensive understanding of the phenomena, we acknowledge that our analysis is never fully done or complete (Trainor & Bundon, 2020). Additionally, it is important to note that this was an iterative process, moving back and forth between these different phases. There was an ongoing discussion about understanding of the data and constant reflection upon how our positionalities, personal, professional and lived experiences, and research interests were informing our analysis.

Drawing on intersectionality, the current work acknowledges the interlocking systems of power and oppression in shaping the participants' experiences as they simultaneously belong to multiple social groups and helps us understand their identities as multidimensional. Historically, racially Minoritised women have been excluded from empirical research or have mostly been presented through the lens of dysfunction or deviance, termed by Phoenix (1987) as 'normalised absence, pathologised presence'. In line with Black feminist thought, the present research intends to explore the experiences of racially Minoritised women in

their own right and not view their experiences as a deviance from the ‘so-called dominant norms of whiteness’.

Trustworthiness was established by following guidance outlined by Nowell et al. (2017). Specifically, the team ensured that we (i) deeply familiarised ourselves with the data through prolonged engagement and documented reflective notes and initial impressions for themes, (ii) engaged in peer debriefing and carefully documented minutes from our team meetings (both with co-researchers and the supervisory team), (iii) collaboratively created thematic maps to explore our main themes and subthemes, and (iv) revisited the raw data once we had had our themes and subthemes. In addition, we ensured that (v) we included a range of lived experiences and expertise within the co-researchers as well as the supervisory team which aided in the reviewing and naming of themes. We also (vi) sent a summary of our themes to our participants, to which eight of them, in addition to our three co-researchers, confirmed that the themes resonated with them and were accurate to their experiences.

The analytic team values the subjectivity and diverse positionalities of the researchers which facilitated data analysis through an intersectional lens; thus, providing a rich and in-depth interpretation.

Results

We generated three main themes from our analysis (1) Navigating transgressed boundaries of violence: Multiplicity of harm in abuse and help-seeking (2) The unequal burden of the pandemic: Conducive context and cascading impact (3) Breaking the mould: Reframing stories and producing counter-narratives of healing, justice and resistance. All participants’ names used in this section are pseudonyms chosen by them.

Theme 1. Navigating transgressed boundaries of violence: Multiplicity of harm in abuse and help-seeking

This theme encapsulates navigating the various kinds of ‘transgressions’ that have been enacted and performed in the domestic abuse and help-seeking experiences of the participants through the weaponisation of hostile systems and structures in intimate spheres,

blurring the ‘typical’ boundaries and borders of domestic abuse, including institutional complicity in perpetuating violence and harm by reproducing the coercion and control during support seeking by racially Minoritised survivors of domestic abuse. This highlights the complexity of violence and victimisation experienced by racially Minoritised survivors, often resulting in increasing mistrust and disillusionment while navigating such hostilities and oppressions, creating additional barriers to seeking support and help.

Subtheme 1.1. Intimate violence bargained through hostile systems

Participants and co-researchers expressed that the abuse they experienced in the domestic spheres was perpetuated using the threat of structural forces such as racism and power structures including public authorities and statutory agencies. They discussed how perpetrators often benefited from the various systems of oppression as weapons to inflict further violence, such as *using threats of deportation by immigration officials* (Afreen, Jabrayah, Maisoora, Sukoon), *hostility and brutality of police response* (River, Evelina, Salvina, Sifarish), *fear of social services and courts* (Arnaz, Nazneen, Rubaina), *risks of homelessness and isolation from the community* (Samrina, Ahladita, Taufeeq, Rubaina) and the like.

Nazneen expressed how her previous history of depression, which was a result of the abuse, was (mis)used by her partner to intimidate her to not seek medical help when he injured her:

> I was bleeding because he hurt me and I said let's go to the hospital. He said if you go to hospital, they will take your baby because they will think you're crazy. They will put you in jail. They will take your daughter from you. Because I will tell them that you cut yourself, you did self-harm, you already have depression in your records, so they will believe me and self-harm is a big thing in the UK, you don’t know the law, you will be put in jail.

Jabrayah echoed similar experiences through her narrative: *My husband knows very well how external services like police and GPs treat us Black people and he uses what*

society and external agencies would do to us outside, in his favour to control me in the house.

Sukoon elucidates the control and coercion she experienced as a result of similar threats through a clearly manipulated and planned act by her perpetrator(s) which included making her undocumented and exploiting her insecure status:

> He first staged an incident (I later came to know that he staged it along with my in-laws) in the house where my passport and residence permit was apparently stolen, then he made excuses to not go and apply for the proof of my identity in this country. I did not have any means of proving my identity. Then using the example of the burglary, he took away all my gold jewellery in the name of keeping it safe, since the house seemed to be unsafe. Slowly after that he started forcing me to do everything, his parents too controlled everything I could do, none of them let me work. I am a software engineer and worked in the IT sector in my country before I came here. But they slowly stripped me of my confidence, my ability to believe in myself, made me doubt myself as if I was imagining that something wrong was happening and eventually the control and coercion increased, abused me, mocked at me and then they threatened, if you don't do what we say, we will cancel your visa and get you deported since you are on the dependent visa, you will be homeless and have nowhere to go. They didn't stop there, they actually kicked me out of the house and using their solicitor, filed for divorce on unreasonable grounds and stated that I am mentally ill and have caused trouble to the whole family.

Similar stories have been shared by participants with an immigrant status, especially with No Recourse to Public Funds where perpetrators have asserted their authority and control by projecting the hostility of the state towards immigrants and coercive use of the state's bordering practices. In a similar light, Arnaz shared how she was intimidated by her former partner: *You don't know how the courts operate, the social workers...he said he can take my kids off and I could lose my home, that kept me from taking any step and I continued to stay with him.* Rubaina expressed that such border control and coercion was

extended to her reproductive choices and bodily autonomy as well: *He threatened me that if I did not abort he would get me deported and I was very scared because I did not know where to go for help outside.* The othering that the perpetrator(s) engaged in while inflicting abuse also extended to spewing racist remarks, dehumanising the participants and denigrating their countries of origin (Sukoon, Inza, Mey).

These instances highlight how the perpetrator(s) bargained the power and control of such hostile systems and structural inequities to perpetuate all forms of violence, calling into question the neat distinction of violence in private and public spheres. This was not only limited to racially Minoritised survivors with an immigrant status but also extended to British born racially Minoritised participants. Samrina shared her experience of her in-laws threatening to isolate her and her children from the community, while also leveraging the power of courts and custody of the children: *They said they would paint a picture of me going crazy in the community if I dared to speak up and also do the same in the courts and everyone will believe them, not me.* Similarly, the instance of using the *threat of racism and fear of police not believing me and being more aggressive towards me* was recounted by Evelina.

Taken together, such instances demonstrate the impact of the bargain of the power of such systems on survivors' experiences of domestic abuse and their decisions and patterns of navigating the support and help provision landscape. All of this together highlights the transgressed boundaries of intimate and public spheres in the complexity of violence experienced by racially Minoritised survivors and that how that acts as an impediment to their help-seeking.

Subtheme 1.2: Falling through the cracks and navigating more violence: The double-edged sword of seeking help

Participants frequently narrated their experiences of encountering more violence and harm when seeking help for the abuse they experienced from systems of support including both statutory and non-statutory agencies as well as informal sources of support. This challenged the notion of 'privatisation' of the harm experienced by racially Minoritised

survivors of domestic abuse as agencies, institutions and systems become complicit in perpetuating coercion and control, mirroring the pattern of domination, exploitation, and dehumanisation enacted by the perpetrator(s) of domestic abuse, illustrating the transgressed boundaries of violence.

Several participants and co-researchers have shared how multiple agencies such as police, courts, social services and healthcare agencies intended to protect and safeguard them from harm fail to do so, instead end up repeatedly retraumatising and re-victimising them. Some examples of these coercive processes manifest through the criminalisation of women due to immigration status (when they are the ones who are reporting a crime), intersection of the racialised and gendered stereotypes, for instance, racist labelling and stereotyping of the 'angry Black woman' or 'submissive Asian woman', assumptions about people's origin (where they are from) or the over-reliance on culture as an explanation for violence in racially Minoritised groups. The following instances are a few examples that shed light on such practices across multiple agencies such as police, courts, social support and the third sector organisations:

> *I called the police for help. And then they took me in, I was the one who had to spend a night in the cell. I called them for my help and they took me into prison instead.* (Sifarish)
>
> *I rang the national helpline, and they gave me a refuge number and I rang that refuge, who said because of your visa status, we can't accept you. I was really disappointed because I'm in danger and my visa status was more important than my life for them.* (Nazneen)
>
> *The social worker kept saying she understands what it is like in our cultures, completely missing the point, I was hurt, this wasn't about our culture.* (Taufeeq)
>
> *The courts humiliated me and constantly implied you must have done something too, like the same old aggressive Black woman thing they use.* (River)

> *My support worker from the Council designated organisation would say she will help but when I actually asked for help, she would say that she can't do it, it's not her job and would often trivialise my needs and concerns as not important.* (Tiara)
>
> *So when the police came, they said they will seize my passport and send me back to my country. I tried to tell them I am from here (the UK), they were not ready to listen* (Salvina)

These quotes illustrate how racially Minoritised survivors tend to 'fall through the cracks' of the system which invisibilises and invalidates their experiences and diminishes their already limited agency and options for support. For instance, the lack of firewall between the police and Home Office implies that migrant racially Minoritised survivors reporting domestic abuse crimes to the police are often treated as 'offenders' by the Home Office and at the same time have No Recourse to Public Funds, which inhibits them from accessing support for multiple avenues in life. Amyra describes this as *feeling like I was not seen, like these services do not consider me, so they cannot understand my experience or my pain, there is no provision for me*

Nazneen illustrates this erasure and invisibilisation of racially Minoritised survivors which leads to them 'fall through the cracks' in the support landscape through her own experience of seeking help:

> I was really disappointed with the things that are in line. How there's lots of help, but when actually I rang them, I explained for hours what I'm going through and how I really want to get out now. But they were like, Oh, I'm sorry. Yes, we understand. But this is the standard, this is this and that. And that I was really, like my hope had come to zero and I was really scared. Look, there is no help. Because if you look online and Google it, there's tons of stuff, it gives you hope. But when it comes to action, there is actually nothing for women like us.

Sukoon reflected on whose voices were being heard by the people intended to act as support systems for the survivors: *When my husband complained to them that I had a spare key to the house and he needed it back, the police came immediately to demand I return it. If*

they could listen to the abuser, why could they not listen to my simple request of getting my things back.

Participants have also discussed how the constant disbelief and suspicion from professionals as well as informal support systems made a lot of them feel discredited when they reached out for support. This disbelief and suspicion was compounded with holding survivors responsible for their own safety and wellbeing during and after the abuse. Participants expressed that this resulted in heightening their own feelings of mistrust of support systems while navigating the double-edged sword of seeking help for the abuse. The following instances elucidate this well:

> *But you know how the police are. They won't believe me.* (Evelina)
>
> *I was shocked because of how my mother responded and that really hit, hit really hard. It was like I was mentally going through a really bad time and my own mother didn't believe me.* (Afreen)
>
> *No one understood, neither the police nor the Council. They all saw me as the problem, as the difficult case, she has extra demands, that's how they would talk about me.* (Mey)
>
> *Talk to the police or don't talk to the police, they will never believe you, same with social services, GPs, courts, churches, it's all the same, you are blamed, you will never win, you will not be believed.* (Inza)

Samrina experienced similar ordeals and obstacles compounded with cultural racism while navigating the courts:

> I went to court for my case and due to lack of evidence they didn't believe me, proving me as a liar and used that in family court to take my child away. The court appointed psychologist went on to say that there's an enmeshment of the relationship between me and my child because they were translating what I was saying and you know how we say 'we' in our language instead of I while referring to oneself and the whole thing was misunderstood because of the way we speak.

Such instances are not only limited to criminal justice institutions, social services and third sector organisations, but also extend to racially Minoritised women's experiences in the healthcare settings where control is enacted through medicalisation practices, specifically around their mental or emotional health, for example:

> *Even with mental health support, there's just so much stereotyping and assumption that one has to battle through. I thought counsellors or therapists tend to make people feel better, you know and when I tried that route, huh, I was given the Strong Black Woman bullshit and I gave up.* (Evelina)
>
> *The GP told me that women like me come to waste their time because we need interpreters. It was a horrible experience I had, he was very rude. I wish we just had the GPs trust you when you say what you are experiencing, not dismiss it or ignore it*. (Amyra)
>
> *My therapist told me I need to calm down and not be so angry like most Brown women are.* (Zareen)
>
> *Therapy didn't help, it made me more distressed as my counsellor would constantly assume I was oppressed by my father and had a history of being controlled by my South Asian parents before the control in my relationship, which was definitely not true.* (Ahladita)

These instances are some of the myriad challenges racially Minoritised survivors experience while seeking help and support. Furthermore, while navigating through this double-edged sword of help-seeking, participants have highlighted how these experiences have made them feel like they are *responsible for everything that's happening to us* (Rehana), *carry the burden of guilt, blame, depression and loneliness all in us* (Nazneen)*, so many people and systems can't be wrong, it must be something to do with me* (Taufeeq), *scared to go to them (police, social worker, faith leader) because he and his family said no one will believe me* (Sifarish), *don't feel I can trust anyone, what if they actually deport me?* (Maisoora).

It is evident that these systems that are meant to support, protect and care for these women have failed them by reinforcing the harm and violence they already experience in intimate spheres. These systemic and institutional transgressions of the boundaries of violence add to the complexity of violence and abuse experienced by racially Minoritised women seeking help and support for their domestic abuse experiences.

Subtheme 1.3: Beyond Separation and Borders: The Long Shadow of Domestic Abuse

The boundaries of violence become unclear and blurred as the harm and violence transgress physical separation. Our participants and co-researchers have discussed how the violence and abuse continues even after they have left, disputing the assumptions of safety behind the idea that 'leaving the relationship ends the violence'. A lot of them highlighted the realities of post-separation abuse that continued to infringe upon their spaces, despite not being together with the perpetrator(s) anymore.

For instance, Zareen noted the continued battles and harm one has to fight through despite having separated from the partner inflicting abuse:

> I am disabled, but my ex-husband had called up the disability office to stop my disability allowance saying that I am lying to them and taking money when I should not because I am completely fine. Then I had to go to the doctor and he said that he needs a letter from the jobcentre, then only he can provide my entire medical history and evidence of my disability. During all of this, my health was getting worse, especially my mental health. My depression and anxiety worsened. I had many more panic attacks. Getting appointments and sorting this was a nightmare.

The above quote suggests how the abuser used the scrutiny and surveillance of the existing systems such as benefits and/or allowance to continue to perpetuate abuse and violence in the life of the participant despite having separated on the grounds of domestic abuse. Participants have discussed that this constant interference in their lives through multiple insidious acts tends to dehumanise them as an attack on their dignity and highlights the continuity of abuse, blurring the typical expectations of how domestic abuse manifests and a lack of true escape from the abuse.

Amyra narrated a similar incident of experiencing abuse post-separation from her partner:

> Even after we had separated, he went on to complain to the immigration people when I was going home to see my mother. He said I had stolen money and jewellery from him and I needed to be stopped. The level of humiliation I went through in the airport was unimaginable, like a group of 7 people came and openly humiliated me in front of everyone. They said you have been accused of stealing money, jewellery and ordered me to open my case. I was very sick at that time. I was in a wheelchair and they asked me to sit on the floor and I had to refuse because my health didn't permit that. Then they opened my case very ruthlessly, stripped through all of my belongings, if anything was wrapped, they tore it open. And all of this was happening in front of all the passengers. I was so embarrassed and I wanted to hide somewhere, it was so humiliating. They didn't even realise how that impacted me, my dignity, my sense of worth. And they didn't find anything, of course because I had not done anything. But my husband continued to exert his control over my life and humiliate me through these indirect ways.

This not only suggests the insidious ways of perpetuating coercive control by the perpetrator(s) but also highlights the complicity of the institutions in making it a reality. (In this case, coercive control refers to an act or a consistent pattern of behaviour aimed at establishing power and dominance over another individual by using intimidation, isolation, and violence or the threat of violence (Dutton & Goodman, 2005; Stark, 2007).) Participants have further reflected on how such violence and harm were not only meted out beyond separation, blurring the expected norms of domestic abuse, but also continued to transgress geographical borders with threats of negative repercussions for their families 'back home', thus increasing control and social isolation experienced by the survivors.

Afreen has described how her parents were falsely implicated in a crime which was used by her ex-partner as a way of enacting control and coercion on her:

> He filed a false case against my parents that they had broken the locks of his ancestral house back home and had broken in. He made their lives miserable, like just like hell, they had to keep going to court and fight all of these false accusations with no money. And he used that against me to continue exerting his control over me, my actions and he would only give my parents some respite if I stopped resisting and followed everything he asked me to.

The above quote illustrates the 'reach' of domestic abuse and how it was not confined to the intimate spaces it is expected or conceptualised to be contained within. A few other migrant survivors highlighted similar threats by the perpetrator(s) against their family members in their country of origin which compelled them to stay and navigate violence within these relationships before things got too extreme to be able to do that, highlighting the long-lasting impact of domestic abuse. For some people, like Samrina, sometimes it was intertwined family dynamics in the context of certain communities and families which led them to continue staying in these relationships despite the violence and abuse. All of this highlights the complexity of contexts and transgressions of violence that racially Minoritised women have to negotiate and traverse which shapes their experiences of abuse and support seeking.

For instance, Zareen expressed that:

> We women, especially us, like you and me (implying women of colour), are violated not only once inside the house, it happens everywhere when we step out. They say why don't we leave and go out, see what you do to us when we go out or when we leave. Earlier our dignity was ripped off only once, inside the house, but when we go out in the name of help or say leave to bring an end to this, it keeps getting ripped off again and again and again. It's like our experience of violence is not contained to the four walls of the house, we are violated everywhere we go. Then why will we want to ask for help when we are treated like that, so much disrespect, disbelief and violence. We are the ones seen as the problem, so it's easier for anyone to discriminate against us, violate us and get away with it. And if you say something

about it, they will blame you for being overly sensitive, nothing like that happened, you are imagining this. It's like my husband would gaslight me inside the house and these authorities and white people would gaslight me outside the house, holding me responsible for their acts of violence. This constantly makes me feel like I am less than, as in less than white people, less than men and less than able-bodied people.

In summary, Zareen's words reflect really well how racially Minoritised women navigate these transgressed boundaries of violence across intimate, institutional, spatial and geographical spheres and beyond.

Theme 2. The unequal burden of the pandemic: Conducive context and cascading impact

This theme explores how the COVID-19 pandemic became a 'conducive context' for escalating intensity and frequency of domestic abuse experiences of the participants along with the isolation restricting support seeking avenues for them. Participants have expressed how the domino effect of the pandemic on support services, risk factors of the abuse and fear of uncertainty and loss created challenging circumstances for them. This theme further highlights the unequal burden of the social, psychological and economic consequences of the pandemic on racially Minoritised survivors of domestic abuse. Participants have discussed the adverse effects of such amplified structural barriers on their mental health and wellbeing with increasing feelings of despair, stress and anxiety.

Subtheme 2.1 Beyond lockdown: pandemic as a conducive context and tool of domestic abuse

Participants have noted that the intensity and frequency of abuse escalated during the pandemic context as stay-at-home orders and quarantine requirements put further strain on the relationships along with their decreased ability to get some respite or avoid abuse. Some of them felt *suffocated* (Amyra), *trapped, just like living like a machine* (Samrina)*, imprisoned* (Arnaz), especially in some racially Minoritised communities when there were multiple family members across generations locked in together in the same household (or sometimes part of the support bubble) perpetuating abuse, *increasing verbal abuse*

(Rehana), *making it extreme and exhausting* (River) and *making me their punching bag to release their anger from their own fights* (Inza). Nazneen described it as:

> It was very very stressful and challenging because with the pandemic everything and everywhere it was a lockdown, everything was closed. Even before I was getting okay when I was going out, I could see other people, share a thing, do something together and maybe that helped me to just take off some of the problems in the household. But when the pandemic came, there was no way to go out. So whatever it was like, whatever you deal with is, only you and yourself.

A few participants indicated how this feeling of being held captive was an extension of their ongoing abusive experience where the perpetrator(s)' coercion and control tactics pre-pandemic included confining the women inside the house and total surveillance on their movement, with the exception during the pandemic being that there was no break from the abuse anymore and exacerbated the risk of abuse further. Jabrayah offered her perspective:

> I feel I have always been in a lockdown since I came here, being locked inside the house, never seen anybody, but earlier at least there was some respite from the abuse when they would go about their own business, but with the COVID-19 lockdown, it was like everything was 24/7 since they were all always around constantly in the house, it seemed like I was held captive with only danger around me and no break from it at any point.

Several participants have discussed newer patterns of control and abuse enacted by the perpetrator(s) as they exploited the COVID-19 lockdown guidelines, restrictions and circumstances to perpetuate more coercion and control, increase scrutiny and surveillance, isolate them further increasing feelings of loneliness, and restrict their access to any forms of support. For instance, Tiara stated that:

> He kept saying you can't do this, you can't do that, don't you understand the rules, you can't go to the supermarket alone or even things like don't wear a mask, wear this mask, you can't see your family, can't speak to neighbours, can't go out, he just kept screaming rules at me all the time and would control me so much more. And

> with changing rules, I was always confused and would just follow his directions because sometimes it was easy to do that than keep in touch with all the changes while going through the abuse and the pandemic.

Those who perpetuated domestic abuse by exploiting such guidelines further manipulated the racialised stigma pertaining to COVID where ‘some’ communities were blamed as sources of virus or spreading it further by not following rules. This was especially challenging for racially Minoritised migrant survivors who were new to the country and had not been well-acquainted with the guidelines and norms. Sifarish has illustrated this:

> He said you will not go out, don't leave home, don't go out. Don't say hi, hello to anyone, not even neighbours. He scared me so much about I will get hurt if I went out alone because people can complain that I am breaking covid rules and say I am bringing COVID as I travelled from (this) country. And I was following everything he said because I was new in this country.

Some participants such as Inza and Afreen discussed how they faced increasing threats of being abandoned in their country of origin in light of the pandemic guidelines of the UK government listing travel to and from certain countries in lists (red, amber and green); with most countries of the geopolitical South in the red list. Perpetrator(s) intimidated racially Minoritised migrant survivors who hailed from these countries and had limited economic resources to manage coming back to comply with the quarantine expenses, thus perpetuating more control and violence through the misuse of the emerging rules of the pandemic.

These newer patterns of perpetuating domestic abuse emerged in the pandemic through the manipulation of rules and guidelines; with some participants advocating the need for clear and consistent guidelines from the onset of the pandemic to feel more certain and reassured during these emergency crisis situations. Evidently, the pandemic became both the context and tool of perpetuating and exacerbating domestic abuse, thus escalating the burden of safety work that survivors had to engage in by paying the price of perpetual vigilance and planning strategies to mitigate the fear of escalation.

Subtheme 2.2. The Cascading impact of the pandemic on mental health and wellbeing

With the increased isolation and barriers to support, longer waiting times, staff shortage and illness across services, remote support, fear of infections, job losses and the like, the pandemic had a domino effect on the risk factors of abuse, amplified the pre-existing gaps in services and support systems and had debilitating consequences for the physical and/or mental health and wellbeing of the participants. Our participants and co-researchers have highlighted the cascading impact through increasing despair, distress and anxiety not limited to *their fear of contraction of the disease owing to their compromised health conditions* (Zareen), *or pregnancy* (Nazneen) but also about *health of family members (back home), experiences of loss due to COVID and the associated grief* (Taufeeq), *economic precarity making them more vulnerable* (River), *increased loneliness and inability to relax, challenging to access any support and by continuously keeping all those burdens of shame, guilt, blame, my mental health was totally destroyed during the pandemic* (Jabrayah).

The inordinate delays in accessing housing and moving out of the refuge/shelter as a result of the pandemic which translated into delays in moving on in life was expressed by Maisoora sharing that, "*If the pandemic was not there I feel like I would have come out of the misery long back but it just made things much more challenging than they actually were."* Several participants highlighted the difficulties that arose as a result of the pandemic which was not only limited to housing. All forms of support became challenging to access and such delays added to the mental trauma of the survivors. The uncertainty and ambiguity of the times made it difficult to make choices. Salvina shared that *between the certainty of the abuse and the fear of the unknown (in terms of seeking help in the pandemic), I felt it was better to stay.* This suggests that the fear of the unknown and the lack of certainty which was heightened during those times impacted people's choice of seeking help.

Ahladita highlights the feeling of lack of control worsened her depression *as no one knew what was happening and the lockdown made it worse, parents could not see me and I could not do anything about it.* A few others have highlighted that the exhaustion and

burnout brought on by the pandemic while navigating the abuse continues to have an impact on their physical and mental health. Evelina mentions it as being *really worn out with no support and constant abuse,* Rehana discusses *experiencing so much difficulty and challenges in the pandemic that I am still suffering from the impact of it, in my body and mind.* Mey highlighted how she was *coerced to take up work outside despite the risk of infections due to her immuno-compromised condition, always leading to fever and severe impact on physical health.*

Zareen discussed how the loneliness and consequences of the pandemic intersected with her disability continue to impact her health:

> I continue to have panic attacks and my depression phases, but I am better than I was when it was all gloomy with the lockdown. My physical health is still a problem but that's also because of my long term disability. It's just that it gets to an extreme when everything in life turns upside down, even now when I think about the pandemic time, the abuse, and everything I went through, I experience anxiety and get panic attacks. I continue to feel lonely and the solitude makes me extremely depressed.

These instances suggest the longer-term impact of the pandemic compounded with the abuse on the health and wellbeing of the participants.

The immigrant status of some of the participants who had No Recourse to Public Funds meant that they faced increasing difficulties to access refuge since most of the organisations were operating at capacity with increased prevalence of domestic abuse, further diminishing their support options. Furthermore, some participants discussed how the limits on international travel, uncertainty around which countries are on the red list, the expense of the mandatory hotel quarantines added more burden on some of their choices to travel to check in on family members in their country of origin and worsened their mental health and wellbeing. Sukoon described it as:

> I lost my father to COVID and could not even go to attend his funeral due to international travel restrictions. I was worried I will not be able to come back and

> even if I did, the hotel quarantine was way too expensive for me to bear the cost and he had clearly stated that he would never contribute any money to any of my travel whether onwards or return or the quarantine. It was hard but I didn't have a choice, I could not go back to see my father for one last time. I just kept crying during those days, it was so difficult to think that I can never see my father again, but the guilt and regret of not being able to go back one last time has stayed with me till now.

Afreen further highlighted how the risk factors of abuse such as unemployment, alcohol and poverty got amplified in the pandemic and impacted her wellbeing:

> He lost his job, started smoking, drinking and that of course made things worse in terms of our relationship. But it didn't stop there, he also left these things around which became a danger to my little daughter who does not have a sense of the danger as she puts everything in her mouth, I had to constantly be aware and it added to the anxiety of everything that was happening at that time, I was tired and it was very difficult….I was depressed and anxious and just felt so hopeless at that time, there was a point I did not want to live anymore but I know I had to for my daughter because he will never look after her, she is disabled and so small. I wish I never have to go back to that time, the pandemic was a very rough phase.

These risk factors were compounded with structural disadvantages such as differential socio-economic consequences of the pandemic on racially Minoritised communities, especially for racially Minoritised women who were made redundant from their jobs which could not be made remote. In line with this, Rubaina expressed that:

> When I lost my job during the pandemic due to the lockdown it made things worse because I had to be at home all the time and he would blame me that I am no longer contributing to the household income, constantly taunting me about money and expenses and how I have made his life so difficult. I slipped into depression because I had nothing, felt like I lost my limited bit of freedom I had through the job and he was abusing me so much, my mental state was not good, I kept crying a lot.

Such instances highlight how the pandemic exacerbated the pre-existing structural inequalities which further magnified power imbalances and additional stressors contributing to domestic abuse and its domino effect on the existing systems of support, limiting choices and opportunities for seeking support and help; all of which had dire consequences for the mental health of the participants. This underscores the unequal and disproportionate burden of the pandemic on the experiences of domestic abuse, help-seeking, health and wellbeing of racially Minoritised survivors.

Theme 3. Breaking the mould: Reframing stories and producing counter-narratives of healing, justice and resistance

This theme highlights the importance of centring survivor voices and narratives in redefining healing, support and resistance and in the process, reclaiming their agency and stories. We attempt to present racially Minoritised survivors' holistic understanding of their healing journeys by finding strength in and reconciling with culture, arts and nature to achieve a sense of wholeness. Participants have explored a multifaceted meaning of support and justice and by reclaiming their narratives of resistance, they have challenged the traditional dominant narratives of oppression and homogenised notions and labels that define them and their journeys. They have developed self-definitions and counter-images shedding light on their hopes and aspirations which has advanced our understanding of their agency and lives.

Subtheme 3.1. Healing as a journey: *embracing culture, arts and nature*

Our co-researchers and participants have expressed that healing has been a journey for them and does not need to be perceived through the binary conception of the presence or absence of pathological or clinical conditions or in a neat linear fashion. They have outlined various things that have helped navigate this journey, suggesting a multi-faceted approach to healing that goes beyond reliance on the dominant systems, services, modalities and ways of healing. It incorporates reconceiving meanings of culture, faith, spirituality, using artistic expression, (re)connection with nature as some tools in the multiplicity of their healing journey.

The narratives and stories of the women illustrate the importance of understanding the plurality of their locations and different entry points in these journeys of healing. Sifarish echoed what others had expressed: *you need to understand that it's (the trauma) not all gone but it's not all there*. *It's different than it was before. Like all journeys, healing has its ups and downs but what matters is I need to create space for it in my heart and go through it.* This quote suggests how participants embraced the idea of healing as a journey which helped to *make sense of my experiences* (Rubaina)*, being kind and coming to terms with myself* (Maisoora)*, understand who I am and what I need* (Rehana), *calm my self-doubts* (Jabrayah) and *be more forgiving towards myself and others while you learn to live with it* (Mey)*.* They noted that the journey is not linear*, it is messy and does not follow a neat straight line, there is need for ongoing support, it takes ages before you can trust yourself or the idea of another relationship* (River)*.*

They highlighted how they approached healing from various perspectives. For some, it meant *reconnecting with their roots* (Arnaz) or the *need to rewrite the cultural stories* (Ahladita), for others it implied *reconciling with my faith* (Taufeeq), *using art and creativity* (Inza, Salvina) and *finding one's soul by connecting with nature* (River). Ahladita has described how she rediscovered her cultural narratives from a new lens that gave her strength during difficult times:

> I learnt a new meaning about my culture, my sanskar (culture/heritage) and I can say that it has helped me a lot. My faith and my culture have been my strength in this journey. I think it's important we reconnect with our culture in the truest sense, there is so much to learn, to help you heal, to derive strength from. Our ancestors were women of extraordinary strength and power. Our women were never weak. But we have been made to believe that in our culture, women are weak, but that's not true. The wrath of Kali, the strength of Durga, they are important figures we need to teach our women about when we raise them, Draupadi was not weak, she was fierce, she brought the whole empire down due to that one act of violence (refers to figurines and stories in Mahabharata, a major epic revered in Hinduism) and we are raised to

> be ashamed of the violence, ashamed of our culture and who we are. This is the power of the feminine in our culture. I have learnt to derive strength from it and discovering this has been life changing for me.

A lot of the women highlighted the importance of re-conceiving such cultural stories which have been distorted in mainstream narratives. Like Ahladita, many have pointed out that *faith and culture are highlighted* (Arnaz) in the dominant discourses of violence against racially Minoritised women as a way of *blaming the violence on our culture or religion, while that may not be true and in a lot of cases, the full picture is never shown* (River). This suggests that in light of such distorted perceptions, the role of faith and culture in healing tends to go unacknowledged and participants' endeavours at highlighting the significance of culture and faith and re-constructing their narrative is important in challenging and reframing the problematic dominant discourses. Several participants have discussed the importance of spirituality, faith and prayers in the journey of healing from the multiplicity of harms they have otherwise experienced. Taufeeq goes on to explain how fostering a new understanding of her faith helped immensely:

> It all started making sense when I questioned and actually reversed all those things that we were taught to believe for such a long time, I used to actually believe what the leaders have said about marriage and relationships and what our role is, but not anymore. I realised that Islam was never meant to be a burden, it should not feel so difficult, it's supposed to make our lives easy. Then why should we come under the weight of those expectations that actually have nothing to do with my faith, it's people who have interpreted it like that and and it takes you ages to understand all of this for yourself in this one lifetime. It has been a long journey for me to get here, I feel so much more centred with my faith and spirituality, I pray a lot and it has helped me find my real self. I think if we reconnect with our roots, our faith, our ancient healing practices, they help so much more than any counselling or therapy can.

The multi-faceted approach to healing has been highlighted by several participants. Sukoon discusses what it looked like in practice for her:

> Walking outside, going back to nature, gardening, green spaces, yoga, my spirituality, my faith, all of this helped me a lot to recover from my depression. Counselling didn't help, it made me more angry. I got my healing done through the energy of nature, they worked wonders for me, the healing space that I created through harmony with nature was very rejuvenating. I now conduct yoga classes for this (volunteers at a women's centre) group of women because I like the power it has to connect us with our true nature, the calming effect it has and its healing potential. It's not just exercise, it's actually the connection between your body and mind, the union of it and how it is so much more spiritual but I guess it has lost its true meaning these days.

Additionally, a number of participants have highlighted the role of creativity and arts as important tools in their healing journey which strengthened their sense of wellbeing, whether through *writing* (Mey), *painting* (River), *music* (Afreen) and *poetry* (Nazneen). Inza reflected on how she used drawing to do so: *I love to draw a lot because it helps me to take everything out of me, whatever I have kept inside, it all comes out and I feel lighter. It calms me down*. This was echoed by a number of participants who used artistic expressions as means of healing, even during the pandemic. Salvina noted how craft gave her joy and happiness:

> I used to do a lot of craft in the pandemic. Yeah that helped me in happiness. This year I am doing more and I feel happy. I'm good. My journey has been tough but I found so many things on the way that helped. Not therapy. I tried but it's not for me. I liked decorating. So I realised during the pandemic that I like craft a lot. I think in the future I would like to do more. See these earrings I did, I also did more, like hair bands, wrist bands, bracelets, customised tee-shirts, jewellery, everything. Yes, this bracelet (pointing to the one she was wearing), I love this bracelet. I made for my kids too, customised, it's my reminder of who I am and that helped me a lot. Maybe I can do more of these, have to put more things here (pointing to another bracelet),

stamp with this and it will be very pretty work. During such difficult times, this gave me so much joy as I was able to express myself through this and feel so free.

All of this illustrates that while some people used these tools before, some of the participants discovered them in the pandemic. Participants shared that the space and time they got in their journey, especially in the later part of the lockdowns, helped them reflect on different ways of reconnecting with one's roots, gave them a renewed sense of hope and purpose and strengthened their own relationship with healing. The idea behind these activities which primarily contributed to their healing journeys was the feeling of being in control and freedom, and this holistic approach helped connect with one's own sense of self and had a transformative effect on them.

Subtheme 3.2 Redefining support and justice: centring survivor voices

Participants frequently reflected upon what support and justice meant to them and have redefined it in their own terms. Their narratives highlight the multiplicity of their voices and their needs which has the potential to shape a more helpful and supportive system which truly attends to their needs. They have discussed that their experiences of seeking help and support has contributed to their understanding of what support means and should look like. They have often discussed ideas around support and justice interchangeably, highlighting values of *safety, dignity, empathy* (River), *compassion* (Tiara), *trust* (Arnaz), *accessibility* and *care* (Sifarish) as defining and crucial elements. They expressed that *being visible and actually getting heard* (Evelina), *need to be transparent in their service delivery* (Rehana), *sense of connectedness and community* (Rubaina) are important in their help-seeking journey. Some of them highlighted that *the support needs keep evolving in the different stages of the journey* (Mey), such as practical needs being the most important in the aftermath of the abuse, emotional and psychological needs in the medium term and long-term needs of stability.

Several participants have stated that the support they received at specialist domestic abuse services by and for Black and Minoritised women have been able to cater to their diverse range of needs by adhering to the values of deep listening, compassion, upholding

their dignity, providing a safe and comfortable space and recognising why certain things are more important to them, asking them about future aspirations. Maisoora shared that:

> I felt understood for the first time when I came here, everywhere I had been before this, it seemed like people were not listening to me, I mean they were hearing, but not really listening, sometimes they completely misunderstood me, they eventually did what they thought was best for me instead of what I was telling them, but that was not helpful. I think they didn't actually listen to what my needs were. It felt like they didn't believe me, or value me in the sense that they did not think I was capable of deciding for myself. It was very different for me here because for the first time somebody asked me what I wanted and how I wanted it, these were people from my background, who looked like me, who got me, I felt loved, with no questions asked. No one had ever done that for me before, no one cared to ask me what I wanted. That's when I felt they respected me, my choices, they cared for me, I finally found someone who listened to me.

In a similar light, Rehana noted that:

> Whether it was the police or the social worker I had from the Council, they did not understand the importance of me going back to the house to get my clothes or my crockery. They felt it was trivial and despite me telling them again and again how that's very important to me because that's all I had in this country. Even if the Council gives me a house, I will have to struggle to source everything, I have to spend time, money and effort in securing as basic things as a spoon. I have to start from scratch. I also had other important things like photographs of my family and things that is a reminder of my home, where I am from, but they did not understand why these were important. They never took my request seriously until I came here (specialist DV charity) and the person who supports me, she got all the permissions, went and got those things for me. She just got me, it was just a very different level of connection I shared here. Even after I moved out, she would check in on me, helped with my shopping till I was independent and felt confident enough to do it myself. I could take

> my own time in being myself and getting over it, while at the same time they pushed me and motivated me to take up various activities. It was just the right amount of letting me be as well as pushing me, that's what support should look like, it showed that they cared for me for who I was, not just like another parcel that needed to be shifted somewhere that I had experienced before.

These quotes highlight that care, dignity and unquestioning believability are important ways in which support can be provided by various stakeholders. These services run by and for racially Minoritised women embodied these values of nurturance, trust, humaneness in their practice, understood the complexity and context of the survivors, tailored their support, spoke their language and made them feel like they deserved to be heard and were worthy of the help. While having people in the support systems and services from similar backgrounds has been highlighted as an important characteristic, some participants discussed their *apprehensions, scepticism and hesitation while going to services which had people from similar racialised backgrounds* (Nazneen) due to *fear of being judged or becoming the topic of gossip in the community* (Arnaz)*.* However, contradictory to their doubts, they reported having positive experiences once they came in contact with the support workers in these organisations, owing to the personable and survivor-centred approaches in their support provision and highlighting the importance and need for representation of Minoritised staff who are culturally competent in such services.

Our co-researchers and participants have further highlighted how such g*ossip, judgmental and victim-blaming attitudes from family and friends* (informal support providers) *deter them from seeking their help* (Amyra). *When family and friends don't believe you, it breaks you, their support is invaluable in this journey* (Taufeeq)*. His relatives trusted me and were supportive of me, that made all the difference when I walked out after 25 years of marriage* (Ahladita). This demonstrates that believability from one's informal network matters a lot to the participants as a crucial form of support in addition to not being subjected to rumours, slander or defamation in the wider community.

Another important aspect in the positive experiences of support highlighted by survivors was around the cultural connectedness they experienced with these services, highlighting that any form of support and justice needs to attend to the isolation the women experience from one's community as a consequence and/or pattern of the abuse. Support provision needs to take into account that it should not alienate the survivors from their cultures. One of the key characteristics of *support should help maintain the connection to one's roots as it's an integral part of my identity; I should never be made to feel ashamed about me or my culture* (Evelina). Both formal and informal support providers have been seen to be positive forms of support and several participants have felt that justice has been achieved when they had what Maisoora describes as:

> Having your own community on your side, your own people who share the same culture, speak the same language, it is needed for all the women to have them by your side. Because only then will they feel safe to speak up. That sense of support makes you feel truly valued, loved, cared for and it helps you to believe in yourself. When you see that all these people around you, they trust you so much, care for you and are ready to give so much of themselves for you, they are making efforts for you, then you start to take the step of supporting yourself. I could only stand up because I had them hold my back, otherwise I would have been shattered, never been able to stand up. That's what all support should do, not ask us to sever ties from our roots, but take everyone on board with us, when they can understand me and appreciate me, I have got my justice, I don't need anything to do with the abuser(s) anymore.

Similarly, a lot of the participants indicated that for them support and justice did not involve punishment for the perpetrator(s) *because I don't think that works* (River) and *acts against me making my journey difficult (*Samrina). Samrina elucidates this further:

> The abuse I experienced wasn't from my husband, it was from his extended family, my in-laws. The only fault is he chooses to stay with them, despite knowing what they have done with me is wrong. But why should my children suffer and be estranged from their father when he didn't actually do anything, except that he can't leave his

> family who caused all the issues for me. They pressured him to get married again, but he refused. Our family is destroyed because of others when he wasn't even doing that to me. I don't want to do the police or court things with him because of that.

The above quote illustrates the complexity of the situation, highlighting the challenges of using punitive measures in such situations as forms of support and justice for the survivors. Similarly, Nazneen expresses that *I don't want revenge, I don't want any punishment for him, I only want peace and safety in my life.* A few others have also advocated for similar non-punitive approaches in their conception of support and their meaning of justice which includes restorative justice principles such as *accountability* (Evelina), *recognition* (Inza), *active efforts at prevention of further harm* (Sukoon), *listening to my voice and respecting my choice* (Mey) and s*hifting the responsibility from me to the people who did that to me and meaningful repercussions for them which is not punishment or penalty* (Rehana).

It is evident that support and justice have been redefined by the participants in myriad ways, indicating the significance of listening to multiple voices and centring them in the support provision landscape to be able to tailor it to their needs. There has also been an acknowledgment of the ever-evolving nature of their understanding and conception of support. Taking onboard this fluidity, having an openness to it may be valuable moving forward, in terms of creating more genuine support provision.

Subtheme 3.3 Reclaiming agency: *resistance from the margins and power of solidarity*

Participants discussed how they negotiate their identities in response to homogenised notions of them as oppressed victims or competing discourses of victims and (s)heroes. Their responses highlight challenging the perceived lack of agency and resistance in their experiences of domestic abuse and in their lives. Participants and co-researchers highlighted that there is no single way of representing the diverse hopes, dreams and aspirations they have and how that goes beyond the label of a victim or a survivor. Their dreams, hopes and self-definitions reflected the power of solidarity and how it had helped

them in dealing with and making sense of their experiences. Evelina stated that, *I think it is important for us to share our stories, and talk about it.* In doing so, *through this sisterhood, I found my community, my people, we have stayed friends even beyond the refuge* (Rubaina). Amyra went on to highlight that:

> Knowing that I was not alone helped me a lot in this journey, it inspired me to keep my dreams and hopes alive. It helped me understand that it's not my burden to carry, it's not my shame or my guilt; the shame and guilt is and should be of the people who have hurt me, who have put me in this situation. I am glad I had others around me who had faced similar situations. I was in a shelter before but no one there knew what it's like to be in such a visa situation and to experience what I went through. But here (referring to the specialist refuge), there were people who got me, where I came from, what I had to go through and how I felt because they all had similar stories and I knew that only they could truly understand me and it made all the difference.

Despite the diversity of backgrounds, participants expressed that their collective struggle and shared stories can be used as tools for change and empowerment, both individually and collectively.

A lot of the women highlighted how they encountered 'either/or' or 'all or none' narratives in their navigation of abuse and support seeking experiences. They were perceived to be either oppressed, weak and helpless or seen to be the more warrior-like fighters acting as torch-bearers of strength and resilience. Afreen describes this as:

> I am sometimes tired of people having these ideas that as survivors from these communities, we must always be sad and our lives as difficult, traumatic and painful and everyone needs to feel sorry or pity for us, as if there's no other side to us. I don't like that. Sometimes that makes me think, can I not be cheerful or smile because I am supposed to show that I am suffering which will make people believe me? But then on the other hand, there is the other side which keeps beating drums about you are so strong and tough and then I think can I not allow myself to be vulnerable or ever show that I am not this undefeatable hero? I feel I am both and

> sometimes none. So it's weird to see this because people love to put you into boxes but as Black and Brown women who have experienced abuse at all ends, we are not only our pain, anger and sadness and at the same time, we are not only our strength and resilience. Our lives are more than that and I wish people could see that.

This quote indicates that the binary conception of victims as damaged goods or surviving heroes is limiting and problematic. Nazneen shared how she had to fight through these conceptions and stereotypes as so many people *would not believe me or my story because I was active on social media and had shared a few happy pictures of myself and because they expected me to be all gloomy and sad all the time, I didn't fit in with their idea of a victim and so did not deserve any help.* However, this meant that she resisted the idea of her trauma defining her and her life completely. Similar acts of resistance were discussed by others. For instance, Evelina challenged the notion that silence always means oppression and the perception that racially Minoritised women do not have agency:

> This idea that we are silenced in and by our cultures and communities. That's not what happens. I find my silence is more powerful than my reaction to his words and his actions, and I actively chose to remain silent and it bugged him more, I could see that not giving him a reaction made me feel powerful and he felt powerless. I don't think that's oppression. And sometimes you ought to do that to protect yourself and I find it strange that it's mistaken for us not having a voice. That's not true.

It is evident through these examples that these women had their own unique ways of resistance and were reclaiming their agency through these narratives, despite attempts at dismissing their agency by the use of systems and structures. They further challenged this notion of perceived lack of agency in racially Minoritised women by expressing their hopes, aspirations and dreams of being agents of change. Many of them volunteered in women's centres, or worked with community groups to give back to 'their communities' (fellow women of colour survivors) through diverse means.

For example, Mey mentioned that, '*I want to write and help other women who are going through these challenges'.* Amyra shared she was *pursuing a degree in social work to*

be able to help other women better, because the current system is not good, maybe I will be that drop in the ocean and contribute to the greater good. Maisoora stated that *going forward, I want to work with men because we women alone cannot change this world, it's not our fight alone,* suggesting the power of collective in bringing about change. Ahladita, like several others, was volunteering at a local women's centre, *fostering more community centred support, indigenous healing practices and helping women reconnect with their roots.* It can be seen that participants, through their diverse experiences, dreams and aspirations, hoped to bring about change and a shift in the current system, demonstrating their agency and reclaiming their narratives and identities as survivors.

Furthermore, some of them highlighted *the power of community and not feeling alone gave way to a new life, like a rebirth and so for change to happen, it has to start from listening to us and working together with us because we have so much to offer* (River). They highlighted the importance of placing survivors at the centre of any change and transformative action, celebrated their interdependence and harnessed it as tools to bring about change in their own lives as well as that of others. Rubaina elucidates this:

> The other women in the refuge taught me a lot, they gave me the strength to carry on. The strength to raise my child independently, because it was my first experience and I didn't know how to take care of her. So this friendship that I developed with them, it's very rare and I am lucky to have this community, it made me feel like I was not alone in this and it helped me build my belief in creating this beautiful life with my daughter and to live on my own terms. We all learnt so much from each other and continue, we have all grown together and I can now say that I am ready to take on the world and fight against these injustices to create a better world for my daughter to grow in.

Several participants shared such counter-narratives, challenging the dominant discourses about racially Minoritised women survivors of domestic abuse. They defied the stereotypes generally used to represent them, expressed various perspectives about their lives that highlight their joy, aspirations and dreams, activism while underscoring their

diverseness, and provided insights on how they empower themselves and one another. It was evident how in the process, they reclaimed their narratives of resistance and agency, offered multiple meanings of support and justice and reconceptualised their journey of healing.

Discussion

The current study explored the narratives of racially Minoritised women in the UK who experienced domestic abuse during the pandemic, the impact of the abuse on their mental health and their experiences of seeking help and support. We developed three themes that highlight the patterns of domestic abuse and harms in navigating help experienced by the women, the burden of the pandemic and racially Minoritised survivors' reclaiming their narratives of healing, justice and agency. These findings have important implications for research, policy and practice in order to better understand the context of racially Minoritised women experiencing domestic abuse to be able to facilitate their healing and support seeking in the pandemic context and beyond. The results of the present study have the potential to inform emergency and crisis situations in the future and also help to challenge the dehumanisation from the harmful structural inequities the women are subjected to, to be able to create more equitable and accessible forms of support for their journeys of healing.

In theme one, we illustrate the 'transgressed' boundaries of violence that shed light on the patterns of domestic abuse inflicted on racially Minoritised women and also the additional barriers, violence and harm the women face while navigating systems of support and help for the abuse. These transgressions occur as perpetrator(s) (mis)use the threat of oppressive hostile structures in the public domain (e.g. police, immigration) to perpetuate abuse in the intimate spheres. For instance, racially Minoritised migrant survivors are subjected to 'intimate border violence' (Heimer, 2023, p. 1380) as perpetrator(s) deploy the threat of deportation by the hostile immigration regime and weaponise the authority of such bordering practices embedded in racialised and colonial logic (Walsh & Ferazzoli, 2023) in a continuum (Kelly, 1988) of intimate and state abuse. Despite the antagonism and oppression

of such systems on the perpetrator(s), they continue to wield the power of state border violence in order to exert their authority and control over the women in intimate spaces. Similarly, racially Minoritised men, likely to be overrepresented in the criminal justice institutions (Williams, 2015), tend to use the very same threat as a tool of oppression against the women to perpetuate abuse in the intimate spaces.

Like patriarchal bargain (Kandiyoti, 1988) explains women's strategies to navigate the constraints of patriarchy to gain power and benefits from the system, reinforcing such oppression, our findings highlight the bargaining of power and control of the oppressive systems and structures by perpetrator(s) in exchange for authority and control over the women, reinforcing coloniality and upholding white supremacy. We conceptualise this as *systemic bargain* which is employed as a tool to perpetuate harm and violence against racially Minoritised women in intimate spaces. Thus, systemic bargain allows the transgression of the boundaries of private and public violence in the domestic abuse experiences of racially Minoritised women and maintains the continuum of oppression experienced by racially Minoritised women.

Moreover, our findings elucidate how the transgressions of the boundaries of violence occurred as Minoritised women navigated the systems designed to support and help them. These agencies, institutions and systems of support and help, ironically, mirrored the abusers' tactics of coercion and domination perpetuating the cycle of exploitation, dehumanisation and pathologisation through responsibilisation, victimism, invisibilisation, criminalisation, disbelief and reality-manipulation (see Beddows & Mishra, 2024). For instance, the draft Victims and Prisoners' Bill, enacts this dehumanisation through exclusion of migrant survivors of domestic abuse from the very definition of victims, reflecting a narrow and exclusive conception of who is worthy of help. Similarly, navigating health services portrayed the structural harms through pathologisation and medicalisation of racialised minorities for the survivors.

Our findings highlight that both formal and informal support systems were complicit in perpetuating secondary victimisation (Laing, 2017), reinforcing violence and harm towards

the women beyond the domestic sphere, thus, supporting the idea of ‘continuum of oppression’ experienced by Minoritised women which impacts their choices, patterns and experiences of seeking help and support for the abuse (Kanyeredzi, 2018). The findings also suggest that the complexity and multiplicity of the context which determines the situations of racially Minoritised women was often missed by support systems, with their experiences of abuse often being reduced to the problematic lens of ‘cultural difference’. Consequently, this led to the tendency of homogenisation across racialised minorities and simplistic essentialisation of their experiences and cultures, reproducing harmful discourses of racist and cultural othering, negative tropes about racially Minoritised communities (Rasool & Ahmed, 2020) or an altogether lack of intervention/action out of ‘cultural’ respect (Burman et al., 2004). These findings suggest that such unfavourable practices and ‘falling in the gaps’ of the system marginalised the women and had a detrimental impact making it difficult for them to access support and help.

Additionally, the ‘normative’ boundaries of domestic violence were also transgressed as perpetrator(s) continued to inflict harm by going beyond separation and geographical borders. Our findings demonstrate that through the constant use of systemic bargain by perpetrator(s), violence continued to infiltrate the intimate spaces of the survivors despite separation from the perpetrator(s), highlighting the realities of post-separation abuse (Desai et al., 2022) intersecting with structural inequities for racially Minoritised survivors and creating a sense of omnipresence of the perpetrator(s). This brings to light the need for further research into unpacking the ways systemic bargain is used in post-separation abuse for racially Minoritised survivors and contribute to policy and legislation in that area. It further highlights the importance for embedding ongoing support for survivors in the current support provision landscape to help deal with the impact of the abuse post-separation. Another important contribution of our study is to illustrate how racially Minoritised women’s domestic abuse experiences reflect navigating the blurring of ‘geographical borders’, challenging the notion of the experiences of abuse as ‘intimate’, ‘domestic’, ‘local’ to encompass its transnational and global aspects. Their experiences of abuse involves negotiating the

‘diaspora space’ which refers to the concept of home between Minoritised women’s countries of origin and the UK (Brah, 1996). These findings, therefore, raise the possibility of critically examining the use of ‘diaspora space’ in violence against Minoritised women, questioning the notions of ‘exclusivity’ and ‘privatisation’ of violence and harm of domestic abuse for racially Minoritised women, more research to uncover the nuances of such forms of abuse and the need for strengthening transnational coordination of systems to be able to better support survivors.

Taken together, the transgressed boundaries of violence demonstrate the complexity of abuse and help-seeking experiences of racially Minoritised women and call into question the binary conceptualisation and neat distinctions between the private and public forms of harm and violence. Our results highlight how intersectional structural factors play an important role in influencing the context in which Minoritised survivors experience abuse and navigate systems of support. These findings emphasise the need for research to critically examine how domestic abuse manifests, suggesting a paradigm shift in understanding the nuanced experiences of racially Minoritised survivors and addressing it through a multi-pronged intersectional approach. The findings of the study also have important implications for policy and practice as it sheds light on the use of systemic bargain as a tool for perpetuating abuse, highlighting the need for greater efforts towards dismantling the systems that are weaponised by abusers, such as immigration reform. Similarly, it calls for being attuned to the coloniality of existing systems and changes within institutions through abolitionist and anti-carceral approaches to better understand and support survivors in nurturant and equitable ways, for instance, ongoing reflexive anti-racist and culturally competent training for stakeholders in various support systems.

The role of the pandemic highlighted by the second theme demonstrated both its role as a ‘conducive context for violence’ (Kelly, 2016) as well as the context and conditions it created through its knock-on effect on existing systems and services which impacted the abuse and help-seeking experiences of survivors exacerbating the detrimental consequences for their health and wellbeing. Our research adds to the existing body of

knowledge by highlighting how newer patterns of abuse emerged and escalated in the pandemic with perpetrator(s) exploiting the guidelines and restrictions to exert more control, thus illustrating the concept of use of systemic bargain in emergency and/or crisis situations. This escalation of abuse demonstrates the heightened safety and vigilance work that survivors had to engage in and its distressing impact on their health and wellbeing, thus necessitating support provision to pay attention to prevalence of such effects and tailor support to respond to these specific concerns during adverse crisis situations. Furthermore, our findings reveal important nuances in the accounts of racially Minoritised women, for instance, as these guidelines were exploited to create support bubbles, the women were exposed to greater risk and intensity through the exposure to multiple perpetrator(s) such as in-laws. This is in line with what has been documented in previous research about the role of multiple perpetrator(s) in Minoritised women's abuse experiences (Gangoli & Rew, 2011; Mirza, 2017). This has important implications for policy and practice, especially for the support provision landscape to better understand the newer patterns of abuse and control, be prepared for the unique context of racialised minorities and cater to the safety planning and risk assessments of such survivors accordingly.

Consistent with other research (Gill & Anitha, 2023; Thiara & Roy, 2022), we also found that the pandemic had an unequal and disproportionate impact on racially Minoritised survivors of domestic abuse as they faced additional challenges due to the intersection of racialised and gendered disadvantages with the domino effect it had on existing systems and services. For instance, research has highlighted the increase in discriminatory racialised policing practices during the pandemic (Harris et al., 2021), the increasing economic precarity, unemployment and its impact on racialised minorities (Major et al., 2021), the differential impact of pre-existing inequalities in health and other sectors (Thiara & Roy, 2022), reduced housing access especially for those with insecure immigration status (Jolly et al., 2020) as examples of how structural inequalities exacerbate and shape the impact of domestic abuse for Minoritised women. In addition to this, our findings demonstrated the debilitating impact of the pandemic through the amplified risks on the health and wellbeing of

the women as some of them navigated risk of infections through immuno-compromised situations (Smith et al., 2021), grief and loss of family members (Singh & Sim, 2021), mental health risks from the isolation and abuse (Ali et al., 2021), feelings of loss of control and certainty (Hisham et al., 2021). This has implications for support provision to take into account the multiple consequences of humanitarian crisis situations on the health and wellbeing of Minoritised women, underscoring the urgency and importance of providing psychological and emotional first aid while being mindful of these multiple effects.

Our findings therefore suggest the need for coordinated response across systems, better funding provision to address the structural barriers which are amplified during crisis situations and need for more research into the long-term impacts on health of such crisis situations on vulnerable populations such as Minoritised survivors. Implications for policy and practice also include the need to invest in strengthening community-centred support systems offering tailored and bespoke support to Minoritised survivors, plans for responding to future crisis by developing services that are adaptable and responsive to essential needs in emergencies and centring intersectionality in the design, planning and implementation of policies and guidelines related to the crisis.

The third theme has elucidated the counter-narratives on healing, support, justice and resistance of racially Minoritised survivors in the present study. Counter-narrative perspectives are valuable sources of knowledge and tools used to resist, disrupt and reconstruct the dominant and hegemonic narratives about the historically oppressed, excluded and marginalised, viewing them as experts in their lives (Milner & Howard, 2013), therefore act as promising alternatives to reframe knowledge and have the potential to become the master narrative (McKenzie-Mohr & Lafrance, 2014). In the present study, the experiences and perspectives of the survivors contribute to reframing the dominant discourses around racially Minoritised women’s experiences of abuse, seeking help and support, healing, health and wellbeing, resulting in these women reclaiming their agency. It has further illuminated the stories of Minoritised women as valid sources of knowledge, countering the widely endorsed deficit-based stereotypes, oversimplified understanding and

racialised discourses about Minoritised women and their cultures frequently framed using colonial tools and white gaze. This is particularly significant in the context of the pandemic and the current broader socio-political context which continues to reinforce and amplify the established narratives and pre-existing structural discrimination (Poole & Williamson, 2023), demonisation of racially Minoritised communities (Cockbain & Tufail, 2020), promoting othering and blame (Dionne & Turkmen, 2020), thus it is more crucial than ever to elevate the importance of such counter-representations and bring the voices from margins to the centre.

The counter narratives presented by racially Minoritised women survivors highlight their alternative ways of healing through embracing of culture, spirituality, faith, nature and the role of arts and creative expression. While the dominant discourses of domestic abuse tend to view the women as 'victims of their culture' (Sokoloff & Dupont, 2005) and Minoritised cultures as backward and unassimilated into 'British' society (Thiara & Gill, 2010), the stories of the women illustrate the dynamic and evolving nature of culture as the women draw upon their cultural resources, display resistance to a 'particular version of cultural discourse' (Ahmed et al., 2009), rewrite and reinvent their cultural norms, becoming 'cultural entrepreneurs' in the process (Bhachu, 1993, p225). They do this by expressing their disillusionment with the hegemonic interpretations and expectations of their faith and culture often dominated by faith and community leaders, using silence as a strategic act by challenging its perception as a passive reaction or being deprived of 'voice' (d'Astros & Morales, 2023), reinterpreting newer meanings of cultural stories and spiritual practices, reconnecting with their roots by resisting the white gaze (Morrison, 1998) and looking back at their histories from outside the margin of the white supremacist patriarchy (hooks, 2013). Additionally, as they highlight the role of nature and arts in their healing journey, it stresses the importance of creating more community centred spaces which can facilitate normalisation and visibility of Minoritised women in the outdoors as well as in the creative spaces. This underscores the importance of developing a holistic approach to service provision which understands the centrality of faith, spirituality, culture, nature and creativity

as central resources in Minoritised survivors' healing journeys and tailor their therapeutic practice in line with such needs.

Our findings have also highlighted the multiplicity of meanings racially Minoritised survivors attribute to support and justice, suggesting the importance of kaleidoscopic justice (McGlynn & Westmarland, 2019) as an important framework to be encompassed by support systems of the women. In addition to this, our findings suggest the necessity to incorporate the impact of cultural bereavement (Bhugra & Becker, 2005; Yoon et al., 2022), an affective reaction caused by the loss of one's cultural values, identity and feeling uprooted from one's home and social networks as a result of migration, on the healing and help-seeking journeys specifically of migrant Minoritised survivors. Furthermore, results illustrated the relational nature of participants' selfhood embedded in relationships with their families and communities, implying the necessity to consider their removal and alienation from communities as a potential source of distress and harm, instead of being helpful. This raises an important consideration for support providers who need to factor in such complexities, unique positions and nuanced needs of racially Minoritised survivors while providing them with adequate support.

The stories of survivors highlighted their experiences of support in certain spaces (e.g. some specialist by and for domestic abuse charities) as reflective of 'access intimacy' (Mingus, 2011), where their support needs were genuinely understood and anticipated, highlighting this as a defining feature of support, suggesting how this approach needs to be incorporated in the systems and services of support provision. Moreover, they have stressed the importance of 'interdependence' (Mingus, 2017) in their stories of healing and support and have consequently challenged the ableist, white supremacist, capitalist emphasis on striving for independence as a goal of recovery and healing. Our findings illuminate how interdependence through solidarity, sisterhood and power of community facilitated Minoritised survivors' to make sense of their experience, contributed to their accounts of hopes, dreams and aspirations of being change-agents, and advanced their agency and sense of empowerment. This highlights the importance of counter-narratives in reclaiming

agency despite structural constraints, thus advocating for future research to work in partnership with Minoritised survivors through co-production to uncover their narratives and help build culturally specific models of empowerment that critique eurocentric perspectives.

The counter-narratives of Minoritised survivors dispute the binary notions of 'helpless victim in insurmountable pain' or 'warrior possessing superhuman strength' (Sehgal, 2016). This has important implications for support providers to not reduce them to fit in such moulds in order to not reproduce stereotypes of 'Strong Black Woman' or 'damaged goods' as these tropes can have debilitating impact on their help-seeking and wellbeing. Our findings further highlight that by acknowledging that racially Minoritised survivors are more than their traumas, practice and policy work can focus on cultivation of spaces which can celebrate them, their joys and hopes in their own right. Our findings therefore advocate for a transformative justice framework in line with Mingus (2019) as a crucial approach in understanding the experiences of domestic abuse and support seeking of Minoritised women in the research, policy and practice landscape. Overall, our findings point to the importance of centring racially Minoritised women's voices and narratives as valuable sources of knowledge and their authority as experts in the experiences of domestic abuse, mental health and help-seeking in the pandemic context. This has the potential to shape future research, policy and practice in ways which can have a meaningful impact on the lives of Minoritised women experiencing domestic abuse.

Conclusion

The present study highlights the importance of tuning in to the voices of racially Minoritised women experiencing domestic abuse and navigating systems of support as crucial in understanding the impact of the pandemic on their lives. The findings illustrate the complexities of domestic abuse in a crisis context as survivors navigate transgressed boundaries of abuse, suggesting rethinking the distinction between private and public forms of harms. It went on to highlight the unequal burden of the pandemic on Minoritised survivors and its impact on their health and wellbeing. Our research also illustrates the need to understand the complex, nuanced and multifaceted stories of racially Minoritised survivors

as they provide counter-narratives on healing, support, culture and resistance and reclaim their agency despite structural constraints in unprecedented times such as the pandemic. Our findings stress the importance of systemic and structural changes, decentring whiteness, colonialism and patriarchy in research, policy and practice by recognising the intertwined harm of these systems on Minoritised women and move towards transformative justice to better support Minoritised women. Future research needs to work in partnership with Minoritised women and support providers collectively to further our understanding and practice of meaningful responses in crisis contexts to prevent future harm.

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Table

Table 4.1

Demographic data of all the participants along with their pseudonyms

Participant	Pseudonym	Age	Heritage	Children	Status of relationship
P1	Jabrayah	33	Pakistani	1	Separated
P2	Ahladita	46	Indian	2	Divorced
P3	Arnaz	34	Arab	2	Divorced
P4	Rubaina	28	Indian	1	Separated
P5	Nazneen	28	Afghan	1	Separated
P6	Maisoora	28	Pakistani	1	Separated
P7	Taufeeq	27	Bangladeshi	0	Separated
P8	Zareen	51	Pakistani	0	Separated
P9	Samrina	31	Pakistani	2	Separated
P10	Afreen	26	Pakistani	1	Divorced
P11	Inza	43	Pakistani	0	Separated
P12	Sukoon	34	Indian	0	Divorced
P13	Rehana	24	Bangladeshi	0	Separated
P14	River	52	Black	2	Separated
P15	Mey	51	Chinese	0	Separated
P16	Amyra	34	Pakistani	0	Divorced
P17	Salvina	41	Black	3	Separated
P18	Evelina	58	Black	2	Married
P19	Sifarish	53	Pakistani	4	Divorced
P20	Tiara	34	Black	1	Separated

Appendix

Appendix 4A: Interview schedule for semi-structured interviews

Can you tell me about what happened or why you contacted the organisation/sought their support?

What was your experience of domestic abuse? What kind of abuse were you subjected to?

What do you think about this in the context of the pandemic? Did it have anything to do with the situation you were in?

Did the pandemic impact why or how you contacted the organisation?

How did this impact your mental health? (Paraphrase into ‘How did this make you feel?’ if participants do not relate to mental health directly)

What do you think would have helped your mental health and wellbeing at that time?

Did you access support and help for the abuse and what was your experience like?

What kind of support did you initially seek, formal/informal (such as police, charities, helplines, family, friends, legal aid, religious leaders, etc.) or both and which ones did you receive?

What has been your experience with each of these types of support networks?

Which form of support do you think helped you the most? Why do you think so? What about it made things easier for you?

What was the least helpful avenue(s) of support, if any? Why did you not find it helpful?

What were your challenges with respect to that avenue(s) and how did you navigate them?

Did the pandemic influence your choice of support and how did it do so? Could you share some challenges you experienced in accessing help and support due to the pandemic?

What barriers did you face when you were seeking support and help?

If you could go back and change something with regards to the support provided, what would it be?

How would you want the sources of support to be equipped to be able to respond well to Minoritised women survivors in pandemic situations?

Phase 2: Exploration

Chapter 5: You always have to think on our feet…it was a complex way of doing new things: Experiences of support providers during the pandemic

Introduction

The impact of the COVID-19 pandemic and associated lockdown and social restrictions on increasing domestic abuse against women has been widely documented in the UK (Krishnadas & Taha, 2020; Office for National Statistics, 2020; SafeLives, 2020) and across the globe (Jung et al., 2020; Kaukinen, 2020, Mohler et al., 2020). Critically, the pandemic had a disproportionate impact on Black and Minoritised women survivors of domestic abuse, exacerbating pre-existing structural barriers for those who stand at the intersection of both gendered and racialised inequalities (Gill & Anitha, 2023). COVID-19 and violence against women and girls can therefore be understood as 'dual pandemics' (Banga & Roy, 2020), which have had serious consequences for the safety, health and wellbeing of Black and Minoritised survivors.

Social support has been found to be an important factor that buffers survivors against the adverse impacts of domestic abuse (Ogbe et al., 2020) in the form of both formal (e.g., police, courts, refuge/shelter, social workers, health professionals, counsellors, domestic abuse services and the like) and informal (e.g., friends, family, neighbours, colleagues) social support. Research with Black and Minoritised survivors of domestic abuse conducted during the third lockdown in the UK found social support to be a significant predictor of their help-seeking (see Chapter 3). The increasing severity and changing patterns of abuse during the pandemic along with myriad social restrictions and racialised stigma related to COVID led to an increased demand for additional support amongst Minoritised survivors (Davidge, 2020; Gingrich, 2020; Sheil, 2020). This was reflected in an increase in calls to helplines (Refuge, 2021), specialist third sector organisations (Thiara & Roy, 2022) as well as seeking support from informal networks (Gregory & Williamson, 2022), suggesting that the need for and access to both formal and informal support by Minoritised survivors increased during the pandemic.

While there was an increased demand for support, formal support providers including health professionals, police and statutory agencies were also under increased pressure due to the demands of the pandemic (O'Dowd, 2021; Newiss, 2022; Ravalier et al., 2023).

Support providers from voluntary sector organisations, such as specialist domestic abuse services (e.g. organisations which are by and for Black and Minoritised women), also found themselves subject to substantial funding cuts, in the push to merge them into generalist service (Thiara & Roy, 2020). Research has highlighted that even during pre-pandemic times, those in the frontline for domestic abuse have generally been under-resourced and over-worked (Iyengar & Sabik, 2009). There is also growing recognition of the impact of trauma and the emotional nature of the work on the wellbeing of domestic abuse support providers and their provision of support (Taylor et al., 2019). The pandemic heightened these existing pressures, placing additional demands on support providers as their services moved online, in a context characterised by changing guidelines, newer pandemic-specific forms of abuse and denigration, and scapegoating of racialised minorities as spreading COVID (Bentley, 2020; Slakoff et al, 2020, Wood et al., 2020). In light of these manifold challenges, it is important to understand the experiences of formal support providers of Minoritised women during the pandemic.

In addition to formal support, research has highlighted that survivors often rely on informal support networks in addition to or even before accessing formal support (Klein, 2012). Informal networks including family and friends serve as first-responders and sometimes the only responders for Minoritised women, as they may be sceptical of racism and stereotyping by statutory agencies such as the police or social services (Kyriakakis, 2014; Monterossa, 2019). This suggests that informal support providers are a crucial and vital asset for Minoritised survivors in the support provision landscape. Research demonstrates that survivors of domestic abuse were in increased contact with informal support networks during the pandemic (Iob et al., 2020). However, prior research has also demonstrated that family, friends, colleagues and neighbours tend to find the experience of providing support challenging, complex and confusing (Gregory et al., 2021), in addition to its emotional and physical impact on their own health and wellbeing (Gregory et al., 2017). Since all citizens had their own experience of the pandemic and its pressures, the complexities and demands on informal support networks were heightened (Gregory &

Williamson, 2022). This was compounded by the racialised stigma of COVID where racially Minoritised group members were implicated as ‘virus spreaders’ and blamed and discriminated against by the wider public (Van Bortel et al., 2022). Such intersectional disadvantages and challenges highlight the importance of understanding the concerns and experiences of informal support providers of racially Minoritised domestic abuse survivors, in order to learn how we may better support them as first-responders.

Despite recent calls for research focusing on the support networks of domestic abuse survivors in the context of pandemics (Slakoff et al., 2020; Wood et al., 2020), there is little research exploring the experiences of support providers of Minoritised domestic abuse survivors during COVID-19. The few existing studies in the UK context have either focused on informal networks, but not specifically on Minoritised survivors (Gregory & Williamson, 2022) or on the experiences of Black and Minoritised formal service providers (Thiara & Roy, 2022). The aim of the present study was to gain a comprehensive understanding of the experiences of both formal and informal support providers of racially Minoritised domestic abuse survivors during the COVID-19 the pandemic, through qualitative focus groups. Specifically, the current research addressed the following research questions: (i) What was formal and informal support providers’ experience of providing support to Minoritised survivors of domestic abuse during the COVID-19 pandemic (ii) How can we address formal and informal support providers concerns or challenges in providing support during the COVID-19 pandemic and beyond?

Method

Design

Qualitative focus groups with formal and informal support providers were conducted to explore their experiences of providing support to Minoritised domestic abuse survivors during the COVID-19 pandemic. Focus groups can be quite useful to clarify individual and shared perspectives (Morgan, 1997), help to access the views of underrepresented social groups (Frith, 2000) and elicit a diverse range of views on under-researched areas (Wilkinson, 1999). We conducted six virtual focus groups, with three to five participants in

each group. The size of the focus groups was designed to balance in-depth discussions whilst giving time and space for participants' contributions and was also consistent with recommendations for an online context (Abrams & Gaiser, 2017; Poynter, 2010). Virtual focus groups helped to minimise the risks that would otherwise be presented by close contact during the ongoing COVID-19 pandemic, whilst also allowing a geographically diverse group of participants to come together to share their experiences and perspectives.

Participants

The eligibility criteria for this study included: (a) aged 18 years or older (b) provided some form of support to Minoritised women experiencing domestic abuse during the pandemic in an informal (as a family member, friend or a neighbour) or formal capacity (as police, solicitor, counsellor, support worker, etc). The participants (*n*=23) included specialist support and refuge workers from Black and Minoritised domestic abuse services (including two of our co-researchers), mental health counsellors, police and legal aid personnel and family, friends and neighbours (see Table 5.1 for details). Purposive and snowball sampling were used to recruit participants. With the help of community partner organisations (a local women's community centre, specialist Black and Minoritised domestic abuse charity), we invited support workers, refuge managers, community outreach workers, mental health counsellors, solicitors, police personnel and members of the community. Recruitment advertisements were shared on social media (e.g. Twitter and Facebook) as well as on notice boards (e.g. in shops, community hubs, etc) and University volunteer lists. We also contacted academics working in the field, who shared the recruitment advertisement with their contacts. Snowball sampling was utilised by requesting those who expressed an interest in the study, to share the information with their family, friends and colleagues.

Procedure and materials

Ethical approval was obtained from the University's Ethics Committee. After reviewing the recruitment advertisement and the participant information sheet, interested individuals completed a short expression of interest form, which checked inclusion criteria

and availability. Those who met the criteria were contacted to confirm their place and provide the consent form. Participants were invited to contact the researcher(s) if they have had any further questions at this point; otherwise, their place in the focus group was guaranteed once their signed consent form was received.

The focus groups were conducted online via Google Meet and the sessions were recorded. Each focus group began with an overview of the procedure and some ground rules of the focus group including confidentiality of the group discussion and being considerate of people's feelings and experiences. Participants were given the choice to keep their cameras on or off with the reminder that only the audio would be extracted for transcription. All the participants chose to keep their cameras on to see each other during the discussion. (See focus group schedule for question prompts in Appendix 5A). In total, six focus groups were conducted; four with formal support providers (3 to 4 in each group) and two with informal support providers (4 to 5 in each group).

At the end of the discussion for each of the focus groups, there was an opportunity for participants to debrief with the facilitator(s), if required. The focus groups lasted between 1 hour 10 min and 1 hour 42 min (*M*= 1 hour 26 min; in total 9 hours 02 minutes). The participants were each given a £20 online shopping voucher as a token of appreciation for their time. Following extraction of the audio from the recorded discussions, we conducted transcription. Transcripts were anonymised, participants allocated a pseudonym and transcribed verbatim.

Data analysis

We used Framework analysis (Ritchie & Spencer, 1994) to map the nature and range of experiences of providing support across diverse stakeholder groups in the pandemic context and to generate themes to help identify priority areas to develop future action plans and strategies. The framework method was chosen as it is a systematic, comprehensive and dynamic analytic process that sits within the inductive-deductive continuum (Gale et al., 2013), can be applied to a variety of data types including focus groups (Goldsmith, 2021) and helps address contextual and strategic research questions that we were interested in

(Ritchie & Spencer, 1994) (i.e., as we explored the experiences and perspectives of support providers, this approach helped to identify and map the nature and range of the phenomenon under investigation (contextual), but also aided in understanding how we can improve existing systems by identifying areas of action based on the requirements generated from the accounts of the participants (strategic).

As the framework method enables within-and-between-case analysis, it was particularly useful in the present research which involved different types of stakeholders (eg, formal and informal support providers). Due to the epistemological and theoretical flexibility of the method, it was well adapted to our programme of research. Since framework analysis has also been a useful collaborative data analysis approach supporting academics, practitioners and community partners (Furber et al., 2009; Ward et al., 2013), it was chosen to reflect the participatory commitments and values of the present research. The process of engaging in the five stages of the analysis process are outlined here.

Familiarisation: After transcribing the recordings, we immersed ourselves in the data through repeated rounds of listening to the recordings and reading the transcripts. We achieved data familiarisation through several rounds of reading of the transcripts, making notes, listing key ideas on the margins of the transcripts. We co-developed preliminary codes using a mix of semantic and latent codes from an inductive coding approach for the first two transcripts out of the dataset of six. This stage not only helped gain an overview of the richness and depth of the data, it also set the scene for initial conceptualisation and abstraction of the data.

Framework identification: This stage involves identifying key themes and issues to provide a structure that can be used to organise the data for further stages of interpretation and analysis. We met to discuss our notes, impressions, and codes, and developed categories to set out the initial framework structure. Through collaborative discussions about the relevance of the issues, making judgments about the meaning of the ideas and the connections between them, testing out the initial framework structure on new portions of the data with the aim of revising it, we then refined the framework further. The resulting

framework was thus developed through an iterative process of drawing upon the research objectives (i.e., exploring the experiences of support provision and identifying strategies for supporting provision) along with the emergent issues in the data raised by the participants that was identified in the familiarisation stage (i.e., additional concerns and needs, value and characteristics of their support in the context and the needs of the recipients of their support), highlighting how the analysis process sits within the inductive-deductive continuum. After multiple meetings to clarify the components of the framework and piloting it on a further transcript, we agreed on the six components of the framework with the awareness that we could revisit it during the subsequent stages.

Indexing: In this stage, the framework was systematically applied to the whole data set. I took responsibility for systematically working through each transcript, highlighting the text, deciding its meaning as it is as well as in the context of the focus group, before assigning it to the relevant component of the framework. This was done by colour coding the text according to components and using the comment function in the word-processing software to add additional notes about the decision process for other researchers on the team. Indexing allowed us to see the patterns within the data, and the associations and connectedness to the components within and across transcripts. This stage also provided an opportunity for revising the framework as applying the framework to all the data simultaneously helped us assess how well the framework components worked and which data did not fit into the framework components. We amended the framework by adding another component to better capture all the data. It highlighted how framework indexing and revision continued to be an iterative process until all the data were indexed in a final framework. The final revised framework was shared with the rest of the team who reviewed the decision process and the components accordingly.

Charting: This abstraction and synthesis process involves providing an overall picture of the data through summarising and analysing it in totality. In this stage, we produced charts using spreadsheets for each of the key thematic components of the framework by reviewing data across all the transcripts for those components and entering it in the spreadsheet.

While charting the data in this format, we could explore the patterns across stakeholder groups (informal and formal support networks) and present a summary of the data by framework component (in rows) and stakeholder group (in columns). The summary of the data in the columns referenced the original text, in order to be able to trace the source, and was discussed with the research team. The final charts reflected the concise summaries of the original transcript text around the components for both the stakeholder groups.

Mapping and interpretation: After sifting through the whole data, this stage involves the final understanding, sense-making and articulation of the data by building on all the learnings of the initial stages of exploring patterns and associations within and between cases in light of the research objectives. We interpreted the data, with the supervisory team acting as a sounding board for the cogency and conclusiveness of the analysis. Continuing to explore the patterns of the charted data and reviewing research notes, we referred back to the original transcripts for further clarification and in-depth nuances. The analysis was approached by actively generating the connections in the narratives and mapping the implicit meanings of the nuances. This helped to establish patterns within the components of the existing framework by weighing the salience of the issues and experiences of multiple stakeholders holistically in the context of the research question. Keeping in mind the contextual and strategic nature of the research question helped to generate the final thematic structure consisting of four themes that worked coherently to provide a rich analytic story to our research question. These themes mapped out the range and nature of participants' experiences and provided future action plans based on both explicit suggestions from the participants as well as inferred implications from the nature of their experiences.

In line with Lincoln and Guba's (1985) trustworthiness criteria, we ensured that we (i) were deeply immersed in the data and familiarised with it through prolonged engagement, documenting our reflections, notes and impressions along with researcher triangulation during all stages; (ii) maintained a clear documentation of our decision trail along with detailed and systematic reporting of all stages; (iii) revisited the raw data during the mapping

and interpretation stages to ensure the final analysis is generated from the data; (iv) maintained a reflexive journal to record the logistics, methodological decisions and rationale along with personal reflections of values and self in the research process; (v) provided transparent information concerning the team's positionality; (vi) shared the data summary with our partner(s) who confirmed that the themes resonated with their experiences.

Results

We generated four themes from our analysis: (1) The context and complexity of survivors' needs; (2) Unmasking invisible wounds; (3) Ripple effects of the pandemic on support provision: two sides of the same coin; (4) Rethinking the status quo: the way forward.

Theme 1: The context and complexity of Black and Minoritised survivors' needs

This theme highlights the complexity of needs of Black and Minoritised survivors, which were further amplified during the pandemic. Both formal and informal support networks emphasised how responding to this complexity in the pandemic influenced and contextualised their experiences of providing support since the pandemic not only intensified the existing unique barriers experienced by Minoritised survivors but also resulted in additional pandemic-specific demands and issues that needed to be addressed.

Participants outlined that Black and Minoritised survivors of domestic abuse have '*a range of different needs based on their background'* (S, FG2), *'they are from different demographics, so everyone does not want the same thing'* (M, FG1), experience '*massive barriers like the lack of trust in police and institutions, linguistic challenges, threat of deportation and children being taken away, financial insecurities, familial and community concerns, cultural barriers, not understanding what domestic abuse constitutes'* (Min, FG4), '*stigma of being labelled as victim of abuse'* (F, FG5) and *'lack of knowing where is the right place to have help and then also being scared of seeking help from outside with no trust with no recourse to public funds'* (M, FG2). J (FG3) shed light on what is commonly referred to as 'not knowing' if it's abuse:

For some of our women, it's like they are on this continuum of experiencing abuse. Where exactly do you, like, tell me, like, that's not abuse but this is, where do you draw that line and how will they recognise it if they have been constantly subjected to that from all around the society, all throughout, it’s not just family, it’s other people in the society, it’s just everywhere that message gets sent, so how do you know.

J (FG3) went on to explain how these complexities play out in the context of domestic abuse experiences of Minoritised women where there are wider consequences of leaving an abusive relationship:

> And then there are these links, you know, with families, so basically they kind of get some support for their families back home. Like the perpetrator is kind of giving some or little money to the families and they think, like, my family is being funded now, this is how they are surviving. This man, even though I'm being beaten up by him every day, if I leave, he will stop the money and they will go hungry, they will die, is all this precious? All these things then add up for them, but the police or services do not want to understand all of these complexities.

K (FG3) further highlighted why Minoritised women need specialist support because the intersecting aspects of their identities mean that they occupy disadvantaged positions within the society:

> When you are working with Minoritised women, you find that they already don’t value themselves, they think they don’t need care or attention, the society makes them feel like they don’t deserve as much as other people do. I have had to deal with so many clients who are just apologetic about being themselves. Already the abuser has done that to them, then the society and now the services they are seeking help from, it’s just so much more difficult for women from Minoritised backgrounds. There is no acknowledgement or respect for their cultures or ways of being or conducting themselves, it’s much more specific kind of support that they need, but no one understands that.

Informal support providers also echoed the challenging context of Minoritised women because *'the discrimination is so much that it is not easy to consider leaving'* (S, FG6), *'our cultures are misunderstood and it's not very easy to explain the close-knit family, staying with in-laws or multiple perpetrators'* (K, FG6) and *'the issue of skin colour really matters a lot as they have bad experiences with agencies, so they do not want to get help'* (T, FG5). For instance, *'the police will be more aggressive with your partner because he is Black, and do you want to subject him to that because then the community will blame you for outing him despite knowing how badly they treat us'*. These intersecting factors suggest that for Minoritised women experiencing abuse, it is *'just too difficult from all ends'* (D, FG6), like a double-edged sword. Indeed, these issues impact upon the experiences of informal support providers:

> I was not sure if she wanted to get the police involved as she is still on a different visa and could risk losing her visa. So it was challenging to help her at that time, you know, because I did not know how would she get help without police getting involved and how will she get some financial support as she said she is not a citizen, that's why it took me so long to figure out anything. I did not want to add more trouble for her in the process of helping her. S, FG6

In light of these complexities, Minoritised survivors might change their decisions while seeking support, which may be misunderstood by larger mainstream agencies. L, FG3 comments, *'you cannot judge because you don't know what's going on in their context'*. This lack of understanding of their situation meant that some survivors chose to go back to the abusive situation: *'between the unknown of what will happen, because no one was listening to her, and what I already know, the abuse, what to expect, she said, I will go for what I know.'*

While formal support providers from Black and Minoritised organisations and community centres at the grassroots have experiences in addressing such needs and are empathetic to the context of the survivors, participants have highlighted that '*our women do not get heard despite having like, the more complex needs'* (I, FG1), suggesting that the

failure of many agencies to take into account the complex needs of their clients can lead to poor quality of support.

Informal support networks discussed their challenges in supporting survivors, especially when they did not have the clarity or recognition of their needs or felt unsure since it was a 'private matter' and *'because it is generally hard to say from an outsider perspective what is happening inside'* (F, FG5), suggesting it was quite difficult for them to decide whether they should help or not and the extent to which they should be involved. For instance S, FG6 shared her confusion while helping her neighbour,

> I thought I will call some helplines for her but she was not willing, so I had to drop it. I know it's her decision at the end of the day. I tried to make her comfortable, but it was also confusing because she did not know what to do next. She did not want to go back but she did not want to leave completely, do you know what I mean?

Similarly, T, FG5 felt a sense of ambiguity and uncertainty while helping her friend:

> For me, it was a big challenge to help because most of the times, it takes a lot, it takes a lot to convince them to clearly see what you're trying to see, it takes a lot to talk to them to walk out of the abusive relationship. So I think to me, that was really, really challenging as it kind of looks like, you're probably trying to, you're trying to intrude in some kind of private issue you're not supposed to. So I just feel as a friend or family member trying to support, it's more challenging because we don't really know whether we should support and when.

In addition to the complex needs of Minoritised women, the social, psychological and economic consequences of the pandemic amplified these existing barriers, worsened mental health challenges for the survivors and intensified new forms of abuse, which evidently influenced the nature of responding to these needs from the perspectives of the various support providers. Participants reported how '*it was quite daunting to deal with everything'* (R, FG1) as *there was also a lot of trauma at that time of losing loved ones due to covid'* (T, FG5), '*you constantly needed to interpret the changing governmental guidance'* (N, FG3),

and *'pandemic brought a lot of poverty, a lot of abuse and made mental health challenges a lot harder'* (D, FG6).

S, FG2 illustrates how the pandemic adversely impacted Minoritised communities as '*everything got heightened in the pandemic and became more desperate'*:

> I think a lot of men, especially from these communities had lost their jobs, it was frustrating and there was the financial pressure now. A lot of them worked on zero hour contracts and in the pandemic that pressure was heightened with the fact that there's no, there's no work to go to and you're stuck in the house. The kids are home from school, home schooling was adding another pressure to women who were struggling to cope and I think because of all these stresses in the house, it was more pressure, it felt like, sometimes it was like, you were in a pressure cooker.

M (FG1) who works in a Black and Minoritised support service explained that:

> Women that we serve in our organisations, or those whose immigration status does not give them the protection that we get during such crisis situations, it is much more complex attending to her needs. And I think during the pandemic, it got more challenging as we had to sort out so many practical things with very limited resources like emergency packs, buying clothes for them, sorting out food parcels for those who were in hotels and emergency accommodation as they never got suitable food, especially during Ramadan. And for the women in refuge, we could not find housing to help them transition into independent living and that also meant we were not able to offer bed spaces to others in such escalated situations.

The pandemic context intensified the challenges experienced by Minoritised survivors, who experienced more abuse ('*abuse became 24/7 and so extreme for survivors'* (J, FG3)), isolation, loneliness and *lack of connection with the community* (K. FG5),*'it was just too hard for the women, they used to feel trapped, just on the go all the time and couldn't get a break'* (M, FG1) and poorer mental health *'that made her mental health so much worse, completely depressed with the abuse and being alone and isolated'* (F, FG5).

The patterns of abuse also changed with COVID and official guidelines were used by perpetrators as a means to perpetuate more abuse, for example, M (FG4):

> A lot of the perpetrators were using covid. If they had covid, that was used as an excuse to not leave the property or to abuse the partner even more and I had clients who said their perpetrators would cough or spit on their partner and then say, you have got covid and you can't go anywhere now. So they were very much using covid as another form of abuse to coerce the victim.

The impact of the pandemic on the domestic abuse experiences of Minoritised women was complex and served to intensify abuse and mental health needs. Support providers were therefore called upon to dramatically increase their levels of support to respond to additional pandemic-specific demands.

Theme 2: Unmasking invisible wounds

This theme explores the unrecognised and largely unacknowledged challenges experienced by the formal and informal support networks of Minoritised domestic abuse survivors, which were markedly exacerbated in the pandemic context, including their mental health concerns, interpersonal and institutional racism, othering and labelling while working within fragile and unsustainable structures of support. Informal support networks specifically described their feelings of guilt, which they carried as a burden for not being able to support survivors as much as they would have liked to. These unacknowledged challenges are rooted in wider systemic and structural inequalities and unfavourably affected the experiences of support provision across both formal and informal networks.

Formal support providers indicated experiencing a range of mental health and wellbeing issues while providing support during the pandemic, for instance, *'all got a bit blurry'* (N, FG3) between work and home *'and felt like it invaded your home space where you were meant to be in a safe space and had a distance from work'* (S, FG2). They felt the process of supporting the client was '*isolating trying to do a lot of the work by ourselves and dealing with all the trauma inside the home'* (M, FG1), '*challenging, distressful and hard to ensure the support was there'* (L, FG3), where '*too much screen definitely led to a lot of*

fatigue' (R, FG1), '*the constant multitasking, so much anxiety, scaremongering stories around COVID and losing loved ones while not being able to grieve'* (Min, FG4).

K, FG3 explained how a lot of the burnout in staff that came to the forefront in the pandemic stemmed from the constant '*expectation of overworking'* in the third sector and might look like '*walking into a mental health crisis reflected through current struggles to recruit'*:

> One of the significant things was around our own wellbeing, something that is largely ignored in the sector. I think everyone feels we have unlimited energy and mental resources to help and support women, we are seen as the charity sector people who are supposed to be the noble people, helpful ones. But no one ever talked about our jobs as professions where we would also need support. I think we all noticed the burnout in staff and how it was completely unsustainable. It was a big ask from the charity sector without equipping us with the resources or capacity, it was a huge ask.

Informal support providers too expressed how their own mental health and well impacted their support provision. They described their experience as *'hard, confusing, and exhausting'* (F, FG5), '*a challenging situation while trying to provide financial support as well as emotional support'* (T, FG6) and '*it was just a bit too much for me at the time'* (S, FG6). They felt that they *'could be there in a very limited capacity because of the disconnection and feeling exhausted'* (K, FG5) as '*I was also feeling the pangs of the pandemic'* (D, FG6), '*but then I also knew that I just had to be there for her to make sure that she's happy, she is my sister after all'* (T, FG6).

Since participants had their own troubles and were experiencing the challenges of the pandemic as '*everywhere was gloomy and bleak'* (D, FG6), their limited availability made them feel '*guilty and helpless'* as highlighted by T, FG5:

> I could not visit her and I was feeling so bad, I felt so helpless that I could not go to pick her up. It was difficult on my end because she lived too far and with my own mum's illness who had covid and she was immuno-compromised and we were very scared for her, I could not leave her. I felt guilty that I could not support her the way I

> wanted to. I felt like I could have done something better to take her out of that horrible mess. But I did not know how to provide for her when I am struggling to deal with my own emotions, it was overwhelming. I didn't want to be selfish, I don't know if I was being selfish, I was also guilty for not being there the way she needed but I just did not know.

Across formal and informal networks, participants discussed the challenges that the pandemic reminded everyone of, *'no sustainable solutions, gross underfunding, and of course racism'* (L, FG3). Participants shared their experiences of racism through countless examples of how Black and Minoritised women are treated.

Informal support networks recounted their experiences such as *'pulled over the road by the police for nothing except I was Black'* (F, FG5), *'getting quality support from agencies depends on the colour of your skin'* (S, FG6), *'you are not believed, so why call the police'* and '*our communities are labelled as aggressive and looked down upon'* (D, FG6), for instance as T, FG6 states: '*as minorities, we experience racism, media was constantly attacking us as if we were spreading the virus, and the only one breaking the rules during lockdown'* which led to differential treatment and assumptions in the hospital while getting support and care for the sister.

Participants also raised the issue of using stereotypes such as the Strong Black Woman stereotype and how that prevents people from getting the required support and care as highlighted by T, FG5:

> But when people think Black women are strong, they don't give them the required type of attention and care, they do not really stay there for them. They think they will manage because they are strong, like when sometimes you let your heart out, you go and speak it out, they tend to believe that maybe you are pretending because you are very strong, how can you experience this and be vulnerable. In the pandemic, with all its anxieties and isolation, it was so difficult but making these kinds of assumptions are not really helpful for anyone. So many women suffer and do not get the help they want because of such stereotypes.

She illustrates how such stereotypes and assumptions continue to harm Minoritised survivors, specifically, making them seem powerless, and impacts ways of support as their '*needs are never the priority'*:

> A friend of mine was sharing that in her neighbourhood, one Black woman was murdered by her partner. Can you imagine that she could not leave, like, she could not escape because of restrictions and rules and such stuff but those politicians, they were partying, but nothing can be done about it because we do not have the power like they have. And we are always the bad people, we are always the problematic community, you know, that's how they see us and treat us. If someone else does anything wrong, they get away, but we always have to be extra careful with all that we do. We can't afford to make mistakes, we have the pressure to be the model minority citizen. Sometimes it is exhausting to just put in more effort to simply exist. I think a lot of the times we are simply ignored, our needs are not seen.

While informal networks reflected about their own experiences, formal support providers reported their invisible wounds of racism and othering within the wider context of the Violence Against Women and Girls sector, for example, M described the recurring challenges as:

> I think George Floyd's murder and the BLM movement was a wake up call for the VAWG sector asking it to look in the mirror to acknowledge racism within the sector, hold the police accountable, tackle institutional racism but also when agencies were reporting that women from Black African or Caribbean heritage were reporting bruising to the police, they were told by the police that they were not being taken seriously. Can't believe that we had to wait so long for the law to come into effect for police to understand that not all women of colour bruise similarly.

Participants described a range of ways that agencies were implicitly racist in their misunderstanding of Minoritised cultures, for example '*mother-child relationships in Minoritised cultures labelled as an enmeshment of relationship due to translation misunderstanding leading to parental alienation charges in family courts'* (S, FG2), '*disbelief*

by the police and courts seem daunting and exhausting to survivors, leading to not pursue the criminal justice route' (K, FG3), '*refusal by professionals from White agencies about misunderstanding domestic slavery and honour based violence'* (I, FG1), '*nothing on the DASH (Domestic Abuse, Stalking, Harassment and Honour-Based Violence Assessment) form that asks visa questions, or tailored to Minoritised women' and 'no language support to our women when they go to mainstream organisations'* (J, FG3) and '*working harder to undo the effects of racial trauma and lack of trust by other agencies when they come to our refuge or service'* (M, FG1).

Likewise, participants experienced othering and homogenisation S, FG2:

> When they say BAME (Black Asian and Minority Ethnic) communities, it makes me feel like everybody is grouped as one and being White is the norm and everybody is the other, like we are other and it's our problem, you know, this othering is my issue.

This was described by J, FG3 as the everyday realities of blaming it on the culture which absolves the wider White community and generic services from responsibly engaging in these issues:

> Like blaming that, you know, those cultures are the problem, like generalising everyone as if all of us are a homogenous unit, it's not our issue to address. So I feel like the dominant societal outlook, especially White people take, is that, oh, it's their problem, we can't do anything. I am so tired of fighting racism in the sector and in life.

It appears that the specialist Black and Minoritised services experience prejudice whilst operating within the hierarchy of the 'mainstream' or generalist service provider agencies, which impacts their experiences of support provision. For example, the levels of inequity faced in the sector are illustrated by N, FG3:

> Then there is widespread resource discrimination in the VAWG sector, especially the by and for services. We have to navigate the immigration system, we have to spend more human resources to support someone with no recourse to public funds than someone with recourse to public funds, have to work extra hard to apply for the DV concession, pre-empt the Home Office to say the police sent you a message to say

> the marriage has broken down and therefore she needs to go back, but this is a DV case. We try to maximise and be efficient with our limited resources, that's why we're able to run the services that we do all these years, often on a shoestring, very often with enormous challenges but this is not sustainable.

Participants were clear that their services were underfunded to a point where they would be unsustainable and unable to meet the needs of survivors as *'we don't have the resources, so we don't have the capacity to help all the people'* (M, FG1). They discussed how the '*Government's move towards merging specialist services to more generalist ones meant first fighting the prejudice against us before we can address how our clients face prejudice from other systems'* (L, FG3). These systems or agencies were hostile towards specialist services:

> Our existing systems are not a sustainable solution, it is not how one can support minority women properly because how can you expect something that was not set up to address those nuances and complexities to be sustainable? Sorry to say, but I think the structural issues and barriers that we face from the police force, from the local authorities impacts our work and we have to fight using a lot of our energy in just maintaining our services. When you're doing the joint meetings with social workers, they will actually undermine us. And they'll give you this feeling well, what is it that you know, that you can teach us? How many people like us are even taken seriously in the field or our inputs valued, the burdens we have to carry and battle the racism against us for battling racism against the women that we support. And there's always been cuts in the funding, and we're forever sort of trying to get sustainability and funding all the time to provide the quality of support that we do. (I, FG1)

This theme provides instances that illustrate how wider structural inequalities continue to manifest through everyday prejudice, discrimination and mental health challenges, which have only magnified in the wake of the pandemic and affected the experiences of support providers in reaching out to Minoritised survivors of domestic abuse.

Theme 3: Ripple effects of the pandemic on support provision: two sides of the same coin

This theme encapsulates the participants' specific experiences of providing support in the context of the pandemic, highlighting how the pandemic influenced their practice and methods of supporting, some of which has continued beyond the pandemic. While all the participants across formal and informal support networks highlight difficulties and challenges resulting from the pandemic, some of the formal support providers also discussed the benefits of the changes.

Participants noted that the sudden and unexpected nature of the pandemic brought about a change in the regular patterns and methods of supporting the survivors, as highlighted by M (FG1) who works as a refuge support worker in a Black and Minoritised specialist service:

> We did adapt our work in practice that felt like, so it was more than you would usually sort of do, like, say if a woman had an appointment, you'd think, yeah, she can't get a taxi because you know, that service isn't really running because of lockdown, and then we would give her a lift, and then you'd support her through the appointment. And then we'd bring her back, kind of thing.

Participants highlighted how adapting meant *'you had to constantly think outside the box'* (S, FG2), explained further by M, FG2:

> You always have to think on your feet as you kept facing new demands, like we created passcode like a code word, like say, if you were not safe because the predator is around you, you can't, you can't say anything, so we created a code word which meant yes, that is me, come and get me, I'm not safe in there.

There was a constant need to be creative to be able to attend to the support required by the survivors which added to the complexity of the existing support provision. For example:

> Getting on the Internet was a big thing. So we first had to put in some funding to get phones and then we gave smartphones to these isolated women. We did that and

> initially it was like, we'll just give them the phones but then we realised like they don't know how to activate it, that they don't know how to set these things up. They don't know how to download WhatsApp, so we would then be doing sessions, guiding them one to one and we will, we will get the phones to the office, set them all up, sort it all out and then ask for them to be picked up or dropped off by volunteers to their homes. You know, so it was a, it was a fairly complex way of doing these new things. (S, FG2)

Informal support providers including friends, neighbours and family members also described how the regular ways of support did not work in the pandemic context because '*you can't just go in now, can you?'* (K, FG 6). They too needed to adapt and shift their ways either through changing the media they used to communicate or the approach they took to support survivors in their everyday communication as discussed by F, FG5, who was supporting her sister:

> We had to do that very quietly because he would be constantly near her, you know, like, with all the staying in together, it was difficult to talk openly but we would try to find ways to just talk about her situation during general conversations. This was my way of checking in how she was doing.

In line with this, K, FG6 who was trying to support her friend who was experiencing domestic abuse described:

> Basically, we were just using the phone, we used to just talk on the phone, but it's not physically meeting, you know, we even formed a group, our WhatsApp group, where we used to talk from there. But we had to be careful because he might read those messages and that would just mean more trouble for her, you know, if they find out what we are sharing.

One of the biggest challenges that impacted the nature and quality of support provided to survivors for formal support providers was the *'tsunami of cases'* (N, FG3) where all the services were '*completely overwhelmed with the volume of calls'* (V, FG4) and '*inundated with referrals, both old and new'* (I, FG1). This not only led '*wait times to get*

through other agencies becoming a nightmare because people were all working remotely' (R, FG1), but also meant '*huge delays in getting anything done for our survivors as our work involves multi agency coordination'* (J, FG3), '*most of the solicitors had gone on furlough, we could not get hold of anyone'* (M, FG4) and '*an unending backlog of cases that continues till date from which we are gradually recovering'* (K, FG2). Informal support networks such as T, FG6 shared the similar concern of unending waiting times of services she was trying to reach for her friend: '*So I tried to call up a few helplines myself, it was so hard to reach these helplines, it was as if you were waiting forever to speak to someone'.*

The challenges of remote support led to lack of choice for women who could not access virtual support, as they could not access outreach sessions in schools and community centres as described by S, FG2:

> So what used to happen is a lot of women who would come into school to drop the kids, they could come and seek support. Even if they, if they are thinking of leaving if they were in a domestic abuse situation, or if it's something that they're dealing with and not really sure, but they had a place that they could come and get some information about their rights and what is it that they are looking further ahead, but now with the pandemic and because we didn't have physical presence during that time, we do feel there were people who were struggling but not able to ask for help, not able to reach out. So I don't know how many people we've missed out on that and what actually happened.

V (FG4) expressed similar concerns about '*exclusion of clients who might not know how to use a smartphone or computer could possibly not report online'* and the difficulties of '*connecting*' with victim-survivors virtually was illustrated by M (FG4):

> We could no longer do home visits or face-to-face visits, we were not allowed to meet people in cafes or parks, we had to change to Whatsapp video call or Facetime. A lot of victims could not hide their support seeking which they could earlier, saying I am going to the supermarket or for a walk in the park. A lot of the victims on the other

> hand could hide their feelings on the video calls which was earlier easier to communicate and understand them in person through their body language.

Participants frequently discussed the multiple challenges of supporting online including risk assessment, safeguarding issues and trust building as exemplified by L, FG3, '*without that face-to-face like, human touch with the clients, how do you then build trust, how do you make them feel that you have heard them and are there for them?'*, *'we struggled to try to risk assess accordingly, properly. So not only were we suffering with sort of lack of connection with the woman, but also is she safe to talk?'* (I, FG1) and *'because we're people centred services, we need to be on the front line'* (R, FG1).

The domino effect of the pandemic also played out in the form of '*staff illness and shortage during such overwhelming demand meant officers were not responding effectively'* (Min, FG4), *'we had to put in screens, etc while interacting with clients and follow sanitisation protocols which delayed the process'* (K, FG3), *'people were being fined on streets, when they were trying to leave and more so from Black and Minoritised communities, they were stopped and strip searched'* (M, FG2), *'fear of infections and changing covid restrictions meant I couldn't accommodate my friend in my house'* (D, FG6), *'the jabs were not around initially and the policy around this was so obscure that no one knew what they were doing'* (M, FG4), *'I lost my job and with such financial difficulty I still supported my sister with money as he didn't give her anything'* (F, FG5), *'..getting people in custody was a barrier because then you'll have perpetrators saying I've got COVID, I can't come in'* (V, FG4) and '*because courts were closed and then there was backlog, we were looking at that disengagement and lacked trust because they've taken the efforts to report but nothing's happened'* (K, FG1).

Some formal support providers highlighted the benefits associated with changes brought in to deal with the pandemic more broadly, that also helped better support survivors. For instance, K (FG1), a solicitor, described how COVID actually changed the practice of law for the better by making it more efficient:

> We essentially dealt with things a lot quicker. Because pre COVID, you could be spending the whole day in court, and then you can't deal with other clients, because

> you are just sat there waiting for that one case to be dealt with. Whereas when it was video hearings, great, you can get on with more people. And one of the things as well was a lot of the women would need legal aid for a non molestation order, and you didn't need to show that you've had the abuse, you just need to be on benefits. One of the things pre COVID meant clients would have to physically come in, sign that form before we could submit it. But now they basically made a way that we could sign it on their behalf as long as I've checked it, so that sped things up as well. They are still continuing with video hearings, like a hybrid now, so that's good.

These changing practices and provisions to accommodate survivor needs and make the process more efficient was also shared by another participant, V (FG4), a police officer as:

> We had our online reporting created, you know, we then said, don't worry about Claire's law, don't worry about coming in, we can give disclosure over the phone to you, you know, so if you wanted to put a submission of Claire's law, don't worry about it, because we'll WhatsApp you and phone you and video call you and give you that information. So we then shifted to online methods, so that meant we weren't asking people to come into a police station to do a report. And statements can be done online, you know, and emailed. So where we'd normally ask someone to come in to do a statement and sign it, we could move to electronic methods. So all those came into place. And you know, normally, there'd be lots of red tape to go through in order to get those. But because we're in a pandemic, we could just say now, we're moving to this or that. Claire's law moved to WhatsApp, we've not moved away from that, we can still do video disclosures, we've kept that we've kept online reporting, which is the same as if you were to call 101 for police, but instead you can just do it online.

Support workers from domestic abuse services also echoed some of these benefits, which have continued beyond the pandemic as discussed by L, FG3, '*I think something that changed was people could meet quickly online and sort through things as opposed to waiting to come into the office. A lot of that definitely has carried over as good practice from*

the pandemic.' The pandemic challenges were seen to create new opportunities which was illustrated by K, FG3 as '*It has been rewarding in a way by giving us more possibilities of supporting which we had not explored or avenues that we had not thought of before'.* Participants also felt surprised that *'I now enjoy the privilege of hybrid working, which I never thought would be something that I could ever do'* (M, FG2) and found the benefits of hybrid working as *'the flexibility of hybrid working can be quite well to get through the work when there is no office phone ringing or you are not pulled in other directions, it made work more efficient* (I, FG1).

Additionally, participants reported that the isolation during pandemic prompted '*colleagues to regularly check-in with each other'* (R, FG1), '*staff acted as support for one another through regular weekly meetings set within organisations'* (S, FG2)*,* and '*we'd access to a wellbeing program which gave us 24/7 counselling for whenever we needed it and it's still continuing, that's one of the good things that came out of it'* (M, FG1)*.* K, FG3 has particularly highlighted how the pandemic put forward the wellbeing concerns of staff in the third sector:

> I think something that employers started to notice about the whole pandemic was the burnout in staff in the third sector. It might not have captured national attention but I think it did enough for staff to start demanding for better supervision services or counselling services to keep our own sanity intact. We did our weekly check-ins with the staff team to help us stay connected and also reflect and review our own mental health, especially while taking in all the trauma inside our houses and this has been a huge positive that we have carried forward.

Participants described their experiences of providing support in the pandemic as *a huge learning curve on this journey* (L, FG3) as it helped to improve their IT and digital skills (I, FG1 and N, FG3) along with *upskilling on the job through diverse and new ways of support and availability* (S, FG2) and *learning to be more sensitive and personable to show the caring side, which is harder for us solicitors during telephone calls* (K, FG1). Evidently,

the context of the pandemic has had ripple effects on the experiences of support providers with its share of difficulties along with a few benefits for some formal support providers.

Theme 4: Rethinking the status quo: the way forward

This theme contextualises the reflections and perspectives of participants as calls to action and lessons about what needs to change and how to be able to improve support provision for survivors. Both formal and informal support networks recognised the need to reassess the current ways of working by shifting to valuing, centring and being led by survivor voices and needs, and prioritising the mental health and wellbeing of support providers. Formal support providers were concerned with systems overhaul and recommended learning from the experiences of grassroots organisations, and taking an anti-racist lens in working with and for Minoritised survivors. Informal support providers suggested the need to strengthen and better equip themselves to respond well to survivor needs and create spaces of rest and solidarity as a way forward.

Participants highlighted that there needs to be an acknowledgment of '*domestic abuse as a collective issue*, *it is not an individual problem'* and needs to be dealt with the *'involvement of the whole community* with *response systems changing with lessons from the pandemic'* (K, FG3). One of the key lessons from the pandemic is a more quick and comprehensive strategy in places as M, FG4 has mentioned that responses were not attending to the immediate needs of the victim-survivors when all they '*needed was solidarity and for services to tell them they were available for them and to show that women of colour exist and matter in this sector'.* M, FG1 has suggested the need to '*be prepared with crisis prevention funding that local authorities can provide to grassroots services like ours to ensure sustainable service delivery, instead of how we had to stop outreach due to lack of funding'.*

A lot of the participants emphasised the need to *have a multi-agency coordinated system from an anti-racist lens while tackling the misogynoir* (N, FG3) which implies '*no washing your hands off in the name of blaming the culture*, *be sensitive to her needs and understand where she is located'* (J, FG3) along with a '*proper review around criminal justice*

and the standards of policing' (L, FG3). L, FG3 has further elaborated the suggestions for changes that need to accompany the criminal justice institutions as:

> I think we need a proper firewall, we need a statutory firewall to prevent police forces, who were meant to be protecting the women, they should not end up being in that position where they're enforcing immigration rules by sharing, you know like, the immigration details of victims with the home office. And we need to ensure that police units training recognises the experiences of violence and abuse faced by Minoritised women, and the extra barriers they so often face to getting the support and protection that they need. And I think this problem expands into the whole criminal justice system because when survivors feel re-traumatised through the fight they had for justice in the first place but then very often the family courts make them feel like the event is being used against them.

While reflecting on changes within policing, V, FG4 highlighted how frontline officers have to be '*reminded to change their attitude and behavioural styles while communicating with victim-survivors* while also being *trained to listen and not assume about their backgrounds'*. This needs to be done by '*building trust with communities, not being hostile and keeping lines of communication open to learn from'* the third sector organisations. She adds that, '*I think it's important that they feel listened to, and then they can see us making the changes.'*

A lot of the participants based in specialist domestic abuse services and community organisations pointed to this need for mainstream organisations, statutory agencies and policymakers *'to be willing to learn from the grassroots level, from those doing work with the community'* (I, FG1). S, FG2 has described the current challenge of not engaging with the community-based organisations:

> You don't want to engage with us, you don't come and talk to us about any of this. You need to ask us, so how are you doing this right? How can you make this work? Let us work together and what can we do, we can tell you how things work in practice. How do we change our processes? How can we make it more inclusive? I

> think that's why I always feel like it's all well and good to make policies and procedures but if you're not actually working at the grassroot level you won't actually know how difficult it is to, you know, access those services and what they look like in practice.

M, FG1 has shared in the same light that we '*work on the frontline* with *creativity and adaptivity and values of keeping the voices of our clients at the centre'*. She discusses how centring survivor needs adds value to the quality of support being provided as well as highlights the strengths in alternative approaches, rooted in communities for more sustainable ways of addressing the pressing needs:

> We are ready to work with the survivor based on what she needs, not what we think she needs. If she wants to use faith for trauma, we will go down that route, we don't impose what we think should be done. I think this is where the mindset, like, what works for everyone, needs to change. If there is a role of faith leaders or circles within the community, we should make use of it. It is not, like, you know, everything will be solved or halted in one day, but I find this in the wake of the pandemic as a more sustainable solution. When so many institutional systems and services were inundated, we could have tapped into the strengths of the communities, only if we had done our work towards more awareness, better management and sensitisation by them. They have now started coming forward because we have been able to build that dialogue and conversations, gained their trust, talked about the support. I think what we have tried is we have not put everyone together and that has helped. We have tried to target nuanced and specific discussions with different communities.

This highlights the nuanced and tailored approach that needs to be taken while dealing with concerns and needs of Minoritised survivors and challenges the one-size-fits-all approach taken by generalist services.

The scope of such work was also discussed in light of the importance of '*joint working with Black by and for agencies by respecting us and being honest'* as the way

forward for other agencies and professionals (N, FG3). K, FG2 has discussed how diversity training for generic professionals is mostly '*like a tick in the box'*:

> And until they actually can co-work with us, and they can recognize us as an organisation. I think that's the first stage, we feel that, you know, the by and for led sector isn't given that priority, isn't given that pedestal in the first place. And so, until that is recognised, and mainstream services, statutory agencies can actually recognise that, and then they learn to work from our approaches, our way of doing things which means survivors at the forefront, that will be much, much more deep than just doing an online training or attending a seminar. That's my way forward.

Participants across both formal and informal support networks noted that all changes have to be incorporated by keeping in mind that the survivor needs '*attention, care, time and empathy'* (S, FG6). It's important to let survivors know that, '*we hear you, we see your struggles. We see how hard this is for you. And you know if you need to, if you need anything more, we're here'* (M, FG2). Instead of the '*fragmentation of the services and the constant signposting from one place to another'* (N, FG3), it is important to provide '*emotional support and help with practical things first to make her feel at ease' (*T, FG5) and '*so that she feels valued instead of how Black women are generally treated as being invisible and do not matter'* (F, FG5).

Additionally, informal support networks suggested that they feel the need to be reminded about the '*role of patience'* in dealing with survivors (T, FG6), '*constantly show their concern and care and to be there for them unconditionally, which is hard but we have to try'* (K, FG6). They all suggested that emotional support, making them feel loved, instilling a sense of hope and strength are the key to making the required changes. They also reiterated the need to build trust for systems and institutions, especially for Minoritised people to be able to access them and also build their own trust within their relationships. For instance, K, FG6 illustrated that:

> It's hard for me to call the police for my friend because I don't trust them. So until these places, you know, can help us trust them, we won't be able to take our friends

> and family through that place for their abuse. I also think no matter how far we are, I think we should always try to stick with our family and friends because we don't know who needs our help and when. I think we need to believe them and make them feel that they can trust us. We don't know what they are also passing through so I think our duty is to make sure we reach out to them and listen to them.

Informal support providers also discussed the need for '*more support to have made her feel better and be of more help because I felt I could only provide limited help, financial and emotional, but I felt it was limited*' (D, FG6), and *'if something would have made me stronger because pandemic was hard for me, maybe I would have given her more if I knew how'* (F, FG5). She has elucidated this need for equipping themselves better as first-responders as:

> I think we needed more support maybe from within the community or if there was this forum whereby a kind of gathering you can just go out in a town square, or in a school, maybe a place that is a little bit comfortable. and a little bit convenient, you know, it can just, you know, talk to other people in the same role, you know, you learn from others, you get strong by what you see from others, like you see someone has done this and you say, oh, I can adapt and do that for whom I am trying to support.

In addition to being supported, informal support providers also indicated the need to have spaces of solidarity and '*rest to deal with their own wellbeing and emotions'* (S, FG6). D, FG6 echoed a similar sentiment: '*I also felt relieved that I was not the only one who was limited in their capacity to help a friend, my guilt has eased a lot after hearing that other people shared the same troubles'.* K describes the need for such spaces and finds the focus group provided a similar respite by bringing together people with shared experiences:

> There could be just a platform where we could, like, given an online platform where we could just have raised our issue, like people are there for us 24/7 with that platform, where we could have talked about our issues and taken a break. It could have been also just finding other people who are experiencing something similar like

me, I would have felt less alone in supporting my friend, if I had that, like this platform where you brought us together.

Evidently, the focus group acted as a space of solidarity for informal support networks and helped to process their emotions. We observed that in rethinking the ways of enhancing support mechanisms, formal support networks were heavily concerned with systems overhaul while informal support networks wanted to be better prepared and enabled through their own resources, space for their own emotions and learning from other people going through similar experiences for improving their support provision.

Discussion

The aim of the present study was to map the nature and range of experiences of formal and informal support providers of racially Minoritised women survivors of domestic abuse during the COVID-19 pandemic. Additionally, the strategic objective of the study was to generate recommendations for improving support provision, grounded in participants' voices as well as inferred implications from the nature of their experiences. We developed four themes which captured the range of experiences of support provision and highlighted several important learning points for policy and practice, which have the potential to inform future crisis preparedness. We believe that lessons taken from this study can be incorporated into more equitable support pathways for racially Minoritised survivors of domestic abuse.

Our findings bring attention to the unique and complex barriers involved in providing formal and informal social support to racially Minoritised survivors of domestic abuse. We also explored the additional pandemic-specific factors such as economic precarity, uncertainty, longer wait times, grief and loss, newer forms of control and coercion, and the racialised stigma of 'spreading the virus' that emerged in the COVID-19 lockdown, which rendered racially Minoritised survivors incredibly vulnerable to intensified abuse, isolation, loneliness and a deterioration in mental health. This meant that there was an urgent need for support providers to dramatically increase their levels of support and adapt to the changing complexity of issues faced by the women, which sometimes presented prohibitive challenges

in the context of the lockdown, most notably in terms of operating in the context of pre-existing power inequities, austerity measures and discrimination from statutory agencies for specialist by and for Black and Minoritised organisations, as highlighted by Thiara and Roy (2022). Future research should explore racially Minoritised survivors' experiences in the pandemic context to better understand the range of their support needs so they can be better met.

The invisible wounds highlighted by our findings focused on how the pandemic 'visibilised' existing institutional barriers, prejudice and discrimination of racially Minoritised groups, pervading their experiences of giving and receiving support. The pandemic revealed the existing hierarchy of agencies and services in the support provision landscape in terms of accessibility of and disparity in resources, funding, infrastructure, workload demands and complexity of cases. Furthermore, it uncovered the experiences of racism, othering and interwoven oppressions that impact the mental health of support networks of racially Minoritised women. Further, it was clear from the findings that support providers were subject to the additional stressors of the pandemic and as such, experienced heavy emotional burdens due to trauma and guilt, with a risk of burnout.

The fatigue, due to overstretched support provision, vicarious trauma, experiences of racism and othering, blurring of personal and professional boundaries, on top of coping with the social restrictions in place at the time, effectively limited the 'capacity' of providing support to survivors and impaired the wellbeing of support providers; a finding consistent with a growing body of research in other countries (Baffsky et al., 2022; Garcia et al., 2022; van Gelder et al., 2021; Williams et al., 2021). These findings demonstrate the need to challenge the existing status quo of mental health and wellbeing as a burden of the individual, absolving accountability and responsibility of the structures and systems contributing to it irrelevant and invisible. This raises important considerations for the reconceptualisation of wellbeing of formal and informal support providers of racially Minoritised survivors as a systemic issue, which requires eclectic strategies to address fatigue and burnout of providers to ensure appropriate care and support for survivors.

Additionally, there were more pragmatic issues that emerged from the focus group discussions, around the ways in which methods of providing support were forced to change in lockdown conditions, when referrals were ever-increasing. One obvious challenge was the increased surveillance survivors were under from perpetrators as a result of lockdown, which meant communication with survivors was inherently more difficult. Support provision also moved to remote communication only, as in-person support services were closed. Changing the approach in this way had ramifications for good communication, building trust as well as safeguarding, all of which are essential for supporting women. Findings suggest that both formal and informal support providers responded to the changing demands during the pandemic in creative and flexible ways. Future research could evaluate such practices to identify more sustainable ways of incorporating them in the support provision landscape.

Consistent with other research studies (Garcia et al., 2022; Richardson Foster, 2022), we also found that changes brought about by the pandemic were on the one hand, challenging and difficult, especially as it risked survivors' safety and posed challenges in risk assessment, and on the other hand, an opportunity for support providers to gain new skills and benefit from flexible and hybrid working. Informal networks were able to stay connected despite the geographical distance. Findings highlighted that some survivors benefited from more efficient systems in the way some aspects of police and court functioning improved such as video hearings. However, the flexibility arising from virtual and remote support came with some costs which challenged community outreach and brought the digital divide to light (Ghidei et al., 2022). Our findings highlight that future research needs to explore new tools or approaches for safe risk assessment in lockdown/crisis scenarios; and work to find effective policy solutions for addressing digital exclusion of racially Minoritised groups to enhance accessibility of equitable support and care.

Our findings indicate inconsistency and gaps in support provision as survivors were failed by the unequal geographical access to services and the existing lack of multi-agency coordination and collaboration within and across sectors, which further collapsed during

periods of home-working in the pandemic. This is in line with the Domestic Abuse Commissioner's recent report on the 'postcode lottery and the patchwork of provision' which also highlights the need for a more collaborative and joined up approach to deal with the issue of domestic abuse (Domestic Abuse Commissioner, 2022). Our findings therefore highlight the need to foster collaborative relationships among professional support providers across sectors and agencies as well as with informal support providers which would provide a more sustained safety net for survivors in such crisis situations. Future research can take a systems approach to support provision to strengthen the social support networks of racially Minoritised survivors of domestic abuse.

The voices of support providers in our study echo the need for a reassessment of the current ways of working that fail to address deep rooted underlying systemic and structural issues that our study has highlighted. We echo Jones' (2018) call for an anti-racism stance on public health inequities and differential health outcomes for racially marginalised groups. We believe that this should apply equally to the domestic abuse sector to build a more sustainable and equitable support provision for racially Minoritised survivors. For support providers, an anti-racist stance would address the 'minority tax' (Rodríguez et al., 2015) that some support providers pay in taking up the additional and complex challenges of Minoritised survivors with limited funding, staffing and capacity.

Our findings have important policy implications. We call for more specialist support provision through sustainable funding and resource allocation to grassroots and community centred by and for Black and Minoritised organisations, which would not be limited by geography and capacity to attend to the needs of racially Minoritised survivors. This recommendation goes against the grain of the current push to merge them into generalist services (as outlined in Gill & Anitha, 2023). Such measures would facilitate provision of tailored support to racially Minoritised survivors in the face of additional complexity in pandemic contexts and beyond such as the present cost of living crisis in the UK. We argue that greater intersectional advocacy is needed to address the needs of racially Minoritised survivors and their support providers.

Furthermore, due to the severe mental health deterioration and intersectional disadvantages experienced by racially Minoritised survivors, which heightened their vulnerability during the pandemic, we would recommend mandatory training of statutory agencies such as police, legal professionals, therapists, counsellors, GPs and the like in trauma-and-violence-informed approaches. Trauma and violence informed approaches (Varcoe et al., 2016) help to centre the experiences of trauma, challenges and harm they encounter in the wider context of people's lives by recognising the role and impact of the intersection of different structures and barriers; thus, training grounded in these approaches would ensure better practice by those meant to support racially Minoritised survivors (e.g., in therapeutic, legal and policing contexts). The urgency, complexity and scale of demand for such support also illustrates the need to develop holistic community embedded response systems where informal support providers can be trained and equipped to support survivors as first responders (or a bridge between survivors and formal support providers) through appropriate informational and emotional support.

Finally, we strongly recommend that domestic violence and abuse is incorporated as an integral part of response planning during emergency and crisis situations, with specific emergency and crisis funding options available to support providers. In order to support this approach, it is essential to funnel current resources into strengthening local and national community embedded social support systems, who could respond during emergencies and be an ongoing sustainable resource for women. Additionally, systematic investment in the mental health and wellbeing of support providers is essential to mitigate burnout and fatigue. This could be achieved through wider institutional and organisational workforce wellbeing initiatives such as inbuilt wellbeing plans, access to clinical supervision and away days in work contracts, spaces for connection among colleagues, flexible remote working options which need to be balanced with survivor needs and effective health and safety policies. Similarly, to meet the mental health needs of informal support providers, community centred support mechanisms should be in place to facilitate spaces of connection, solidarity and rest to process and heal from vicarious trauma and offer strategies to deal with their challenges

of providing support. In light of the calls to action highlighted by our participants, these initiatives must be underpinned by an anti-racist, trauma and violence informed approach and intersectional lens to facilitate, strengthen and enhance the experiences of social support networks of racially Minoritised survivors of domestic abuse.

Conclusion

The present study highlights important lessons learned from the pandemic that have the potential to be carried over to improve future social support provision for Minoritised survivors. The findings prompted rethinking of the existing systems and structures from an anti-racist and feminist lens grounded in intersectionality, to move towards a more tailored response to the complex needs of racially Minoritised survivors. Our research also illustrates the need to develop community centred and holistic approaches to strengthen social support which will not only mitigate future crisis situations but also foster a more sustainable approach for the future. Future research can be co-designed by bringing together survivors and support providers to generate and evaluate what is meaningful and feasible for them. We need to address the concerns that the pandemic has brought to the forefront through a collective response, working in partnership with grassroots and frontline support providers to shape policy and practice in more meaningful ways to ensure Minoritised survivors receive equitable support.

Reflections (exploration phase)

In this phase, we were able to work much more collaboratively across the different stages of recruitment, facilitation and analysis. However, participants in both interviews and focus groups would use phrases like, ‘you would know how it is in our case’, or ‘you know what I mean’ implying shared knowledge because of my insider status. In these instances, I was conscious of running the risk of missing out on nuances because of this shared assumption of collective knowledge, something we reflected upon together with our co-researchers. A profound element of this phase was the presence of silence. Acknowledging and holding space for silence allowed for deeper engagement, connections and richer understanding of the experiences.

Transcription took particularly longer for the interviews and based on our shared responsibilities; my co-researchers could not move ahead with the analysis until I had finished transcribing. This meant that some timeframes had to be shifted, our plans for the next phase negotiated and our commitments had to be rejigged as I struggled to transcribe, highlighting the role of uncertainties in the planning of participatory research processes. We struggled to decide whether translation of the non-English transcripts was required and finally decided on translating them since some the co-researchers did not speak all the non-English languages used in the interview. The underestimation of my own emotional response because of my background and work experience in the field for almost a decade meant further unlearning in the process.

Throughout the exploration phase, reflexivity became a critical tool for navigating the complexities of the data. Our collaborative analysis sessions were deeply emotional ones and we tried to decompress through our shared passion for creative expression and cooking meals together. Participatory ways of looking at the data and making sense of it together felt less isolating than the transcription phases. This phase highlighted the deeply relational nature of PAR. The power of the women in carrying me through this phase cannot be stressed enough. The resulting sisterhood and friendships are something I cherish the most in the whole process, however at odds it maybe from the institutional understanding of ethics. The writing up of this phase became all the more challenging while my heart was (and continues to) bleed(ing) for Palestine. The pain did not get any better but holding it with love and commitment, we carried on.

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Table

Table 5.1

Demographic data of the participants of the focus group

Focus Group	Participant	Pseudonym	Type of support worker	Role
1	P1	I	Formal	Community outreach
1	P2	R	Formal	IDVA
1	P3	M	Formal	Refuge support worker
1	P4	K	Formal	Solicitor
2	P5	S	Formal	Mental health counsellor
2	P6	K	Formal	Support worker
2	P7	M	Formal	Mental health counsellor
3	P8	J	Formal	Community outreach
3	P9	N	Formal	IDVA
3	P10	L	Formal	Advocacy worker
3	P11	K	Formal	Community support worker
4	P12	M	Formal	Police
4	P13	V	Formal	Police
4	P14	Min	Formal	Outreach support, training consultant
5	P15	K	Informal	Family
5	P16	D	Informal	Friend
5	P17	F	Informal	Neighbour
5	P18	T	Informal	Friend
6	P19	K	Informal	Family
6	P20	F	Informal	Friend
6	P21	T	Informal	Family
6	P22	D	Informal	Friend
6	P23	S	Informal	Neighbour

Appendix

Appendix 5A: Focus group schedule

What has been your experience in providing support to ‘minoritised’ survivors during the pandemic?

What kind of issues have you dealt with amongst survivors? Anything different because of the lockdown or pandemic? How has the pandemic affected support provision?

What kind of support have you been able to provide?

Any challenges or concerns you had when adapting your usual ways of reaching out because of the lockdown and pandemic?

What do you think about the survivors’ challenges, what do they need in these times?

How did you manage or adapt your ways of reaching out/providing support, if any?

Considering you too were experiencing the pandemic and its associated struggles, how did that impact your reaching out or support provision?

What support would you have liked to deal with your emotions?

Phase 3: Taking Action

Chapter 6: *My poetry helps me…it's my language*: Coming together in participatory creative and arts-based workshops

Introduction

The ‘dual pandemics’ of domestic abuse and COVID-19 have had serious and disproportionate consequences for racially Minoritised domestic abuse survivors and the ‘by and for’ services in the UK that support them (Gill & Anitha, 2023), especially with regards to survivors’ mental health, wellbeing and support seeking. However, in the mainstream policy making and practice landscape, there is predominantly a one-size-fits-all approach in support provision for survivors of domestic abuse (Thiara & Harrison, 2021). This reflects the exclusion of Minoritised women’s voices in national conversations on domestic abuse and the lack of recognition of their specialised needs in the design and implementation of support provision. In research, such exclusion of marginalised populations including Minoritised survivors is often attributed to the ‘difficult to access’ and ‘hard-to-reach’ nature of these communities, instead of the critical examination of academia’s failure to centre and engage with affected communities who are ‘seldom listened to’ and ‘easy to ignore’ (Fry et al., 2022; Islam et al., 2021, Lightbody, 2017). It is crucial, therefore, to engage with racially Minoritised survivors of domestic abuse as co-researchers, forming equitable partnerships in order to design and generate sustainable support provision which respond to their unique contexts and address their specialised needs.

Research centring the expertise of racially Minoritised survivors in the context of the pandemic has highlighted healing and support seeking as important areas of concerns and challenges experienced by the women (see Chapter 2, 3 and 4). Healing and support seeking of the survivors are systemic and relational activities (Gander-Zaucker et al., 2022). As a result, there is a clear need to bring together different stakeholders associated in providing support to collaboratively address the challenges in mental health and support seeking. Engaging with racially Minoritised survivors and support providers as co-researchers in an authentic partnership where power is shared, enables affected communities to have greater control over the research process, including defining what constitutes as knowledge, the various modes of inquiry, as well as the methods of

engagement and participation (Collins et al., 2018; Goodman et al., 2017, Nichols, 2013).

Creative methods have often been employed with marginalised groups to create avenues to access ‘silenced’ voices (Mand, 2012). As Gauntlett (2007) notes, creative methods typically refer to a methodological orientation or approach that enables people to express themselves in both verbal and non-verbal ways, often building on traditional methods such as focus groups or interviews. This not only creates time and space for the participants and co-researchers to reflect on complex issues but also helps to achieve a more nuanced and comprehensive understanding of the phenomenon under study (Franz, 2010). Such an approach tends to incorporate a wide range of arts-based and visual methods (Mannay, 2016). Arts-based and creative methods are often inextricably connected with transformative, community based and participatory action research agendas (Van der Vaart et al., 2018) by the very nature of creativity meaning ‘to bring into existence’ and to ‘produce’ through active participation and ‘doing’ for all those involved.

A wide range of research has documented how creative research methods can be used to overcome power imbalances in the research process (Coemans & Hannes, 2017), facilitate richer expression, reflection and dialogue in a safe manner especially about sensitive topics (Cohenmiller, 2018) and have the potential to transform, empower and foster social change (Capous Desyllas, 2014). Therefore, the use of these methods aligns well with a participatory framework that centres the experiences and expertise of participants and co-researchers in designing and leading the process of engagement, data collection and analysis in the research process. Additionally, the use of such methods challenges the existing hierarchies of knowledge creation (Thomas et al., 2020) as well as the notion of what constitutes knowledge (Sava & Nuutimen, 2003), thus generating deeper insights into the embodied perspectives of the various actors.

The present study

The aim of the present study was to centre lived experiences by collaboratively working with racially Minoritised survivors of abuse, and their formal and informal support networks in order to address the challenges in the healing and support journeys of the

survivors. In line with what Kara (2020) suggests, we used collaborative and creative arts-based methods as they can be useful for exploring sensitive topics and honouring, eliciting and expressing cultural ways of knowing. Furthermore, as arts-based workshops have the potential to generate data that is 'emotionally and politically evocative, captivating, aesthetically powerful, and moving' (Leavy, 2015, p. 23), these methods provided a fitting space for participants and co-researchers to reflect on their journeys and co-generate actions and recommendations for policy, practice and research which meaningfully address the challenges experienced by survivors. These approaches are necessary to enhance collaborative, creative and affirmative modes of participation to enhance research cultures. The goal of using arts-based and creative methods in the context of the present study was not to enable analysis of the aesthetic quality of the artefacts. Instead as Guillemin (2004) suggests, the analytic focus was on the process of producing these outputs, the methodological advantages and transformative potential of engagement with survivors in this way as well as the impact of creativity in fostering wellbeing. Consistent with their role of alleviating the power imbalance in the research process (Feldman et al., 2013), arts-based workshops offered our co-researchers an opportunity to articulate their experiences and perspectives in their preferred modes of expression.

Repositioning racially Minoritised women survivors of domestic abuse as experts and co-creators of knowledge often challenges the expectations associated with knowledge holders and creators in the institution (Johnson & Joseph-Salisbury, 2018). Furthermore, as bell hooks (1995) suggests the potential of art for disrupting dominant narratives of race, class and gender, the objective of our study was to use arts-based workshops to engage with the voices of racially Minoritised survivors which are often unheard, silenced or misrepresented (Levitas et al., 2007), challenge the dominant stereotypical understanding of their agency and expertise and produce counter-stories about their lives and aspirations. The present study therefore demonstrates the potential to destabilise, disrupt, and question the power of the researcher, and to value the women in this study as intellectuals and experts during mutual knowledge production and in the pursuit of social justice and change.

The use of creative and arts-based methods in the present inquiry through the active involvement of the women in the design of action plans and measures has the disruptive potential to challenge traditional knowledge production. It also has the generative potential to become a 'site for action' by creating shared visions of aspirational futures and tangible ways to realise them. In the current study, this involved closely working with survivors and their social support networks, both formal and informal, to make shared decisions about how to improve systems and services in healing and support provision by employing techniques that enable and facilitate their expertise, diverse knowledge(s) and ways of knowing. We used creative and collaborative arts-based workshops to respond to the following questions: (i) What needs to be done to address the concerns regarding healing and support seeking raised by racially Minoritised survivors and their support providers in the context of a pandemic (ii) How can we work towards that?

Method

Ethics approval was obtained from the Departmental Ethics Committee. Racially Minoritised domestic abuse survivors and formal and informal support providers were invited to participate by our co-researchers from the collaborating organisation, Humraaz. We also used our own networks and word of mouth to reach out to prospective participants. As part of this, we included a short text-based or verbal description of the study, based on the information sheet. All the participants were given an opportunity to ask questions before they gave their consent to participate. Participants were also provided either with a paper copy of the information sheet and consent form, or sent copies via email, prior to the workshops. In all cases, it was ensured that consent was taken on the day of the workshops before participation in the workshop. All participants were paid for their time and contribution (£80 per workshop). We asked all participants to self-identify their gendered and racialised identity. We also asked participants to provide any access requirements for participation.

Sixteen participants took part in the series of arts-based workshops. Participants were seven racially Minoritised survivors, one mental health counsellor, three frontline support workers (e.g. independent domestic abuse advocates, refuge manager, outreach

worker), two police personnel, two informal support providers (e.g. family and friends) from the community and myself. All of us were racially Minoritised women with eight identifying as of South Asian heritage, four as of Black heritage, two as of Arab heritage, one as of Afghan heritage and one as of indigenous North African heritage. Our co-researchers of the wider research programme, were racially Minoritised women survivors of domestic abuse and formal support providers, co-led all the workshops and analysis with me.

We undertook three workshops: two full day creative arts-based workshops with all fifteen participants and a third collaborative analysis workshop with the five co-researchers in the research programme and myself.

Our first workshop was focused on identifying the priorities for the group on what needs to/can be done to address the concerns outlined by racially Minoritised survivors in their healing and support journeys (see Chapter 4). The workshop was also committed to building trust and relationships within the group which included introductions and established shared understandings for accessibility, discussion and an ethics of care for each other. We used a collaborative word cloud generator to understand what 'participatory' meant to the participants and how we could together make the workshop space participatory. These included definitions such as generous listening, sharing and redistributing power, building relationships, centring communities and collaborative ways of working. We drew upon the River of Life activity as a starting point for the participants to reflect together on the healing and support journeys in terms of the positives in the journey, barriers/challenges and imagining the final destination as a way of reflecting on aspirations. We then presented some of the interview and focus group data generated in the previous phases of the research project and mapped the current reflections to the presented data followed by a discussion about participants' thoughts and feelings regarding that data. Continuing our use of creative methods, we asked participants to together Create-A-Wishlist of their desired (and perfect) systems of healing and support in their journeys. Thinking through what these aspects look like, participants outlined their aspirations and hopes necessary for an ideal journey of healing and support. In order to reflect on the feasibility of the various possibilities

they outlined, we asked them to categorise their aspirations in the wish-list in the form of Yes, No, Maybe. Then we asked them to prioritise their aspirations in the Yes and Maybe columns by ranking them based on immediacy such as things they would like to see in the next one year, three years and five years. Such creative methods had the principles of participatory research in mind. We discussed with the participants that the second workshop would focus on how we can make the changes we wish to achieve and think through building a bridge between the current and the ideal healing and support systems. We shared that they were free to bring an object or a photograph if they wished to in order to reflect on building the bridge or respond to the healing and support needs or concerns.

Our second workshop focused on how we can make the changes to achieve the aspirations and hopes outlined in the first workshop, the things that needed to change to build the bridge between the current and the ideal. We started with a brief recap of the aspirations, hopes and recommendations they had co-generated in the first workshop. We then discussed that in order to bring about the changes and improve healing and support systems, we would need to equip support providers to better understand the realities and needs of racially Minoritised survivors. We continued to use creative methods in smaller groups through art, poetry, co-writing letters, collage, objects and photography to detail the experiences, needs and perspectives of the survivors and the suggestions of what they would like from the support providers, all of which can be used in training, education, raising awareness and consciousness, unsettling stereotypes and conveying these messages on a deeper and more evocative level. The survivors read out the letters and the poems they had written to the support networks and displayed the artwork they had done to everyone present in the room, reclaiming their agency and narratives within the space, producing evocative, powerful and visceral reactions by speaking to different senses of everyone present. We also reflected together on the objects and photographs some of the participants had brought and wanted to share with the group as a means of representing their stories and reflecting on the bridge between their past, present and future.

We had shared the prompts and workshop plans in advance with our participants and co-researchers in our commitment to inclusion and appreciation of different ways of thinking, knowing and expressing. At the end of each workshop, we asked participants to share their reflections on the process, and how it might align with participatory research orientations. We ensured comfort breaks and lunch was embedded into the workshop design and did a 'check in' at the start of each workshop to reflect upon participation, methods and access and how we implement this using creative tools through our iterative and participatory workshops.

The collaborative analysis workshop took place with the co-researchers where we revisited our commitments to the values of participatory research and reflected on them in the process of the earlier two workshops. Our analysis centred on reflecting together about the outputs generated in the first two workshops, building a commentary on and interpreting the symbolic meanings of the outputs, writing the caption for the images to frame the narratives, and thematically discuss how these outputs feed into the action plans and recommendations for policy, practice and research to improve the healing and support provision of racially Minoritised survivors (e.g. who needs to do what to enable better support and foster social change). We also generated a list of funding sources we could apply to in order to curate these pieces of art for a public exhibition or an information booklet as well as training sessions for use within community outreach by Humraaz for informal support providers and other formal support providers in the Violence Against Women and Girls Sector.

In the next section, we will document our findings from both the workshops through the verbal, visual and illustrative forms of the outputs that we had co-generated. Through our findings and discussion, we wish to advocate the value for creative and inclusive methods in participatory spaces which also embody love, care, aspirations and hope and the transformative potential of these processes for the co-researchers and participants.

Findings

The findings comprise a collection of the outputs generated in the workshops including the artefacts, the action plans, the photographs and objects captured and brought by the women. All the captions are written by the co-researchers to document the healing and support aspirations and hopes of racially Minoritised women survivors of domestic abuse and their perspectives on ways to create social change. Individual women's images include their preferred pseudonymised names underneath. The rest of the images are attributed to the group as they represent the efforts of the collective. Our outputs are a collaborative, creative and affirmative expression centring our co-researchers. They go beyond the expectations of the traditional photovoice towards multifaceted knowledge(s).

In Workshop 1, our participants and co-researchers reflected on the positives, barriers/challenges and aspirations of the women in their healing and support seeking journeys as can be seen in Figure 6.1. Together, they reflected on the dominant tendency in support provision to think of mental health and support in binary modes of absence or presence. However, their experiences have made them conceive of these as *journeys*. They illustrated that in their own journeys of seeking support, they have realised that *only some people are seen as deserving of help, only some voices are heard and as Minoritised women navigating these systems of support, they have felt invisibilised and Othered by agencies*, where *they are not even allowed to be a victim because of where they are from*, suggesting the impact of hostile immigration environment on the lives and experiences of migrant Minoritised survivors and the racism perpetuated through these structural forces. They reflected on their positive experiences consisting of being made to *feel safe and understood*, *not being judged* and being *provided with hope*. They shared how *it was about me for once* and that contributed to their healing. They discussed the meaning of support as centring their *agency, voice and participation*. They articulated their hopes and aspirations in terms of *safety, comfort, joy, fulfilling their goals and a world free from abuse*.

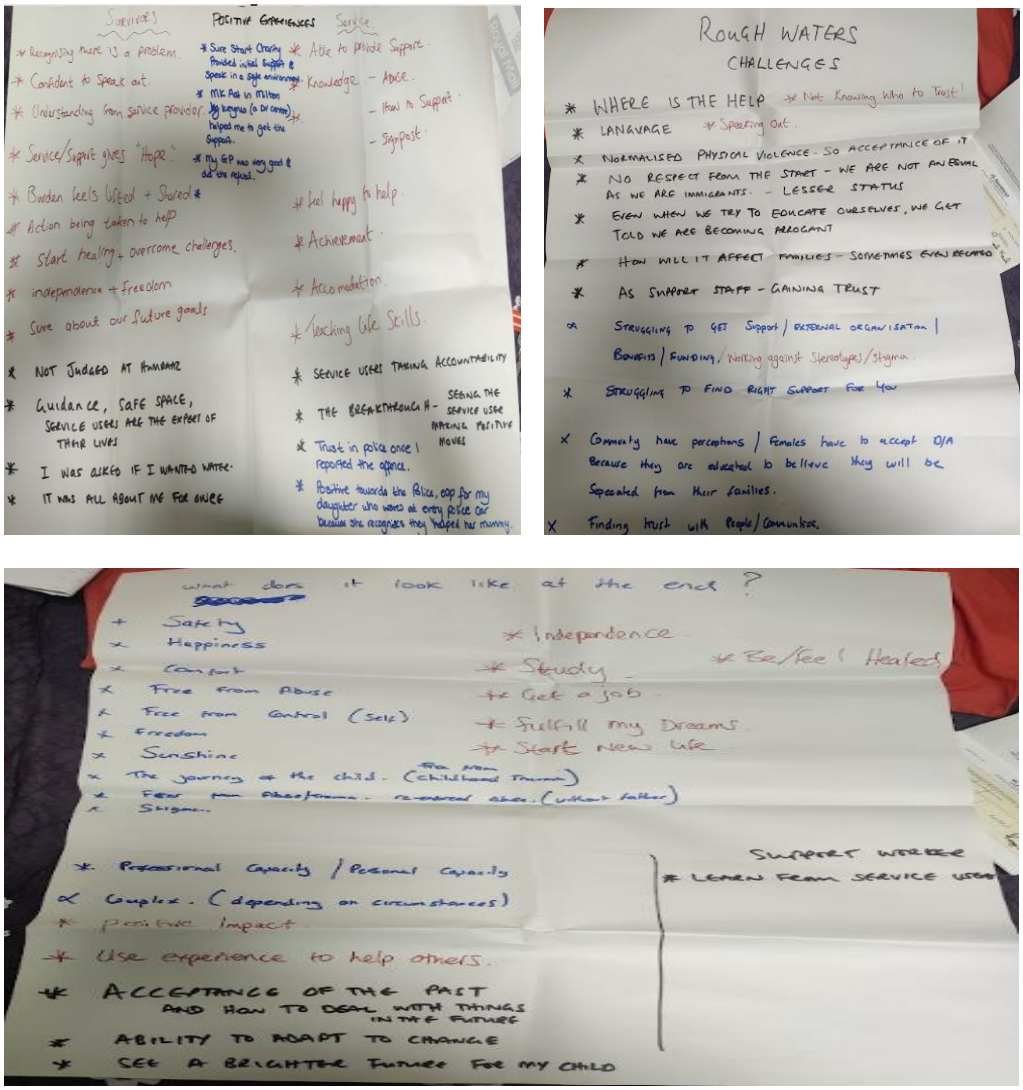


Figure 6.1: Images representing the River of Life activity by the groups in the workshops

Caption: Our journeys need to be showcased and celebrated: our hopes, our aspirations, our joys, the rough waters we go through.

Our participants and co-researchers continued to share their hopes and aspirations for social change through a blue-sky thinking approach using the Create-A-Wishlist activity. Using the reflections on the list of yes, maybe, no, we elucidated the feasibility of these changes (see Figure 6.2 and 6.3). We reflected on the aspirations of *no racism and stereotypes*, *no hate and only love*, *treated equally*, *more freedom* as the goals to strive for but unfortunately, these were *not realistically possible* in the current world. We discussed that *feeling safe always*, *being understood*, *spaces that allow them to express themselves*

and *good, caring men* were categorised as feasible till some extent if the *right kind of efforts* are made towards achieving them.

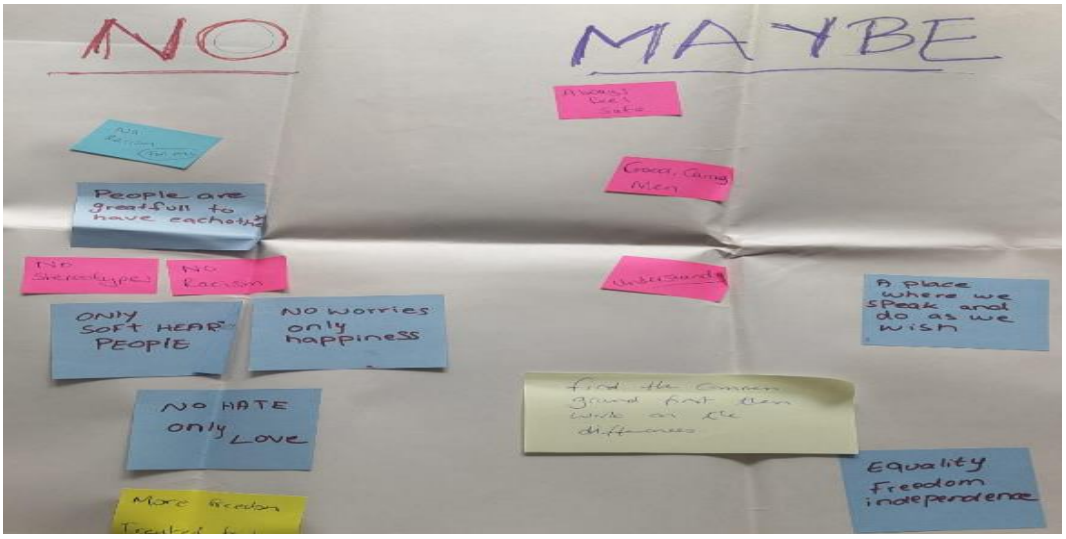


Figure 6.2: Image representing the feasibility of the wishlist generated by the group in the workshops

Caption: The No in the list is the hope we have for future generations and someday, it will be realised. They may look like a No; they are definitely our driving purpose.

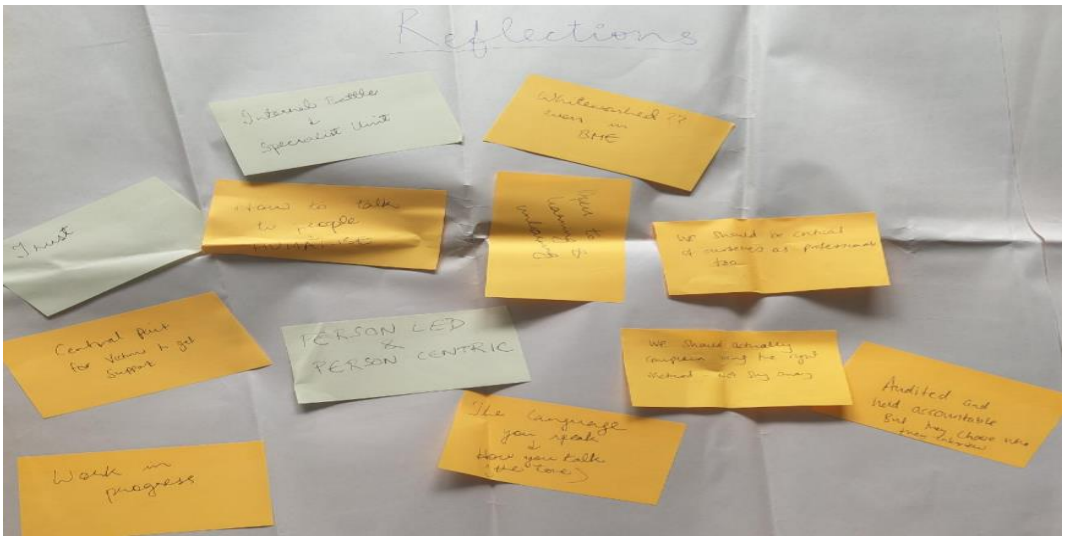


Figure 6.3: Image representing the reflections on the overall recommendations by the entire group in the workshop

Caption: This is the most important bit of doing things together. Setting time aside to reflect and dream together, a must-do in every piece of work.

We then went on to explore the feasible aspirations in the context of priorities and

immediacy to help think about what changes need to be made in the short, medium and long-term as can be seen in Figure 6.4. These creative prompts helped the participants and co-researchers to outline the key recommendations for change. The suggestions for immediate changes in the policymaking and practice provision include:

- providing adequate training to staff across agencies in understanding ‘culture’ and ‘race’ to not perpetuate racism through cultural attribution of the abuse; anti-racism, cultural competence and trauma and violence informed approaches for culture change in organisations
- need for empathetic and humanistic support through communication patterns of service providers
- trust building by agencies with Minoritised communities using tailored approaches recognising diversity within Minoritised communities
- changing the code of conduct and practice of organisations to explicitly spell out and reflect values of love, care, nurturance, as the basis of support provision
- wellbeing away days for staff in frontline grassroots organisations
- sustained arts and crafts funding for wellbeing of survivors and support providers
- access to supervision or counselling for staff supporting survivors
- multi-agency working like in children’s services where there is sharing of information and working together with victim-survivors at the centre
- designing survivor-centred and led accountability frameworks
- shifting focus towards holistic ways of healing including role of nature, faith and creative arts-based
- spaces for peer-support, sense of belonging and meaningful connections to build a community amongst survivors as well as informal support providers
- more staff with diverse linguistic support across agencies

In the medium term, the following changes can be adopted:

- support between agencies through mutual learning programmes in place

- shorter waiting times for benefits and concession approvals in cases of No Recourse to Public Funds
- access to free counselling and mental health support for survivors
- no tick-box exercises or lip-service to equity and inclusion in training; complete culture and behaviour change among professionals
- specialist dedicated units within each agency for domestic abuse and sexual violence
- increasing representation of racially Minoritised women in agencies such as police, GP, therapists, counsellors along with ensuring their response is not ‘white-washed’ like the present Government
- monitoring performance of staff through cultural competence and anti-racist lens
- paid apprenticeships for survivors who lose their jobs or relocate as a consequence of the abuse
- trained link workers as a bridge between communities and services
- changing policymaking, academic and funders’ understanding of impact
- iterative critical reflection of own ways of working with openness to unlearn and learn as part of the governance processes of the services
- dedicated emergency funding pots to integrate domestic abuse in crisis planning and management response

Recommendations for long term change include

- better funding for ‘specialist by and for’ services and refuge
- need for principles of intersectional advocacy in mainstream support provision
- alternative models of healing and support in place through community hubs, decolonising the outdoors, bringing community together through restorative justice
- information centres of excellence where training rooted in experiential needs is delivered for professionals and informal support providers
- establishing one-stop-support-centres throughout the country as the central point for survivors to access all forms of support in one place

- change in policy towards survivor-centric and survivor led support
- increased funding for research which practises participatory and process-based impact
- rethinking accountability of support providers
- auditing and monitoring them by survivor-led boards
- moving towards support systems embedded in the community which would not require going to any statutory agencies by creating a chain of support within informal support providers ensuring they do not gossip, judge or perpetuate more harm
- working with young boys and men about ideas of masculinity, power and control
- collaborative working towards dismantling systems of oppression such as racism, white supremacy, sexism, ableism

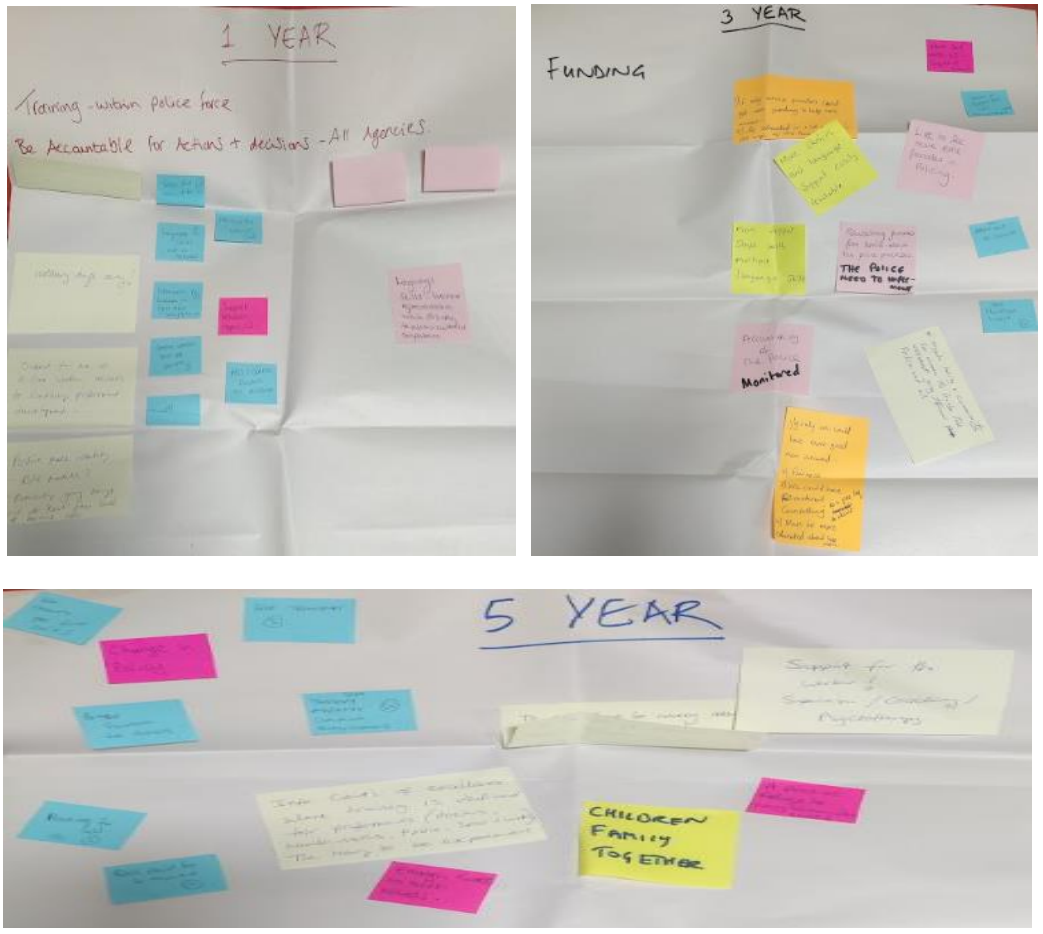


Figure 6.4: Images representing the prioritisation of the wish-list by the group in the workshops

Caption: If the margins of the margins are not at the centre, we will stay the way we are. This is what we need to change; we need to centre the margins.

In Workshop 2, we summarised the overall themes and reflections on what changes we had envisaged and worked towards how we address them. As a result, we created the following outputs. A notable impact of the workshop was how through the *process of engagement, it allowed multiple ways of expressing myself.* These spaces were considered to have cathartic and healing effects, with a consensus among the group for *creation of more such spaces in the future* for not only *coming together and sharing* but also act as a *method or technique in future* research, policy and practice landscapes. They discussed how the process of *bringing something into being was as significant as the output*, or sometimes even more. The co-creation of the action plans and the use of creative methods made them feel like they are *being heard in ways they would like to* where they can actively question and share their knowledge(s). Their intellectual contribution, expertise and wellbeing was prioritised in this process which made a significant difference to their experience.

Bird (2005, p. 228) posed the question of 'how the voices of the research participants can be heard in the way they wish them to be heard' and the following images respond to that by preserving and valuing the work and voices of the co-researchers and participants in the manner they (re)presented it and wished to be heard. We discussed that these artefacts need to be curated together as an exhibition in order to encourage social change and produce counter-narratives of racially Minoritised domestic abuse survivors and their healing and support journeys. The survivors expressed an interest in being part of any such future work.

We have now secured follow-up funding to further develop these ideas through more creative workshops beyond the PhD. These creative workshops have engaged with the following artefacts, created more diverse ways of expressing themselves through clay, book binding, photography, painting, poetry and together all of these will be co-curated for an exhibition in September, 2024. We also aim to digitise these outputs in order to create an online gallery and its potential to act as a legacy resource. We are currently seeking funding

for the same.

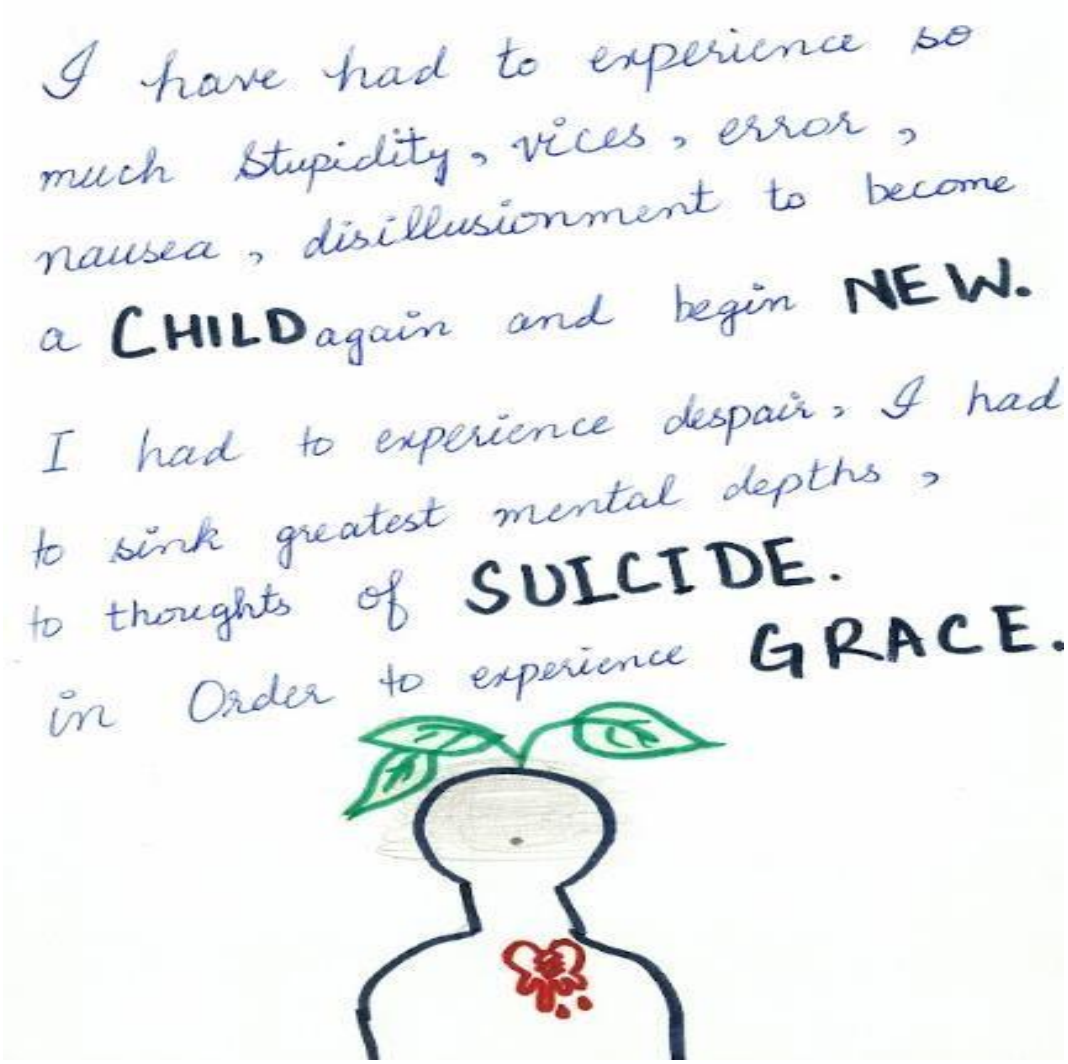


Figure 6.5: An image of the artwork by one of the women representing their healingjourney (Ismah, 2023)

Caption: This shows that our journeys of healing are not straightforward, it has not been a straight line from where I was to where I am. I feel like it's a total rebirth. I had to gothrough a lot of despair to experience the peace I am at now. It's not easy but then what is easy in life? I want everyone to hold on to hopes because that's all we have. Even in the darkest of times, I didn't give up. I hope no one has to.

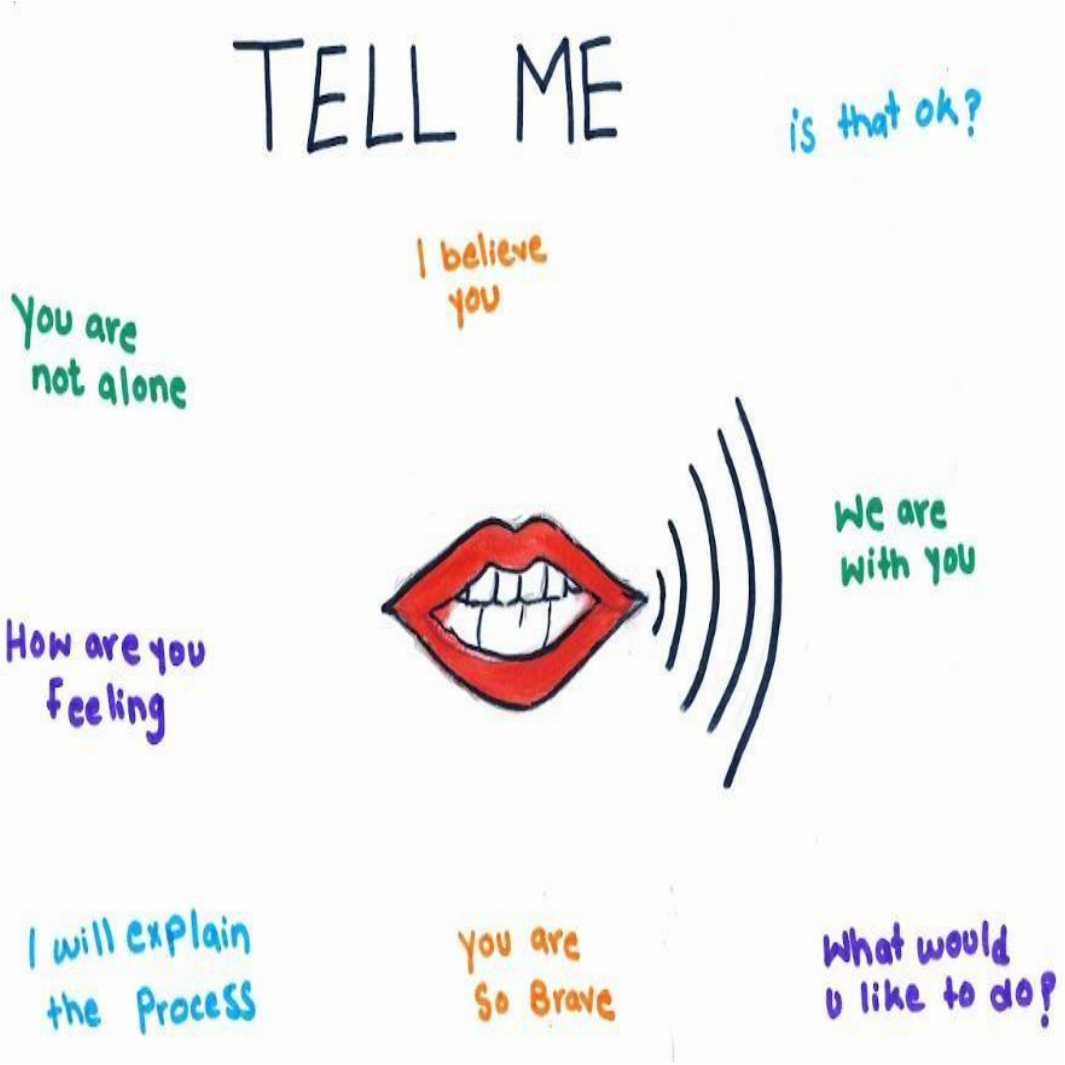


Figure 6.6: An image of the artwork produced by one of the groups in the workshop highlighting survivors' support and healing needs

Caption: If healing and supporting was like cooking, the most important ingredients in it will be these things. These are the things I wish people had told me or asked me when I reached out to them for support. Instead, I felt harmed. Words matter, actions matter. I wish people understood that. Don't assume who I am or worse, what I am.

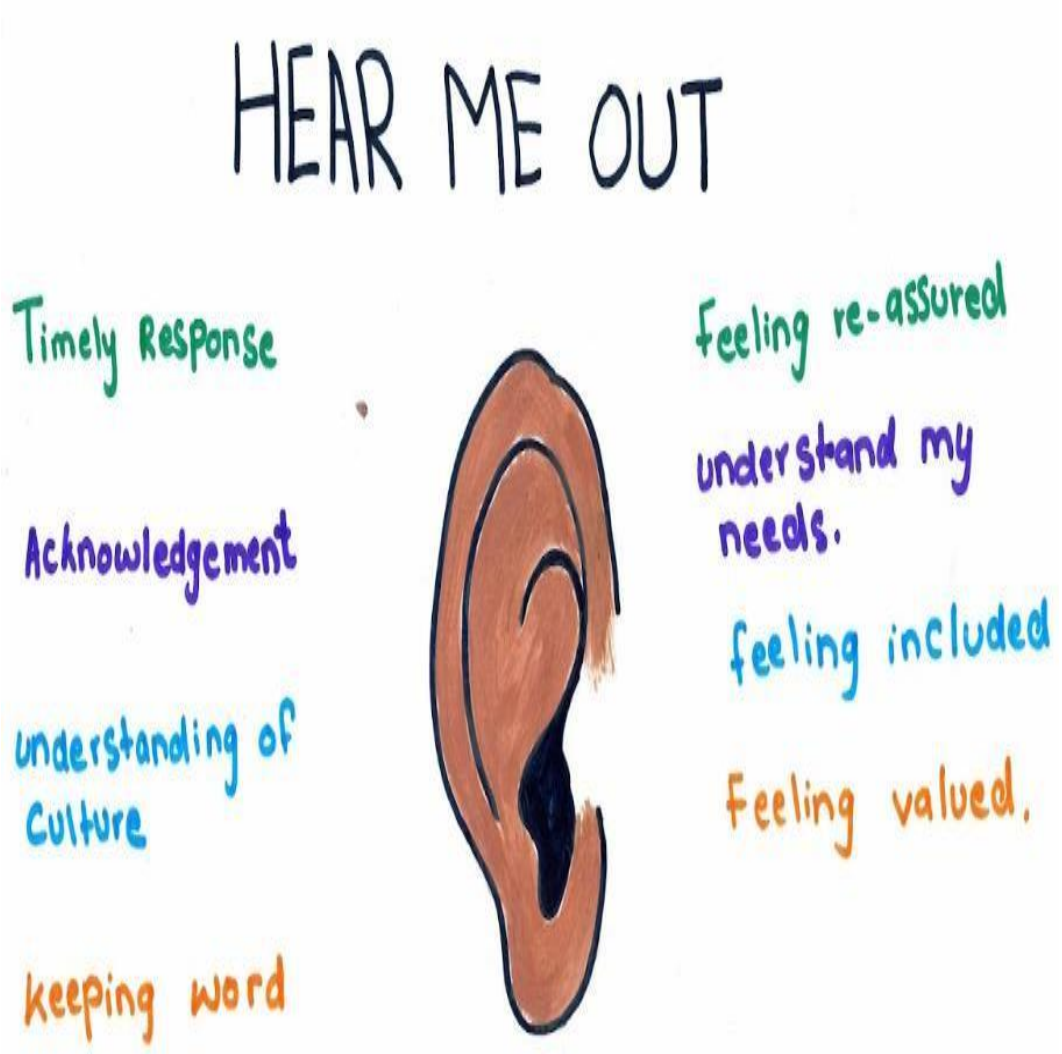


Figure 6.7: An image of the artwork produced by one of the groups in the workshop highlighting survivors' support and healing needs

Caption: Thinking about how we will heal and feel supported, I always wonder how we can be listened to the way we want? If you want to support me, hear me out when I need you the most. Will you be able to listen instead of telling me what I want or need? Please don't tell me about my experiences. I know it, I live it. I wish you would value me showing that I matter.

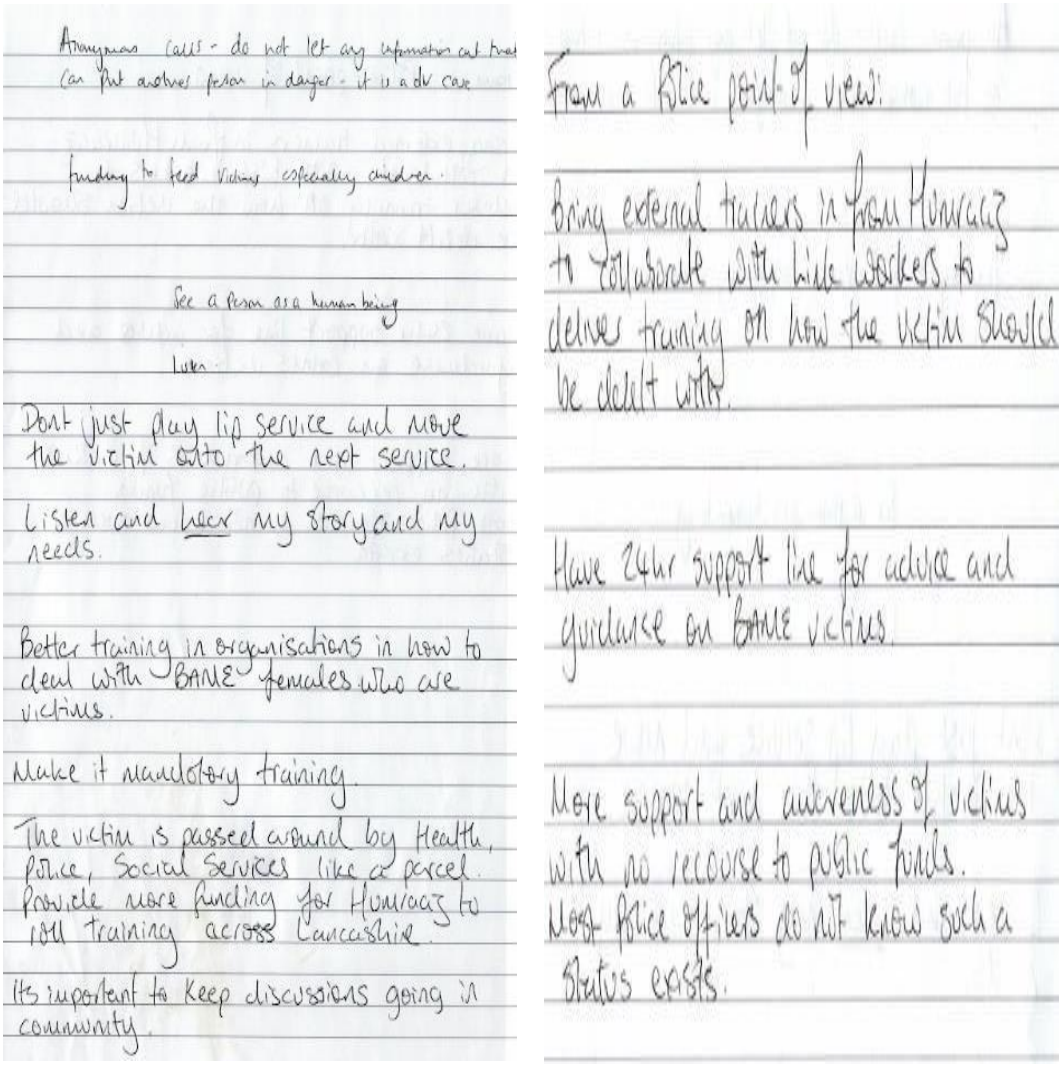


Figure 6.8: Images outlining the recommendations generated by one of the groups through discussions in the workshops

Caption: This is work in progress; these are some steps that can be taken when thinking about how we can bring about changes. Police think they are doing a very good job, but that's not even close to the truth. It's not just the police, healthcare, social services, courts, it's everywhere. Everything is down to postcode lottery, the individual sensitivity and goodwill to have a positive experience in accessing support. But that's not how it should be, isn't it? That's why we need accountability frameworks. We need to name racism for racism and overcome the denial.

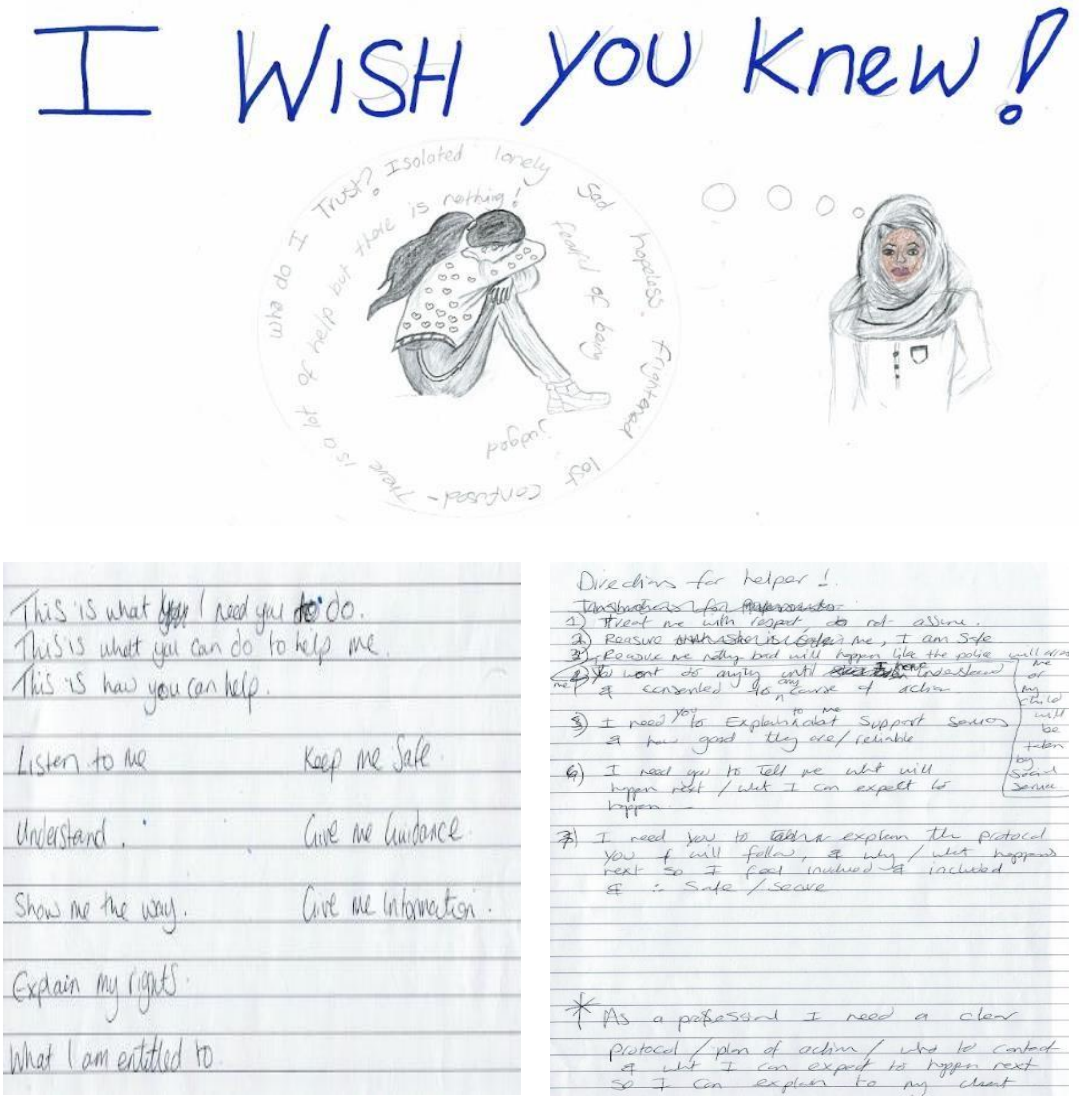


Figure 6.9: Images representing the ideas for a poster or an infographic aiming to equip support providers of the women by one of the groups in the workshops

Caption: We wanted to create a poster or maybe this can be developed into an infographic, or some form of information booklet or graphic novel or even an exhibition where these details of the realities of the support needs to be highlighted. People need to stop saying I am not a bad person and you are making me feel like one by raising these concerns. They say there is a lot of help but actually there's no help! If I don't know the details of what's going to happen to me, I can't leave. And then the helpers need to be helped too because each service is disjointed, we need more holistic ways of supporting them through information, emotion, resources.

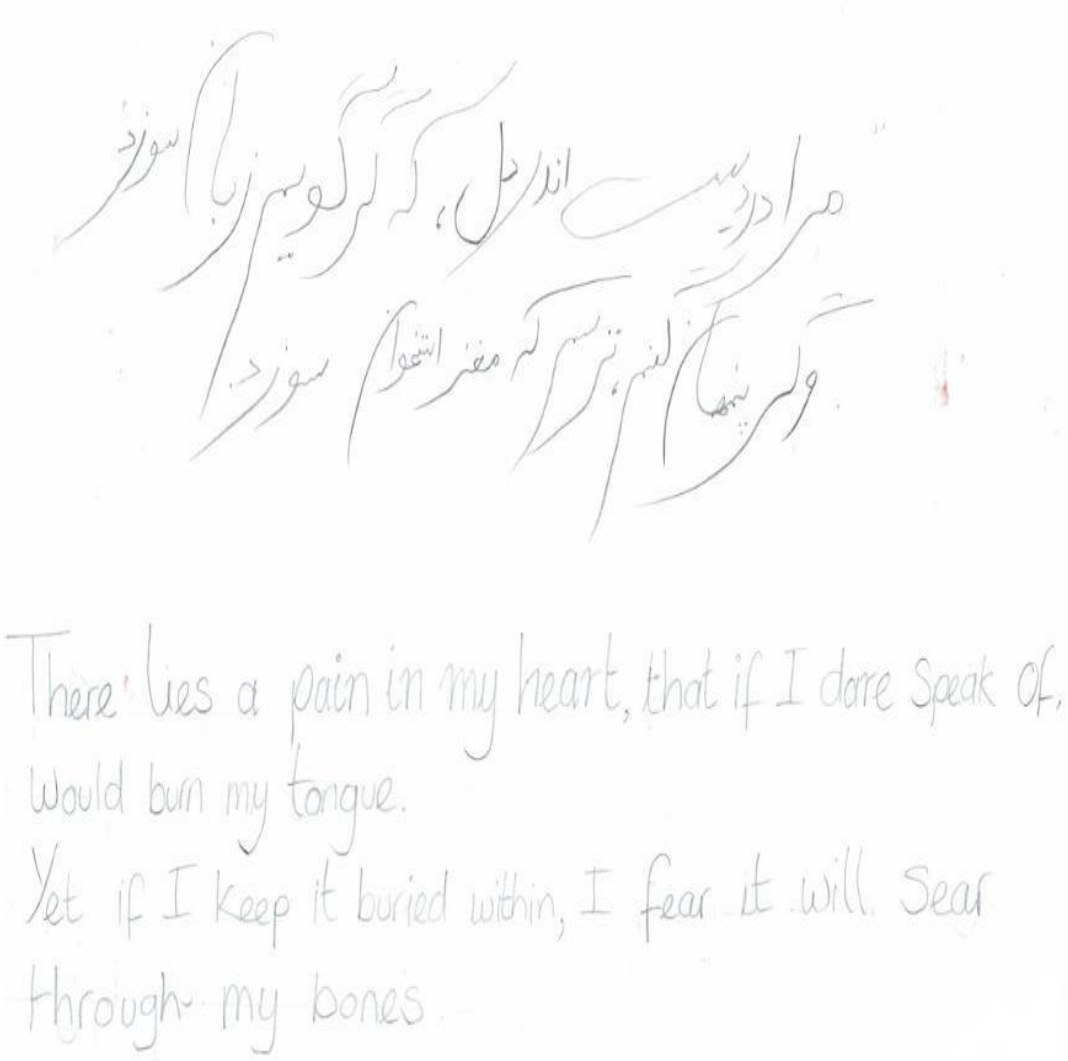


Figure 6.10: An image of a poetry written by one of the women in Farsi along with its translation in English (Nazneen, 2023)

Caption: My poetry helps me be. It empowers me, it heals me. It's my language. It has connected me with my self and soul. I have come to understand it's okay to be myself. I have come to accept myself for who I am.

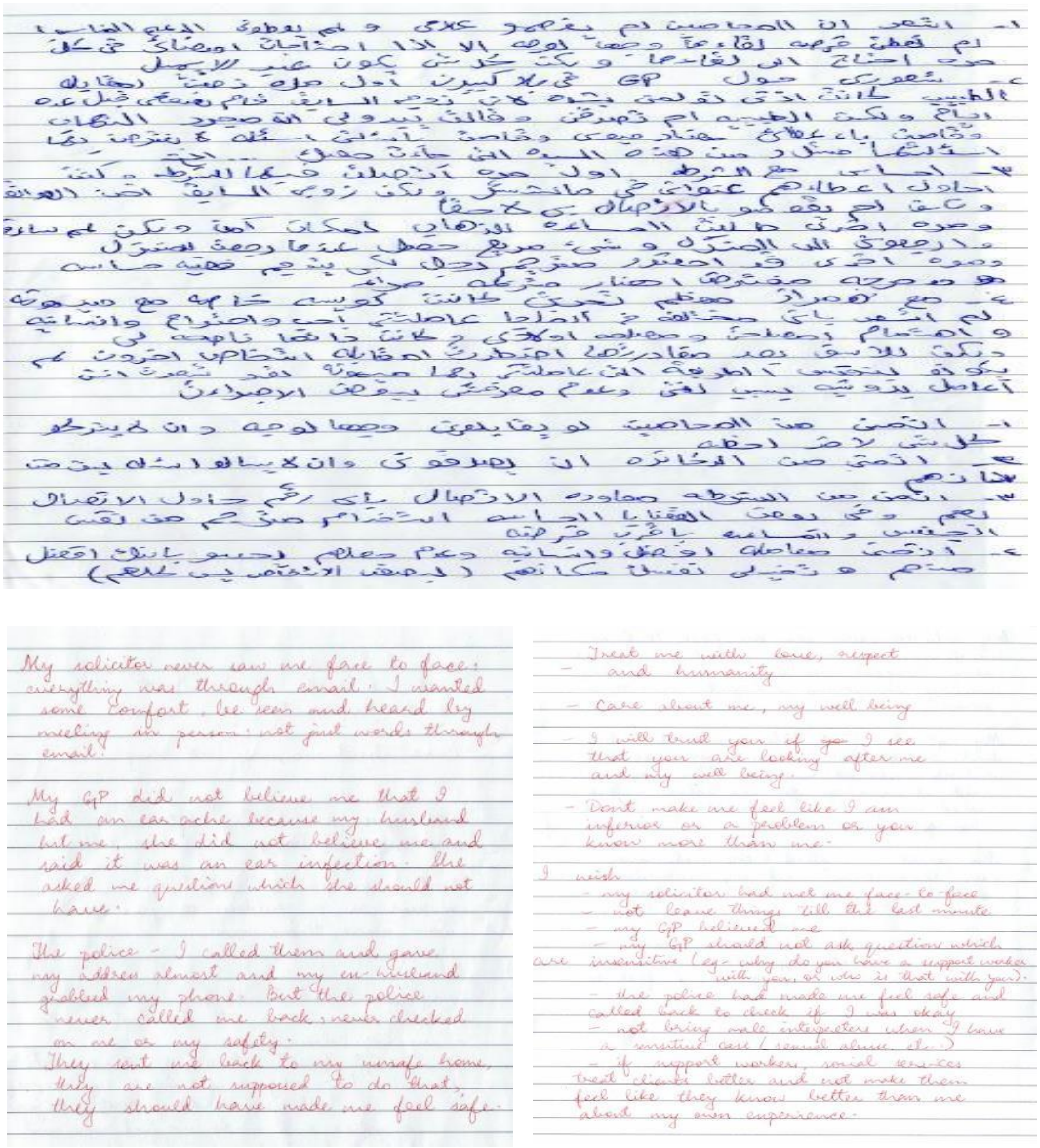
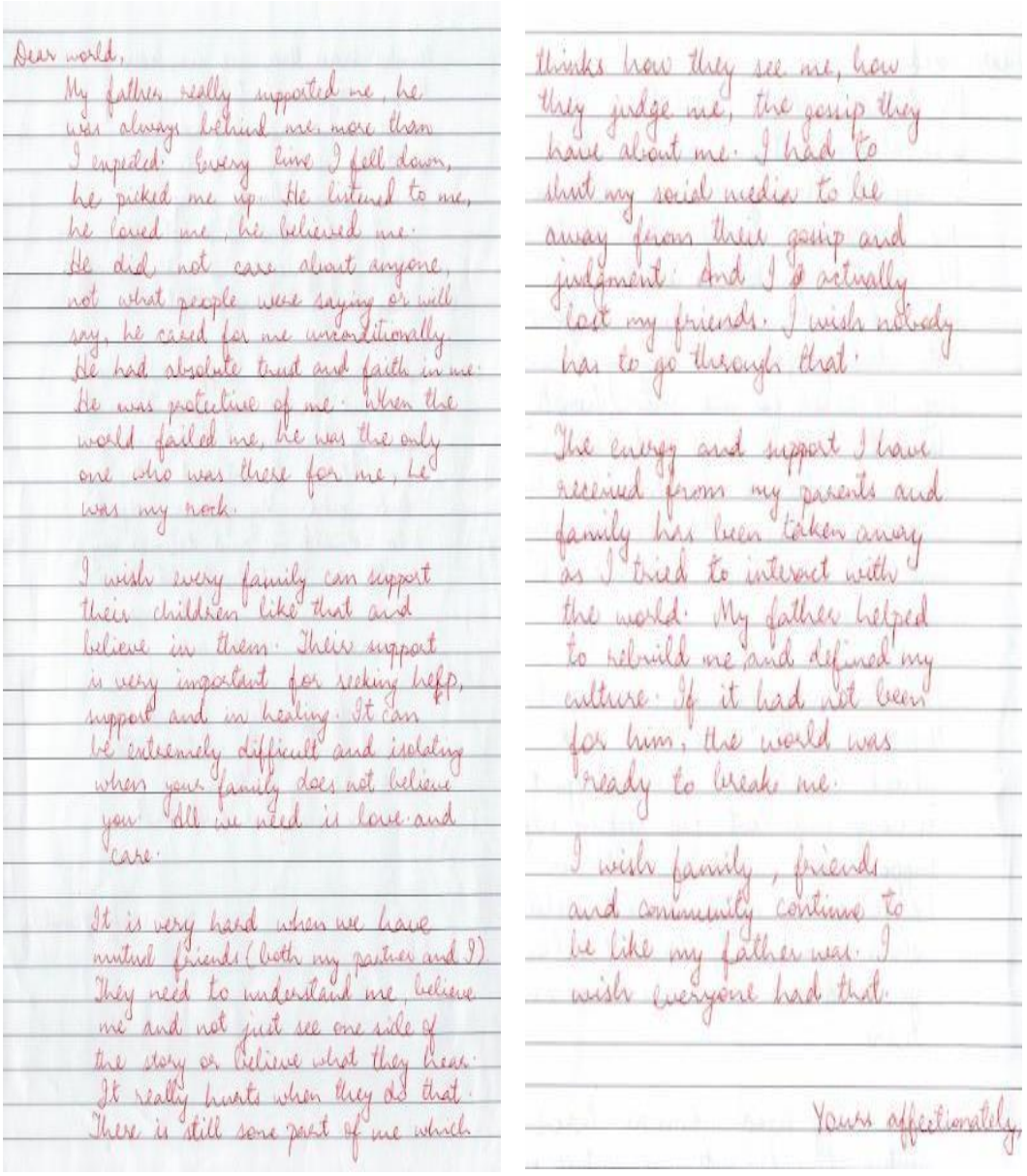


Figure 6.11: An image of a letter written by one of the women to the GP, police and solicitor (Arnaz, 2023) and its translated version

Caption: I am a real person but neither did my GP, police or solicitor treat me like one. Writing letters to them makes me feel relieved and empowered. I feel more in control through this. I can express what I want them to know better through this letter. Sometimes I wish I could write a letter to the Home Office, but it's not a person, it's a system which does not care to understand. I wish it was a person who could see my pain, what I am going through, what my child is feeling. It would have been easy to make a person understand, maybe?



Dear world,

My father really supported me, he was always behind me more than I expected. Every time I fell down, he picked me up. He listened to me, he loved me, he believed me. He did not care about anyone, not what people were saying or will say, he cared for me unconditionally. He had absolute trust and faith in me. He was protective of me. When the world failed me, he was the only one who was there for me, he was my rock.

I wish every family can support their children like that and believe in them. Their support is very important for seeking help, support and in healing. It can be extremely difficult and isolating when your family does not believe you. All we need is love and care.

It is very hard when we have mutual friends (both my partner and I) They need to understand me, believe me and not just see one side of the story or believe what they hear. It really hurts when they do that. There is still some part of me which thinks how they see me, how they judge me, the gossip they have about me. I had to shut my social medias to be away from their gossip and judgment. And I'd actually lost my friends. I wish nobody has to go through that.

The energy and support I have received from my parents and family has been taken away as I tried to interact with the world. My father helped to rebuild me and defined my culture. If it had not been for him, the world was ready to break me.

I wish family, friends and community continue to be like my father was. I wish everyone had that.

Yours affectionately,

Figure 6.12: Images representing the letter written by one of the women to their informal support networks (Precious, 2023)

Caption: I feel that if you support me and listen to me, you help the whole family and community. The past and the future generations feel safe. Can you commit that?

Figure 6.13: An image of the artwork done by one of the groups in the workshops representing collective coordination amongst agencies

Caption: We need to realise that we are interconnected and interdependent. The sooner we do that, the better it is for everyone. We can't do anything alone or just by ourselves, that's a myth. Let's challenge that, let's work together.

Figure 6.14: An image of the artwork by one of the women representing the challenges in their healing and support journeys (Zareen, 2023)

Caption: Whose burden is it to carry?

Figure 6.15: An image of the artwork by one of the women representing the role of their support networks (Arnaz, 2023)

Caption: The agencies trying to break my soul when I tried to seek help and my parents' love holding me. We want love, we want care from everyone, and we can't fight battlesall the time just to prove ourselves, to make ourselves heard, to get everyone to believe us.

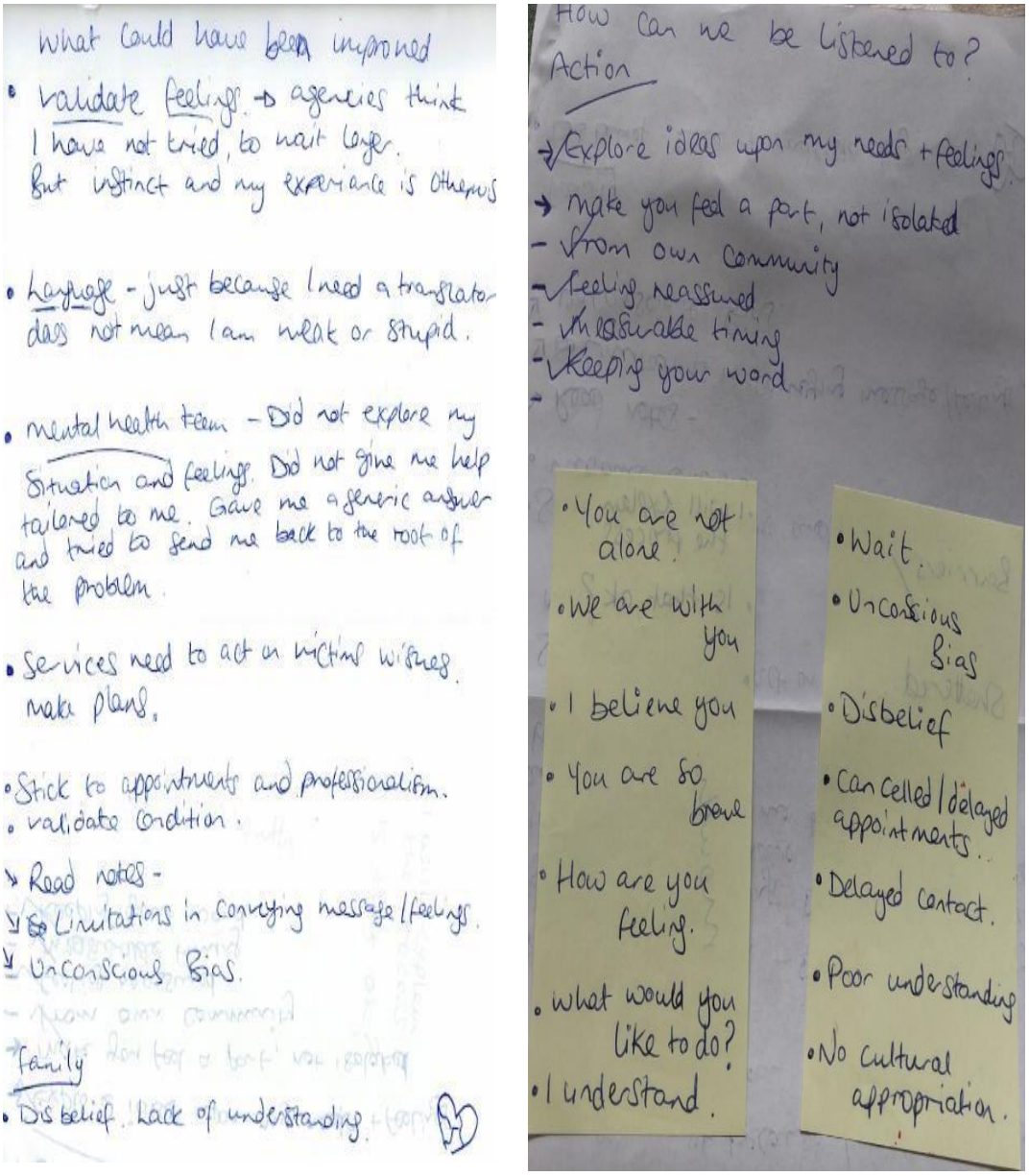


Figure 6.16: Images representing the co-generated recommendations by one of the groups in the workshops

Caption: We need an all-round support, we need real transformation. Change is imperative at the moment. We need our stories to be shared; we will not be silenced anymore. Pandemic has shown us how bad things get; let's make bridges now before it's too late.

Figure 6.17: An image of nature with hills, trees and clear skies clicked by one of the women (Zareen, 2023)

Caption: I felt empowered when I hiked here, it was something different altogether. Nature is a force that has a lot of power to heal. Its beauty, its strength, its calmness, it is mesmerising. But why do we not connect with nature anymore? Our connection to nature needs to be rekindled. We have been there and will continue to be there, no one can take that away from us.

Figure 6.18: A photograph of sun setting behind the lake and the mountain through the trees (Ismah, 2023)

Caption: My life has been like this hide and seek that the sun and clouds play, sometimes sunshine, sometime gloomy. I have hopes that the sun will rise again after it sets, the clouds will clear and we will have a better world. That's how our fight is, we will have bad days and good days, but we need to believe that it's going to lead to some change. We can't lose hope.

Figure 6.19: An image of the artwork by one of the women representing a woman sitting under a tree (Aiza, 2023)

Caption: I was so alone in the pandemic dreaming of flowers and mother nature, praying I get out of my misery. Loneliness is painful. I want friends, I want my community, I want to be near people I know and love. Staying away from them is not support for me; I want to be with them. I want them to be with me.

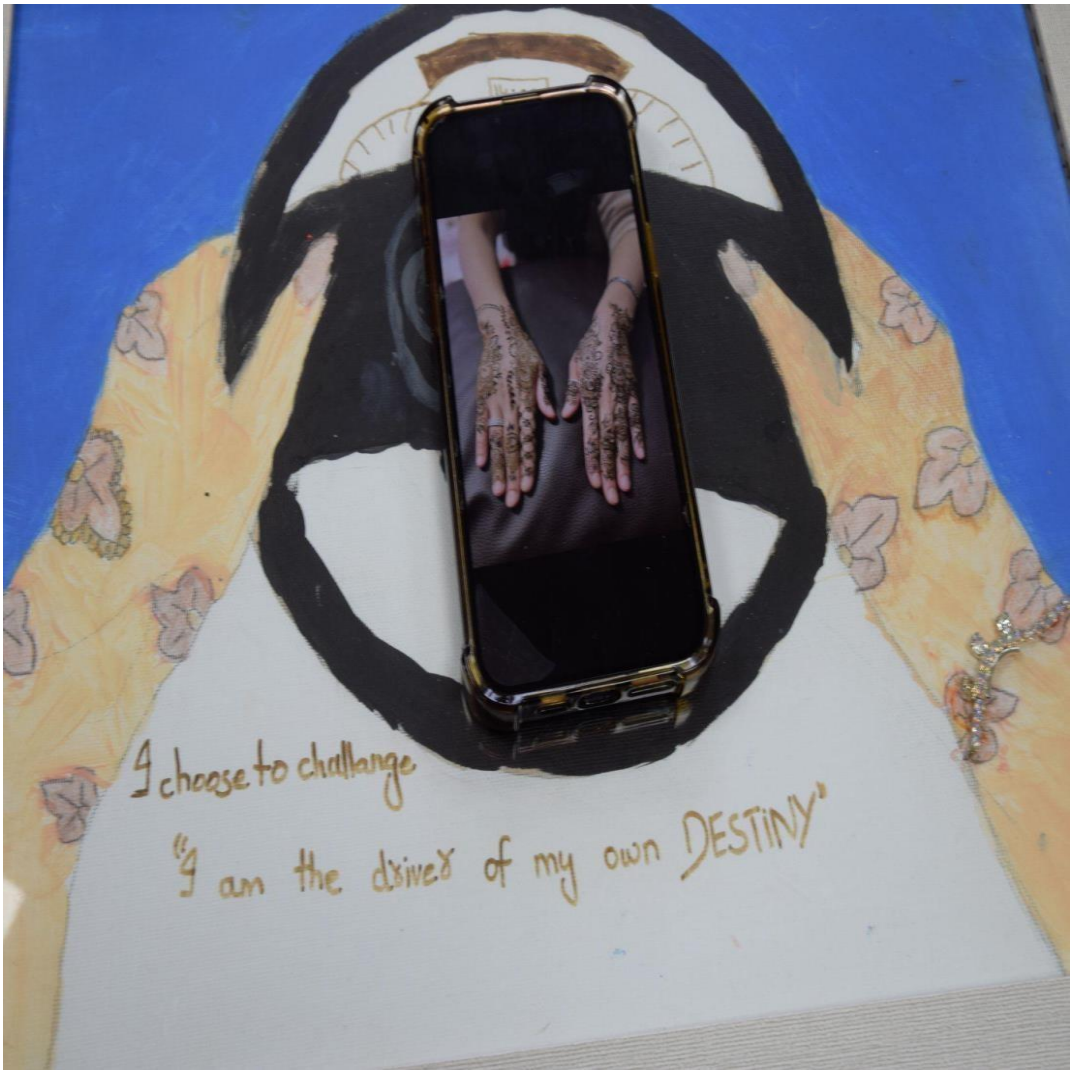


Figure 6.20: An image of the artwork by one the women representing reclaiming their agency (Erinma, 2023)

Caption: I choose to embrace my culture, it gives me strength. I make my choices. No one can put me in a box, no one can label me. I am an active sculptor of my past, present and future.

Figure 6.21: An image of one of the women's pressure cooker (Aiza, 2023)

Caption: This is what my experience was like in the pandemic. There was no outlet, no release. No one should ever be made to experience that. We need to do better.

Figure 6.22: An image of a ring clicked by one of the women (Nazneen, 2023)

Caption: This is very important to me. It is a reminder of my home. It is something that my parents gave me as a source of financial safety. My support worker and the police need to understand that it's not trivial that I want to get it back, it is important for my survival and for me to remain connected. They don't get it. This is a reminder that every small action counts much more than they think it does.

Figure 6.23: An image of incense sticks by one of the women (Erinma, 2023)

Caption: My faith kept me going, even in the darkest of times. That's my healing superpower. I want to be able to do that always without being made to feel bad about it. My faith gives me hope, it gives me peace, it gives me the love and compassion that allows me to traverse the world.

Figure 6.24: An image of a cardboard parcel box brought to the workshops (Precious, 2023)

Caption: When I was trying to seek support, it felt like everyone wanted to get rid of me, like I was some kind of parcel being chucked from one place to another. I don't want to be an object. I am a person with real emotions and thoughts. People who are supporting us need to keep that in mind. We don't deserve to be treated like this. It's enough!

Figure 6.25: An image of an artwork by one of the women representing an ‘eye’ (Zareen, 2023)

Caption: Our journeys, our gaze, our truth - They came, they saw, they named, they shamed and they claimed. We reframe, we reclaim, we rename, we reimagine, we reawaken the gaze with which we are perceived and lift the veil from the way our heritage is understood.

Figure 6.26: An image of one of the women marching ahead through her flight like the birds alongside her (Nazneen, 2023)

Caption: There are many who have walked this path before me. They have carved out a smoother path for me, made it a bit easier and clearer. I want to do the same for the ones coming after me so that hopefully someday we would not need to take this path anymore. I want to share the celebration of our survival, our stories, our roots, our visions, our hopes. Celebrate us.

In line with Participatory Action Research (Fine et al., 2021), the workshops transformed into sites for knowledge through action along with generating knowledge for action to serve the goals of the community. These findings indicate that we helped to collaboratively envisage and enact emancipatory futures through the aspirations and hopes of those most affected as they co-led the call to change. Such creative methods enabled a deeper understanding and insight into their experiences and encouraged social change through dialogue between the actors. Support providers also mentioned that they felt that they *learned best through direct engagement with survivors, the conversations and the artwork*. At the end of the workshops, our participants and co-researchers also expressed that they felt *seen, heard, recognised, validated, respected, empowered, supported, inspired, liberated, valued and humbled* in this space. They noted the power of creativity in sharing, empowering and healing. Both survivors and support providers advocated for the use of such participatory ways and creative methods to be used in future attempts at enacting social change. As one of them expressed, '*They say we are here for you, but they never ask me what I need. But it changed here. I was asked in ways I wanted to tell my story. I wish we had more of these going forward instead of the pretentious consultation.'* Having centred their ways of knowing and their knowledge(s) in the workshops was not only empowering for them but also meant their agency and participation was respected. Furthermore, implementing the suggested changes (see Chapter 7) was an attempt to address any form of tokenistic attempts of consultation and ensuring their voices were 'heard'.

Discussion

The purpose of the present study was to work collaboratively with racially Minoritised survivors of domestic abuse, and their formal and informal support providers through creative methods in order to co-generate knowledge to address survivors' healing and support challenges in policy, practice and research landscapes. The findings of this study provided us with a rich insight into the contexts of the healing and support journeys of the women, their lived expertise and perspectives on what needs to be done and how to address

the concerns and challenges they have experienced. As the women co-created and co-produced knowledge through their personal lived experiences for action at a systemic level, personal indeed became political (Nwakanma, 2022).

The findings highlight that the recommendations on the healing and support journeys co-generated by Minoritised survivors not only reflect the absence of violence and abuse in their lives from the perpetrators and support providers, but also suggest the presence of values, principles and relationships rooted in love, care, compassion, nurturance, accountability and collective responsibility of building these forms of communities. These recommendations are in line with the transformative justice framework outlined by Mingus (2019). According to Mingus (2019), transformative justice is a framework that seeks to respond to violence by engaging in harm reduction through community embedded responses. For example, one of the artworks represents the importance of multi-agency coordination, suggesting the interconnected ways of living as crucial for healing and support. The findings of the present study can make use of the concept of 'pod mapping' (Mingus, 2023) for creating caring and accountable communities, where pods make up the reliable intimate networks that can support Minoritised survivors' ongoing safety, collective healing and resilience in line with connected ways of living that resists isolation and the myth of independence. Future research with Minoritised survivors can explore the potential role of pod-mapping activities within the transformative justice framework through creative participatory workshops.

We gained multifaceted knowledge through the use of creative methods as it delved into the emotional and symbolic aspects of the women's lives and provided us with affective, embodied and experiential knowledge by moving beyond rational-cognitive ways of knowing (Hamilton & Taylor, 2017). As Kara (2020, p.15) notes, 'Creativity in research is not solely about thinking in the cerebral sense: it also involves elements of human 'knowing' such as intuition, imagination, and wonder.'. In line with it, the use of creative methods in our study revealed the knowledge within the women and their intuitive ways of knowing. For instance, the photograph of the parcel was used by the women to explain their dehumanising

experiences of navigating formal support systems for the abuse, suggesting the need to humanise support provision for improving survivors' experiences. The findings of our study underscore the transformative potential of participatory and creative approaches in producing comprehensive and meaningful knowledge of the complex realities of Minoritised women survivors' lives (Woodgate et al., 2017). Consistent with the literature, the processes of centring participation of the most affected and enabling diverse modes of expression in the present study has provided us with greater understanding of the value of using such methods for generating knowledge that can lead to social change, transformation and empowerment (Goodman et al., 2016; Nichols, 2013). This suggests the potential of 'processual impact' (Annand et al., 2023) of our study along with raising the relevance and quality of knowledge generated by bridging the so-called research-to-practice gap (Metz et al., 2019) which therefore has implications for the use of collaborative and creative approaches in future research with racially Minoritised survivors.

The study also contributes to and expands our understanding of 'what constitutes as knowledge' and 'whose knowledge counts'. It does so by recognising and valuing racially Minoritised domestic abuse survivors as legitimate 'knowers' and communicating their multi-voiced, aesthetic, embodied and affective ways of knowing as final outputs of the research through the co-produced artistic and creative modalities. Despite increasing calls to democratise knowledge production, traditional knowledge hierarchies' ranking of positivist approaches as higher and 'evidence-based' continues to dominate academia and policy frameworks (Flinders et al., 2016) contributing to epistemic injustice. Epistemic injustice occurs when such dominant discourses of knowledge production exclude, silence, invisibilise and undermine the status of certain groups in their capacity as 'knowers' and diminishes their ways of knowing as less valuable (Fricker, 2007) by prioritising certain research practices as having empirical authority (Hutton & Cappellini, 2022). In our present study, however, the creative arts-based workshops were sites for co-production of knowledge across our participants and co-researchers as an integral part of the research process itself, thus, lending itself to empirical authority as a research practice and not merely a way of

popular dissemination and impact (Phillips et al., 2022). We argue that our use of creative arts-based methods in our workshops with racially Minoritised survivors interrogates traditional eurocentric hierarchies of knowers, knowledge(s) and ways of knowing, challenges the power imbalances in the research process and mitigates the silencing, othering and exclusion of marginalised voices in research. In doing so, our research recognises and legitimises plurality of knowledge(s) and different ways of knowing as evidence-based approaches in the process of knowledge production. By destabilising traditional knowledge hierarchies, our findings have important implications for academic and policy frameworks for greater engagement with such approaches as valid forms of knowledge production and valuing Minoritised voices as legitimate knowledge holders and producers.

In addition to being a site for producing knowledge for action through creative methods, the use of arts-based workshops in our study generated empathic experiences among the participants (Eisner, 2008). Thus, our workshops became sites for co-producing knowledge where the artistic content and artefacts had the potential to resonate with participants, evoking emotional responses which expands their critical awareness of issues and stimulates action based on that (Boydell et al, 2012; 2016; Foster, 2016). This suggests the role of creative methods and the co-produced artefacts in bringing together the formal and informal support providers in our workshops to gain deeper awareness of racially Minoritised survivors' challenges in their healing and support journeys, preparing them to relate to these concerns, understand the direct impact of the harm they cause and work together to engage in further action (Mitchell et al., 2011). Through the feasibility and prioritisation of the changes, we co-generated action plans and recommendations for short, medium and long-term changes in healing and support provision landscape. We also enhanced these through our co-creation of artefacts and creative responses that can be taken on board by policymaking and practice. This, therefore, has important implications for research aimed at contributing to meaningful social change and addressing the 'translation gap' (Clarke et al., 2019) between research, policy and practice.

Furthermore, the artefacts co-produced by the survivors reflecting their deeper and situated selves have the generative potential to transform the workshops as sites of (knowledge through) action. For instance, the act of Minoritised survivors writing letters to formal and informal support providers on how to better support them followed by reading and addressing them to the representatives of those support networks in the room became a means for them to reclaim their agency. We propose that such acts of communicating research results using creative artefacts dialogically within the co-production process transformed the workshops as sites of action. The multiple meaning-making through the dialogues between various actors in these 'sites of action' challenged single authoritative claims and homogenising narratives, thus advancing impact and scholarship (Parsons et al., 2013). This also suggests that the use of participatory creative workshops in the present study enabled the women to use their expertise, reclaim their narratives and redefine agency and 'vulnerability', suggesting the significance of such relational practices for marginalised populations and their capacity for social and practice transformation.

Through building genuine trust, sharing of power, equitable partnerships and cultivating opportunities for mutual learning, our study responded to the unique contexts of the survivors and their needs by building on their strengths and expertise in leading the research process (Jumarali et al., 2021). As emphasised by the literature, our co-researchers and participants described their engagement with the creative arts-based methods as 'comfortable and fun' (Coemans & Hannes, 2017) in the process of co-producing knowledge. The use of creative methods allowed us to connect with the emotional subtleties of the visual and creative representation by the women and provided tangible insights. For instance, the image of the pressure cooker as reflective of their support needs during the pandemic suggested the importance of immediacy in support provision during emergencies. Overall, our study demonstrates the effectiveness, feasibility and acceptability of survivor-led and/or survivor-centred approaches in the design and implementation of community-based collaborative research aimed at reducing abuse, harm and improving the healing and support systems of survivors. Therefore, the gender-based violence sector may

benefit by developing its capacity to address power, integrate and sustain collaborative ways of working by valuing the expertise and lived experiences of survivors.

Taking the findings of our study together, the collection of outputs represents a mosaic of stories of hopes, aspirations, agency, ambitions alongside violence, fear, challenges in the healing and support journeys of Minoritised survivors. In (re)presenting the stories of Minoritised women through the co-produced creative responses, we challenge the stereotypical, limited and often dehumanising ways racially Minoritised women survivors have been portrayed from a white supremacist lens. Consistent with the role of arts-based methods in disrupting the narratives of survivors of violence, (Harman et al., 2020) our study also demonstrated counter-narratives of healing and support of racially Minoritised women. For example, the artwork by one of women representing the role of formal and informal support networks highlights the significant role of love, care and belief from her father as an integral part of her healing and being while navigating more violence while seeking formal support providers such as police, solicitors, and the GP. This piece challenges the stereotypical assumptions of Minoritised communities and cultures as ‘violent’ and ‘controlling’. Similarly, the use of the images of incense sticks as representative of faith approaches to healing taken by the women disrupts the dehumanising narrative of the women as ‘victims of their culture or faith’. Thus, the mosaic of artwork symbolises a powerful tool for the women to tell their own stories, helps to gain a deeper understanding of their lives while breaking free from the monolithic, ‘controlling images’ (Collins, 2002) imposed on them. Thus, the findings suggest new understandings of the meaningful lives of Minoritised women survivors showcasing their intellectual contributions, hopes, sisterhood and joys alongside emphasising the diversity and heterogeneity of their experiences.

Conclusion

The present study aimed to disrupt and destabilise the traditional knowledge hierarchy by valuing racially Minoritised survivors of domestic abuse as legitimate knowledge holders through the use of creative arts-based workshops to recognise alternative and diverse ways of knowing and knowledge(s) as valid. The findings of the study advocate for

the use of participatory and creative methods in working with marginalised populations to generate meaningful and relevant outcomes for social and practice transformation. They demonstrate the effectiveness, feasibility and acceptability of the intertwined nature of creative methods with survivor-led or survivor-centred approaches in the design and implementation of measures in the domestic abuse context. This study has highlighted the role of art and creativity in challenging stereotypes and as means of reclaiming agency for Minoritised survivors. Building on the recommendations co-generated in this study, future research could explore the potential of the transformative justice framework in healing and support seeking journeys of Minoritised domestic abuse survivors.

Reflections (action phase)

We reflected together on what counts as action in our project. Is coming together to generate action considered action? Or does sharing experiences, making sense of them collectively using our multifaceted knowledge and artistic expression and their impact on the stakeholders considered as action? We pondered over this for a few sessions because that would help us determine the focus of the workshops and how we plan it. And then one fine session, one of the co-researchers expressed that generating knowledge to influence policy and practice is the crucial action in this project since we can't pre-empt the impact of our words/artistic works on various stakeholders. How we can make the changes and thinking about it together is itself a change-making process. Our definition of action evolved through our iterative planning and reflection catch-ups. For our activities in the workshop, we deliberately kept the options open-ended and trusted the process. Trusting the process meant trusting the flow and direction of the sessions on the day, emphasising the importance of flexibility in participatory research.

Retrospectively, the workshops were conceptualised as action by the women since the influence it had on the other stakeholders in the room and the changes it resulted in. This made me rethink my own perception of what constitutes action in a PAR project and how it can differ based on the context of each project and its aims. I realised that action in PAR is not a finite endpoint but an iterative and evolving process. The recommendations generated

were vital, but equally significant was the act of bringing survivors and support providers together in conversation. These interactions became acts of change in themselves, revealing the transformative potential of relational and participatory approaches. Personally, this phase was the most satisfying, delightful and rewarding for me. And my co-researchers too had their most ‘fun-filled’ and ‘joyful’ moments during this phase. We might have separated the phases as they built upon each other to inform the next steps, there was constant iteration and reference to whatever we had learnt throughout the different phases in the entire project. This phase made me realise the kind of research I want to pursue ahead.

Reflecting on this phase also brought into focus the limits of what can be achieved within the constraints of a doctoral research project. While the workshops succeeded in fostering meaningful dialogue and producing actionable recommendations, I was reminded of the ongoing nature of the work. The structural and systemic changes envisioned by the participants require sustained advocacy, resources, and engagement beyond the scope of this research. This realisation has reinforced my commitment to continuing this work in partnership with the communities involved.

Ultimately, this phase of the project underscored the dual nature of participatory action: it is both deeply personal and inherently political. As a researcher, I felt like I was participating in a shared journey towards justice and transformation- a journey that continues to unfold.

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Chapter 7: Conclusion - Wrapping Up

There's really no such thing as the 'voiceless'. There are only the deliberately silenced, or the preferably unheard.

-Arundhati Roy

This chapter presents an overview of this programme of research and its implications. First, the contribution of the current programme of research to empirical, theoretical and methodological knowledge is discussed. Second, the implications of the research for policy and practice are explored, along with limitations and future directions. This is followed by a ‘work-in-progress’ description of the implementation of changes co-generated in the present research programme.

Contributions to knowledge (empirical, theoretical and methodological)

The present programme of research has illustrated the domestic abuse experiences, mental health, wellbeing and support needs of racially Minoritised women survivors in the UK in the context of the COVID-19 pandemic adopting a Black feminist intersectional framework informed participatory action research (PAR) approach spanning four empirical studies. This thesis has made key contributions to knowledge of patterns of domestic abuse, mental health and wellbeing (Study 1, Chapter 2), and patterns of help-seeking (Study 1, Chapter 3) in the lockdown conditions, illustrated in-depth experiences of domestic abuse, complexities and challenges in healing and support-seeking journeys of survivors (Study 2, Chapter 4) and experiences of providing support by support providers (Study 3, Chapter 5) with action plans on how to address such concerns in a more meaningful and significant manner (Study 4, Chapter 6) across the different phases of the action research cycle with increasing degrees of participation evolving throughout the process. Building on and engaging with years of work of a number of scholars and/or community advocates, this thesis is one of the first to work with racially Minoritised survivors of abuse within a PAR framework and in the context of the COVID-19 pandemic. The key conceptual, methodological and empirical contributions are discussed below.

Conceptual and empirical contributions

In the initial inquiry phase in the research, we used an online survey to assess Minoritised women's experiences of domestic abuse, focusing on mental health and wellbeing (Study 1, Chapter 2) and help-seeking (Study 1, Chapter 3) during the third national COVID-19 lockdown in the UK. As described in Study 2, nearly 67% of the respondents of the survey reported experiencing at least one instance of domestic abuse, with only 20% of them seeking some form of help. Our findings posited help-seeking as a complex multifactorial process shaped by a wide range of factors at multiple levels (Study 1, Chapter 3). The survey results also demonstrated that Minoritised women experiencing domestic abuse had poorer mental health and wellbeing than those who did not, and it was influenced by psychosocial factors at multiple levels (Study 1, Chapter 2). The findings, therefore, contribute to knowledge by raising questions around the individualised and decontextualised conception of mental health, wellbeing and help-seeking of Minoritised women experiencing domestic abuse. In doing so, we have challenged the discourses in mainstream psychology that individualise help-seeking as a personal choice occurring in vacuum, as well as its tendency to individualise mental health and wellbeing concerns, 'responsibilising' Minoritised survivors to alleviate these concerns through individual efforts. This key contribution underscores the critical role of wider social, systemic and contextual factors in shaping mental health, wellbeing and help-seeking of Minoritised women survivors and shifts the onus from the individual towards more structural and politicised mechanisms. We addressed the gap in the body of knowledge by providing time-sensitive evidence of the patterns of domestic abuse, mental health, wellbeing and help-seeking of racially Minoritised women during lockdown conditions and highlighted the role of the wider context of the pandemic in shaping these patterns by exploring the complexities of individual, interpersonal and sociocultural factors. Our contribution therefore suggests that crisis situations like the pandemic interact with intersectional identities to influence Minoritised survivors' mental health, wellbeing and help-seeking in complex ways.

Our findings also demonstrated that increasing access to social support predicted greater likelihood of seeking help among the women (Chapter 3), whilst at the same time this

was associated with poorer mental health and wellbeing (Chapter 2). Accordingly, in the exploration phase of the research, Studies 2 (Chapter 4) and 3 (Chapter 5) in the thesis further explored the role of social support in the healing and help-seeking journeys of Minoritised women during the COVID-19 pandemic. In Study 2, we conducted interviews with racially Minoritised survivors in the UK to address the gap in knowledge about their experiences of domestic abuse and seeking help and support in the context of the pandemic, and the impact on their mental health and wellbeing (Chapter 4). Our findings contribute to the literature by illustrating the pandemic as a 'conducive context for violence' (Kelly, 2016), with newer patterns of abuse perpetuated by weaponising the restriction conditions of emergency situations. Our findings also demonstrated the debilitating and disproportionate impact of the pandemic, through the amplified impact on the mental health, wellbeing and support-seeking of Minoritised women survivors of domestic abuse. We have also provided insights into the unique context of Minoritised women experiencing multiple harms, challenging the binary distinctions between private and public forms of abuse as Minoritised survivors seek help and navigate systems of support. We question the framing and separation of 'intimate' and 'public' forms of abuse experienced by Minoritised women in the context of the pandemic. This underscores the need for critical examination of how domestic abuse manifests, suggesting a paradigm shift in understanding and contextualising the nuanced experiences of racially Minoritised survivors.

One of our key contributions of the present research programme to the existing literature is the conceptualisation of 'systemic bargain': the bargaining of power and control of oppressive systems and structures by perpetrator(s) in exchange for authority and control over the women, reinforcing coloniality and upholding white supremacy. We have demonstrated the significance of systemic bargain in perpetuating the 'continuum of oppression' (Kanyeredzi, 2018), post-separation abuse and its continued use in emergency and crisis situations to perpetuate more abuse. Another key contribution to the existing body of knowledge is the insight gained into the importance of counter-narratives/stories of healing and support seeking expressed by the women. Our findings demonstrate the

significance of these counter-stories as ways of reclaiming agency despite the structural constraints, suggesting their potential to shape and shift the narratives of healing and support provision within policy and practice landscapes. Our findings also suggest the need for tailored approaches to healing and support provision, which attend to the unique, and nuanced needs of the women by taking into account the heterogeneity and diversity of experiences within racially Minoritised groups. We highlight the problems with pathologising and medicalising approaches to mental health and the need to move towards more holistic care and creative strategies to address the needs of Minoritised women experiencing domestic abuse.

In the exploration phase, we also bridged the knowledge gap regarding the experiences of support providers (both formal and informal) of Minoritised survivors in the UK by undertaking focus groups with them (Study 3, Chapter 5). This helped us to understand the range of experiences of support provision in the context of the pandemic as well as highlighting policy and practice learning points for future crisis preparedness. Consistent with a growing body of research in other countries (Garcia et al., 2022; van Gelder et al., 2021; Williams et al., 2021), our findings demonstrated the role of additional stressors of the pandemic compounded with the overstretched support provision, experiences of racism and Othering impacting the ability and capacity of providing support as well as impairing the wellbeing of support providers. Our findings indicate the need for training support providers rooted in anti-racism and trauma- and violence- informed approaches to equip them as better responders, especially in crisis situations. We suggest addressing the risks of burnout and fatigue of support providers to ensure better care and support for survivors. We highlighted both the benefits of flexible remote support which led to more efficient systems of police and court functioning as well as the challenges for risk assessment, survivors' safety and trust building. Critically, our findings illustrated a patchwork of support provision, demonstrating the importance of fostering collaborative relationships between formal and informal support systems of Minoritised survivors to ensure a sustained safety net in crisis situations.

Finally, in the action phase of the research, we used arts-based and creative workshops with Minoritised survivors and support providers to co-design mechanisms for action based on the findings from the previous phases of the project (Study 4, Chapter 6). These mechanisms and recommendations were deliberated upon, challenged and negotiated through the hopes and aspirations of Minoritised survivors. Our findings provide tangible insights for uptake in policy and practice to improve Minoritised survivors' experiences of healing and support-seeking. Initial progress towards this uptake is described in the work-in-progress section of the current chapter. We also highlight the workshops as spaces of action where Minoritised survivors challenged the knowledge hierarchy through their creative engagement, multiple meaning making and dialogic use of the creative artefacts to stimulate change. In doing so, we contributed to the literature on determining what constitutes 'action', which can often be challenging to define and navigate in a PAR setting (Guy et al., 2020). The workshops also challenged the notions of what is seen as worthwhile knowledge and who is seen as a legitimate knowledge producer by centring racially Minoritised survivors and their diverse ways of knowing. In addition to an attempt to address epistemic injustice through our findings, we also demonstrate the value of these workshops as evidence-based approaches to knowledge production, social change and meaning-in-the-making approach to impact. Our calls to action in this phase was an attempt to not 'responsibilise' Minoritised survivors to 'fix' the challenges they experienced but value their expertise and knowledge in how structural changes can serve them better. Our findings speak to the diversity of experiences within racially Minoritised women by showcasing the complexity of their unique experiences and challenges the traditional, stereotypical and limited portrayals of Minoritised survivors of domestic abuse and the concept of 'vulnerability' and 'agency' of the survivors.

Methodological contributions

One of the most important contributions of the current research programme was to challenge and disrupt the politics of knowledge production in hegemonic psychology which operates within whitestream academia (Reddy & Amer, 2023) through the use of PAR as an

orientation, an approach and a paradigm of research. Using PAR in our project offered us an opportunity to work in culturally sensitive and safe ways (Lenette, 2022) towards locally-relevant action. We demonstrate that the use of PAR can help to challenge the dominant conception of hegemonic psychology regarding types of knowledge and knowledge holders by situating racially Minoritised women as knowledge producers and holders and valuing their expertise and diverse ways of knowing as important knowledge(s). Using a PAR approach, we have moved away from the traditional epistemic extractivism (Grosfugel, 2016) where Otherised communities are exploited through harmful research practices by research being done on them, data is extracted from them with no real engagement with them. Instead, in our present research programme, we demonstrate our respect for local knowledge by working with Minoritised women and have sought to constantly address power imbalance in the knowledge co-creation process, thus centring epistemic justice. Despite the end of the formal research project, (returning back) working in and with the community is a significant part of challenging the traditional colonial extractive ways of research, something we continue to do by being deeply embedded in the community as has been outlined in the work-in-progress section in the present chapter.

The use of PAR in our project also contributes to democratising the research process through relational ways of engaging and being in the process (Pain, 2004), thus challenging whitestream psychology's notion of the researcher as a detached and distanced observer with objectivity as a measure of rigour. We disrupt notions such as including the declaration of our insider status as a source of bias, instead propose that doing so reflects a means of demonstrating it as a source of knowledge that can add richness and depth to our interpretations (Bhopal, 2010; Phoenix, 1994). Furthermore, using an intersectional framework in our approach to explore, analyse as well as in reflexivity helps us to refrain from reinforcing harms of patriarchy, ableism and racism that would otherwise be perpetuated through whitestream psychology's colonial epistemologies, methods and standards (Rizvi, 2022). Similarly, the use of a PAR approach enabled a shift from the traditional academic and policymakers' understanding of impact towards a more community

embedded and relevant lens, whereby focusing on what Minoritised women need, want and how they experience impact was the driving point in the process. Another important contribution of PAR in our project was challenging and rethinking the ways in which knowledge was documented and disseminated and constantly striving collaboratively to make it accessible and go beyond the traditional expectations of rigid curation practices (although this thesis is an exception!). The present research programme is a testament to the acceptability and feasibility of the use and implementation of a PAR approach with Minoritised/Otherised groups and can be used to reorient the politics of knowledge production in hegemonic psychology. Using a PAR approach also meant that we had to go beyond the 'do no harm' principle and aim for care, solidarity, safety and shared sense of community-ownership, something that traditional research needs to incorporate into its practices to be able to build more equitable relationships and authentic partnerships.

Implications for policy and practice

Collectively, this body of work challenges the predominant individualist conception and understanding of domestic abuse, mental health and wellbeing, support-seeking through (re)framing of Minoritised survivors as embedded within social, economic, political, historical and structural contexts and relations of power and dominance. Drawing from the various phases of the research, a number of implications for policy and practice have been discussed throughout the empirical chapters. This section highlights some key implications for practice and policy from the overall research programme.

Our findings have implications in the current policy debates on the exclusion of migrant Minoritised survivors in the Victims and Prisoners' Bill by highlighting their narratives of needing the most support as the most marginalised by the structural oppressions. Furthermore, we also highlight the importance of establishing a firewall between the Home Office and the police to better protect migrant Minoritised survivors, a provision which is currently missing from the Bill that is being debated in the current hostile environment against immigrants. While the hostile environment against immigrants is rooted in xenophobia and racism, it is rarely acknowledged in the policy discourses and debates. Our

findings of the research programme therefore suggest and recognise the importance to name racism as it is (Jones, 2018) and avoid the use of euphemistic labelling (eg, racially or culturally insensitive, racially charged or motivated instead of racism) that have the potential to individualise and minimise the harm caused and perpetuated by structural forces and the wider socio-economic-political-cultural context. Moreover, such euphemistic labelling also perpetuates victim-blame, shifts the responsibility to Minoritised survivors, avoids accountability of actors and systems that perpetuate it (Allsop, 2019). An important implication therefore is to ensure that accountability of agencies, systems, policies and practices is inbuilt within the support and healing provision landscape to ensure more equitable and care-full approaches are in place for Minoritised survivors.

Additionally, our work suggests the pandemic as a ‘critical juncture’ that provides us with an opportunity to rethink the status quo. It is therefore imperative for policy and practice to challenge the existing one-size-fits-all approach that predominates mainstream understanding and provision of support and healing (Thiara & Harrison, 2021). There is a need for greater intersectional advocacy to address the needs of racially Minoritised survivors and their support providers, ensuring tailored, bespoke and specialist approaches to healing and support provision. This calls for attention to understanding that sanitised and watered down approaches that do not grapple with complexities and nuances cannot work in these contexts. Policy and practice landscapes need to centre race in the intersectional conversations and actions in the gender-based violence sector and engage with the complexities associated with it, therefore advocating for more sustainable funding and resource allocation to specialist dedicated racially Minoritised by and for community organisations that provide holistic support.

Aronson (2002) has made a distinction between pump-handle and root-cause reactions to complex social problems such as domestic abuse, where pump-handle solutions work in the immediate, short-term and root-cause approaches address the underlying structures and causes. Our findings suggest the need to incorporate both pump-handle approaches and root-cause solutions. First, approaches to improving support-seeking and

healing amongst Minoritised women need provision to be more sustainable in order to withstand the pressures imposed by crisis circumstances. This can be achieved by integrating domestic abuse within the emergency response planning as part of crisis preparedness, strengthening multi-agency partnership to address the patchwork of support provision, sharing the expertise and knowledge and coordination amongst statutory, voluntary and local community pathways of support so that they can respond well during unprecedented times and beyond. Additionally, to advocate for sustainable societal transformation, systemic shifts need to be incorporated within policy and practice through integrating the narratives, experiences and expertise of racially Minoritised survivors. Our findings suggest that this can be done collaboratively across sectors by being genuinely embedded in the communities (avoiding tokenistic consultation with limited gatekeepers), working together with Minoritised survivors and centring their lived experiences.

Another notable implication of our findings is the need to build alternative community embedded systems and models of healing and support for Minoritised survivors. In rethinking the current status quo, the importance of creating such communities of care would re envision domestic abuse as a collective responsibility in which we all have a stake in dismantling structural forces such as the ‘imperialist-white supremacist-capitalist-patriarchy’ (hooks, 2015) that maintain systems of oppression that continue to marginalise survivors from racialised minorities. Such approaches can incorporate restorative justice principles and transformative justice frameworks that centre community embedded holistic care to address the intersectional challenges experienced by Minoritised survivors (Jain & Mishra, 2022; Mingus, 2019). The feasibility of community-led approaches in gender-based violence and mental health has been documented in the literature (Daruwalla et al., 2019; Joag et al., 2020). These models and infrastructures have the potential to be more resilient in the face of crisis situations and can also provide more holistic support and address healing in meaningful ways.

In addition to the need for developing alternative models for more sustainable approaches to healing and support, our findings also suggest the necessity to adopt some

pump-handle approaches which include rethinking the existing support provision systems from the bottom-up, in this case centring the most affected, i.e., Minoritised survivors. There needs to be ongoing inter-agency training, continual development and learning for statutory agencies from the grassroots and multi-agency partnership. This learning and development should be rooted in the lived experiences of Minoritised survivors with strategies and programmes for culture and behaviour change to achieve more transformative processes and outcomes for survivors. Our current findings imply that policy and practice would need to prioritise research that happens with (and not on) Minoritised survivors and focus on what they might determine as being important and relevant, such as meaningful experiences of healing and support through creativity. Another important takeaway for policy and practice is to be open to alternative ways of understanding the experience and conceptualisation of impact by Minoritised survivors. This shift is particularly important to ensure funding for more creative, sustainable and alternative approaches and initiatives that address root-causes through a lens where the process is equally, if not more valued, than producing outcomes (Annand et al., 2023). This implies decentring timeframes and methods for evaluation and implementation of changes from the traditional impact perspective and move towards accounting for whose expertise is valued, embracing the slowness of change and being open to more accessible and relevant alternatives to the current understanding of knowledge outputs.

Limitations and future directions

While the current programme of research has made a significant contribution to knowledge, policy and practice, there are certain limitations in our approach that should be addressed by future research.

A major consideration in the current research programme has been the importance of co-generation of knowledge for action and social change through a PAR approach. Whilst the action phase did stimulate some form of social change and some of the recommendations are being implemented at a local level through the partner organisation (see work-in-progress below), it is beyond the scope of a PhD thesis to support and track

broader uptake and implementation of these changes. Future research should therefore facilitate broader implementation of the co-developed strategies using multiple cycles of PAR, including working in collaboration with Minoritised survivors to design and implement the evaluation framework.

Future research should also consider additional intersectionalities than those captured in the current project, which focused on domestic abuse experiences of Minoritised women in heterosexual relationships. In addition, while the mental health challenges experienced by the women can be disabling, we have not centred disability frameworks in the current project, with a few exceptions of embodying principles from critical disability studies in understanding mental health concerns as disabling from a systemic and structural lens and Mia Mingus' work on transformative justice. Taking a Black feminist informed intersectional lens in the project therefore leads us to 'ask the other question' (Matsuda, 1991, p.1189) about where is heterosexism in this research, where is the disablism in the research? While our intersectional lens has focused primarily on the intersections of gender, race, class, culture and faith, future research needs to interrogate the interconnections that are missing and shed light on the other question.

Reflecting on the process of the project and our ethical responsibilities to our co-researchers, another notable limitation is the lack of hiring of co-researchers in the collaboration. While we ensured our co-researchers were paid for their time and involvement, this necessitated constantly exploring short-term funding sources both within and outside the academy, suggesting the precarity of their positions in the research project. There are examples of recruiting co-researchers as staff within the University (although through short-term contracts) but we did (and could) not do that at the time. Future PAR projects can ensure the payment of co-researchers through more robust approaches instead of relying on short term funding sources.

We were also unable to provide methods training to our co-researchers, to support the quantitative design and analysis required in our inquiry phase. Despite the design of the survey having been done collaboratively by thinking through the variables of interest, we

used pre-existing scales in English that I had submitted a list to my co-researchers who then chose the final measures reflected in the survey. Whilst we interpreted the findings together, I had to undertake the analysis myself. Despite the design of the survey having been done collaboratively by thinking through the variables of interest, we used pre-existing scales in English that I had submitted a list to my co-researchers who then chose the final measures reflected in the survey. Future research can further democratise the process by involving co-researchers more deeply in the entire design process and facilitating appropriate training. However, we managed to do better as we went along where the design, data collection, analysis and interpretation in the rest of the phases were done collaboratively. Similarly, my co-researchers had limited access to the academic literature due to lack of access to University services, which meant that I had to undertake literature review by myself and share a summarised version with them. Future research can explore how to democratise this aspect of co-researcher involvement to strengthen more equitable relationships within the process.

Work-in-progress

In line with previous suggestions (e.g. Donetto et al., 2015, Mulvale, 2019), it is crucial that while working with survivors as experts-by-experience and drawing on their lived expertise to co-generate knowledge in a participatory action research project, we need to commit and act on that knowledge gained to maintain trust and avoid the risk of being tokenistic, over-consulting communities and not taking action, which can cause further harm. Based on the knowledge generated in the present thesis, we have started to incorporate these recommendations and changes in our current practice at Humraaz (including through my role as the Co-Chair of the organisation), some of which are discussed in this section.

We are in the process of setting up a Lived Experience Advisory Board consisting of experts-by-experience, to act as our accountability partner to help audit our processes and ways of providing support. Alongside that, we are also working with the experts-by-experience to develop an accountability framework which can be used by organisations and agencies throughout the sector in their support provision to survivors. We are also working

with the trustees and management together to revise our code of conduct to better reflect the core values identified by the survivors, and strengthen them in our current practice. We aim to pilot the use of these frameworks in our organisation and evaluate if and how they improve survivors' experiences of support seeking, before collaborating with and encouraging other formal support providers to incorporate these frameworks into their practice. We are currently working on collaborating with training consultants in the sector who could use our localised knowledge to provide these agencies with training rooted in lived experiences of Minoritised survivors of domestic abuse to improve communication, empathy and culture change in these services. We are also contributing to the evidence base in the sector about the challenges experienced by migrant Minoritised survivors to advocate for their inclusion and consideration in the deliberations of the Victims and Prisoners' Bill.

Additionally, we have implemented staff wellbeing away days as well as free access to counselling, in order to better support the mental health of the frontline support providers. We are increasing our outreach in the community to embed more community-centred support provision and training for the informal support providers. This includes organising coffee mornings/catch-ups for women in the community, aimed at enhancing the wellbeing of informal support providers as well as providing meaningful spaces of connection. We are also regularly providing anti-racism training to our new staff in gender-based violence and trauma and violence informed approaches, to address the problematic narrative of 'cultural essentialisation', secondary victimisation and victim-blaming, often experienced by Minoritised survivors. We are trying to shift our lens and approach to mental health and wellbeing of both survivors and support providers by moving towards more holistic understanding of healing and justice which has prompted us to build collaborations and mutual learning spaces with community centred organisations engaged in social transformation (e.g. Idle Women, Healing Justice London, The Wanderlust Women). We are utilising the findings from the present programme of research in influencing local policy making and making a case for sustainable funding for specialist by and for services in the

area. We are advocating for more ring-fenced funding for the by and for services in the sector nationwide. We are also contributing to calls for evidence of our work to the Office of the Domestic Abuse Commissioner in furthering that objective as well to ensure effective response during crisis situations.

Conclusion

Overall, our findings of the research programme contributed to centring the narratives, voices and experiences of racially Minoritised women survivors of domestic abuse in the UK in the context of the COVID-19 pandemic. We have highlighted the role of the pandemic as a 'critical juncture' (Green, 2020) in the context of domestic abuse and racism where by amplifying and exacerbating pre-existing inequalities, it has become an important historical moment of change with an opportunity for social transformation that involves challenging the existing power relations and status quo. Taking a syndemic perspective was useful to understand the confluence of domestic abuse, racism and COVID-19 suggesting the important role of the context in understanding their experiences. The present research programme addresses the absent presence of race in gender-based violence discourses and psychological research (M'charek et al., 2014). It demonstrated the significance of using a Participatory Action Research approach and orientation in the research process. Rooted in an intersectional Black feminist framework, the research programme illustrates that racially Minoritised women are not a homogenous group and understands the complexities, nuances and diversity of the women's experiences and their overlapping oppressions in relation to the socio-politico-historical realities in which they are situated. We have challenged the monolith of 'controlling images' (Collins, 2002) of Minoritised women and our cultures, providing counter-discourses and images of survivors' and their journeys as they navigate domestic abuse, help/support-seeking, mental health and wellbeing.

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Chapter 8: The (final?) act

Reflections

It has been well documented that doctoral researchers using Participatory Action Research approaches in their projects face many challenges (Burgess, 2006; Klocker, 2012; Moore, 2004), specifically as its collaborative modes of research sit in conflict with the doctoral process as an individual endeavour (Barry & Corcoran, 2022). In this section, I critically reflect on (trying to) use this approach in the present programme of research and my journey of unlearning and relearning that has unfolded over the years as part of this process. One of the important takeaways I had was PAR does not always go according to the plan, so there needs to be an openness, flexibility, continual reflection and a sense of humility to accept that. It is also important to remember that the research project is not the only responsibility of the co-researchers and their work and lives extend beyond that.

Some of the key considerations of traditional institutional ethics is on protection from harm, an over-emphasis on risk aversion, predictable trajectories of the research, distinction between the researcher and the researched, all of which is largely incompatible with and challenged by the highly collaborative aims, the emergent nature and relational practice of participatory research (Banks & Brydon-Miller, 2019). With the blurring of boundaries of my own identity as a researcher, activist, community member, trustee of the same organisation as that of my co-researchers, it was important for me to go beyond the impersonal, detached and decontextualised approach of eurocentric regulatory practices of institutional ethics review boards. The relational and embodied nature of the project meant that I had to approach ethics beyond the form as a deeply embedded and ongoing relational process. I draw upon relational ethics (Ellis, 2007) which is closely related to ethics of care and feminist ethics and values a sense of connectedness, mutual respect and dignity between the researcher(s) and the communities in which we are embedded in and work with. For example, consent became a relational ongoing process for me in the project, rather than a one-off event rooted in institutional expectations (Chilisa, 2012). I centred the ethical principles of indigenous research practice in shaping my ethical sensibilities and approaches

in the project. ‘Relational accountability’ (Potts & Brown, 2015, p. 33), where the researcher is accountable to all those involved in the research process by maintaining and developing relationships, has guided my own practice in the project where I have constantly strived to form trustworthy, stronger and respectful relationships together (even forming friendships outside of the project) to be able to meaningfully commit and act responsibly towards the aims of the research project.

For me, there has always been a tension between my everyday relational ethics in practice and the institutional ethics. For instance, in my attempt to address power in the process by focusing on the agency of the co-researchers and participants and respecting their dignity, choice and safety, I had opted for the location of the interviews to be decided by them in my ethics form. I had to navigate through the euro-western understanding of ‘vulnerability’ reflected in the ethics board’s suggestions for me to decide the location instead, since the work involves ‘vulnerable populations’ discussing ‘sensitive’ topics. There is a constant mismatch between the community's understanding and expectations with those of the institution rooted in the colonial logic of ethics regulations. My ethical praxis therefore meant addressing power imbalance through ongoing dialogue with my research partners about sharing different roles and responsibilities, being transparent about the institutional processes and timeframes, paying them for their time and involvement in the project, being flexible, open and engaging about the preferred modes of contact, their time and availability, respecting the need for expressing agency while balancing it with anonymity for their safety, collaboratively reflecting on the evolving decision making process in the project about the roles and responsibilities through regular feedback loops. A care-full commitment to doing no harm means to weigh it against the dignity, respect and desires of co-researchers and participants. There is a need to move towards community research ethics boards or work in partnership with such spaces to be able to ensure we are moving towards more relational person-centred and ethics of care in deeply community-centred work.

Additionally, my ethics of care in practice often involves research aftercare for the co-researchers and participants by going beyond mere signposting to links and resources to

ensuring availability of emotional care, maintaining connections, checking in with them in regular intervals. The aftercare extends to communities by asking them to define what it looks like even as the formal project ends, something I continue to do in my role as Chair of Humraaz. This also extends to the data, findings and their dissemination by ensuring that they are used in appropriate ways, brought back to the community and co-shared in the various dissemination approaches such as the narrative dance piece and talk during the Festival of the Mind. However, I constantly grapple with the limits of my aftercare during the writing of the thesis since it is an individual act and privileges my power as the researcher. There is limited possibility of co-writing and shared meaning-making in the doctoral writing process despite my attempts to centre participants throughout the different phases of the project. Moreover, despite securing multiple funding sources to pay my co-researchers to meaningfully honour their expertise, contribution and time, I grappled with the institutional modes (e.g. vouchers) of remuneration for my participants. I tried to negotiate with the finance team to pay them money instead of vouchers but met with roadblocks. I would then creatively be trying to source other pots across the University (such as the Participatory Research Network) and beyond the University (e.g. Feminist Studies Association) to pay the partner organisation under different heads such as ‘room hire’, ‘venue support’ to eventually pay the co-researchers. Such attempts suggest the need for more money and resources for doctoral researchers using PAR in order to equitably honour our co-researchers and participants. This would enable and foster more inclusive research cultures within the University.

Furthermore, reflexivity and acknowledgment of researcher positionality is encouraged in the process of feminist and PAR research approaches (Bondi, Dwyer & Buckle, 2009), however, making the private emotions public is often not part of the research process in conventional and mainstream academic research. Writing in a conventional way typically upholds hegemonic masculinised ways of expression and communication (Pullen & Rhodes, 2015), often excluding the messiness and fluidity of the research and the deeply emotional work involved (Weatherall, 2018) in it. The behind-the-(thesis)-scenes relational

work happens through sharing of countless meals, conversations about getting to know one another, sharing parts of oneself, shared passion and anger for the injustice in the world and in our field, constant dialogue, communication and catch ups to build trustworthy relationships including friendships transcending beyond the research and professional concerns, our common investment in the topic, mutual learning and training, shared agendas for traversing the path together resulting in shared ownership of the research process. These often do not find a place in the writing of an academic thesis, specifically in disciplines striving for more scientific approaches to research, as is in my case. Similarly, the loneliness one has to experience for choosing the kind of critical scholarship and research orientation in the already lonely process of the PhD comes at the cost of being excluded from the mainstream and leads to a sense of vulnerability within the academy. I constantly battled the exclusion and isolation within my own department because of the nature of the research I was undertaking more often than not sat in conflict with the predominant research orientation.

The flow of emotions in research relationships and their role in shaping and informing the whole research process (Bennett, 2004; Punch, 2012) is quite evident in the process of PAR, especially, as researchers we attend closely to the injustices shaped by our social biographies and life experiences. For me, one of the most important emotions in thinking, doing, writing and embracing the messiness of the research process is love. Love is the ethical-political force that situates me in my research and shapes my ethical praxis. Love helps me focus on community solidarity rooted in concern for justice and ethics of caring. The way we carry our emotions into the inquiry and shaping the research does not often get talked about despite how real and significant they are. The ‘ongoing-nesses’ of ethical-political love questions such as ‘where is the love in my work’, finding love in data and working with love has continued to be a constant force in driving my ethical research praxis and activism. As I navigated my own personal challenges during the course of research, the hurt, exhaustion and vulnerability I felt during the ongoing colonisation through the humanitarian crisis of war and genocide in Palestine, the need to carry on was furthered by

embracing the thinking, researching and writing with and through these discomforts underpinned by love. Thus, it is important to reflect on the potential of love as part of the thinking and doing of ethical research and how it continues to shape the ongoing conversations in our research process. Making the private public has the potential to challenge the imagery of research practices as impersonal and devoid of multiplicity of emotions such as passion, anger, joy and lead to a more ethical and relational praxis in research. However, the confessional accounts of making the private public in a PAR context has some concerns in obscuring the voice of the participants and co-researchers, leaning in towards reproducing power imbalances (Finlay, 2002).

In the writing up of the thesis, I constantly grapple with concerns around whether this work is about me or us. Am I (mis)representing the voices I claim to centre through the research by claiming power back on paper? Can we ever avoid reproducing the universalising trope and essentialising the category of Minoritised identities and cultures as we sit in colonial institutions that Otherise us and our communities? How can one attempt to challenge coloniality in a colonial institution? Can the master's tools ever dismantle the master's house? I have often struggled with negotiating the individualism of doctoral research and the collectivism of PAR. We have collaboratively developed the aims of the research, the plan of how to engage in it, the choice of the approach in each phase of the research, designed data collection measures, collected data throughout that iteratively informed our next steps, interpreted findings together for practical purposes, co-produced knowledge and action, took action and pushed for change through our co-produced outputs where we engaged in shared meaning-making and ownership. However, there are certain aspects of the research which I have had to undertake solely, such as reading the literature and sending summaries to the team, writing ethics applications, analysing quantitative data, handling raw qualitative data, academically analysing all the findings and presenting them academically in the thesis. Have I managed to tell the full story of our shared and collaborative endeavour by writing the thesis by myself? I have had to grapple with this and negotiate it by ensuring that 'our' voices are present through the excerpts and reflections

shared throughout the thesis. I feel that to claim that this is solely my work (which I happen to ironically do in the cover page to fulfil institutional formatting requirements), is inaccurate, dishonest and a betrayal of trust with my research partner.

In reflecting on my own research journey in this project of using PAR, one of the concerns that I was unprepared to deal with and which continues to give me sleepless nights is thinking that I have failed to achieve an 'authentic' and 'ideal' PAR project (Moore, 2004). I was constantly scared of replicating the harm of exploitative traditional research practices. Fine (1994, p.72) advocates that by discussing the structures that cause Othering and highlighting 'whose story is being told, why, to whom, with what interpretation….and with what consequence', one is able to showcase the permeability and pluriversality of the site of the research and relationships, which can advance positive social change and action. Reflecting on my own blurred boundaries of my identities in the research along with the honest acknowledgment of the reality of PAR by some researchers (Klocker, 2012; Kesby et al., 2005; Maguire, 1993; Pain, 2004) that emphasised the importance of attempting this process of creating meaningful change brought some comfort. At the same time, I continue to reflect on questions such as 'whose research is this', 'what do my participants get when I get a PhD' which I have tried to navigate throughout my doctoral research journey. Felner (2020) recommends that centring the collaborative relationship with communities and the purpose of PAR to drive social change can be a useful approach for those grappling with these concerns. Some ways of doing it include the inclusion of partners early in the planning process, something I had managed to do in the project and creating spaces to share and listen to how the partners would benefit and what they would need in the collaboration. Central to this, my work in the community through my role as the Chair of the organisation enables me to 'give back' through a mutually beneficial praxis despite the constraints of the doctoral research expectations. Overall, despite facing the odds and complexities in the process, the delightfulness of the process was rewarding. That's why this is the only way I would strive to engage in research.

This thesis is a culmination of the repository of co-produced knowledge; however, it is designed for an academic examination. As part of my ethical practice and commitment to epistemic justice, I would need to work towards developing an Everyday (easy to read) version of the work to share and make it available to my co-researchers. Additionally, the challenges of the timescales of a doctoral project and for change to be implemented within the PAR cycle have caused concerns. However, as Klocker (2012) notes, ‘it is possible to write a thesis without a ‘neat’ ending to the PAR process’. I have attempted to address it through my ongoing embedded and engaged activities in the site beyond the PhD and the thesis submission in order to realise the actions co-generated together. While the PhD marks the end (of the beginning), the work goes on!

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