



THAMES VALLEY
**IMMIGRATION
ALLIANCE**

Thames Valley Immigration Alliance

Domestic Abuse Research Report

June 2025

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Executive Summary

Purpose of the report

This report explores the support available to migrant victims¹ of domestic abuse in the Thames Valley region, and the gaps and barriers that exist for those who require this support. The report shows that 'immigration abuse' – when a perpetrator uses a person's insecure immigration status as a means of controlling or harming them [see: p8] – is exacerbated, and even made possible, by harmful government policies and practices. As we will see, No Recourse to Public Funds (NRPF)[see: p11], cuts to legal aid [see: p28], data sharing between the police and the Home Office [see: p20], and the government's 'Hostile Environment' policy² – under which the lives of migrants and undocumented people are made increasingly intolerable through the denial of access to public services – create the conditions for migrant victims of domestic abuse to be hidden, unsupported, and at serious risk.

Survivors of domestic abuse can require the support of multiple providers. They often attempt to access this support through local authorities, healthcare providers, social services, law enforcement, or other professionals. This report aims to identify areas where migrant victims of domestic abuse experience additional barriers to accessing support, and to explore possibilities for improving access. Some of these solutions are local and practical; others involve national policy change.

The research is based on interviews with service providers and migrant victims who have accessed the services of the Thames Valley Immigration Alliance (TVIA). Findings are contextualised within the wider context of immigration policy, as it relates to domestic abuse, over the past decade.

We have drawn attention to positive steps and instances of good practice within services used by migrant survivors, as well as highlighting some

¹ This report uses both 'victim' and 'survivor' as terms to describe the cohort this report relates to. This reflects the fact that in immigration law, the term victim is used (including in the MVDAC), while many of the partners contributing to this

report use the term survivor to centre the agency of people who have been subject to abuse.

² For more on the Hostile Environment, see <https://www.libertyhumanrights.org.uk/fundamental/hostile-environment/>



challenges, barriers and gaps, both internally and externally. This is not an exhaustive list of providers; it is intended to map out key sectors, to consider how they may better collaborate and share resources to support migrant victims. Interviewees also proposed several ways in which services could better support migrant survivors.

Barriers to access with service providers

Domestic abuse organisations: Informed and efficient signposting between organisations and close partnership working, especially with immigration advice services, is at the core of getting results for service users. Understaffing, increasing cuts to funding, and a lack of legal knowledge are the greatest challenges that generalised domestic abuse organisations face when supporting migrant survivors.

Accommodation providers: There is an increase in migrant survivors accessing refuge services in the Thames Valley. The greatest barrier to support is the victims' No Recourse to Public Funds (NRPF) restrictions. Spaces in refuges for victims with NRPF are extremely limited, and complications with MVDAC (Migrant Victims of Domestic Abuse Concession) applications exacerbate this issue.

Law Firms and immigration advisers: In the Thames Valley, and across the UK, the ability for survivors of domestic abuse to access legal support to resolve their immigration issues is very challenging. Cuts in funding for legal aid have

left millions without access to justice, and this national crisis has had a particularly devastating impact on survivors of domestic violence.³ Law firms are increasingly deciding to stop taking on legally-aided cases, and victims can rarely pay legal costs themselves. When clients are taken on, however, feedback is positive. At the end of 2024, the government increased legal aid funding, with a particular view to helping victims of domestic abuse.⁴

Health providers: Migrant victims often make their initial disclosure to health services, including GPs, mental health services and maternity care providers. Particularly when accessing maternity care, safeguarding procedures and pathways through Independent Domestic Abuse Advisors (IDVAs) are effective. A key challenge is when families are moved away without warning, leading service providers to lose contact with them.

Local authorities: None of the local authorities interviewed had specific or tailored services for migrant or refugee survivors; most of the provision is through mainstream services. Lack of specialist knowledge is a principal challenge, as well as poor communication from the Home Office to local government. NRPF conditions limit what local authorities can provide, although there is a willingness amongst individuals to do more.

Social services: The understanding of social services' duties towards migrant victims and their families is not consistent across the region. In

³<https://www.lawsociety.org.uk/contact-or-visit-us/press-office/press-releases/civil-legal-aid-millions-still-without-access-to-justice>

⁴<https://www.gov.uk/government/news/historic-increase-in-legal-aid-to-support-most-vulnerable>



some areas, good working relationships are reported with third-sector organisations. Mistrust of social services by migrant families can pose a significant barrier to accessing services.

Law Enforcement: Domestic abuse survivors report that appropriate support from the police is inconsistent, with their experiences differing based on individual officers. There is a strong sense of fear and mistrust among survivors, due to their insecure immigration status, which stops them coming forward. Victims First and Police Portal are viewed positively by service providers, but more culturally specific training for officers would be helpful.

Good Practice

Positive joint working: Service providers emphasised the importance of joined-up working. Examples of positive relationships between state-funded and third-sector bodies, and amongst charitable organisations, are evident. This could be further improved by centralising information about all the regional referral options available.

Reporting to Home Office: Service providers suggested they would either never report an individual victim to the Home Office, or only in the case of a serious safety risk. This was based on an understanding of the unintended consequences of doing so – that a victim would be exposed to immigration enforcement – and of the importance of consent and limiting data-sharing in general.

Professional care and curiosity: Organisations that participated in this report overwhelmingly expressed a desire to better understand the legal

context and options for migrant survivors. Most requested more training in this area, in order to improve and tailor the support services they provide.

Cultural sensitivity: The providers involved in this report demonstrated an awareness of the impact of cultural difference, whilst emphasising the need to provide services in a non-discriminatory accessible way. A lack of funding, NRPF conditions, and victims' lack of awareness of the services available, are consistently the limiting factors preventing increased accessibility of services.

Summary of key recommendations

Information sharing: Ensure that available services in the region are made known to migrant survivors with insecure status. Proactively share information in key locations, such as hosting services (e.g. Sanctuary Hosting), temporary council accommodation and asylum accommodation.

Strengthen partnerships: Improve inter-agency awareness and communication by mapping out referral pathways and opening up communications channels throughout the region. Make clear what immigration advice is available locally.

Training: Design and deliver training to organisations in the region on the legal position of migrant victims of domestic abuse and the implications of No Recourse to Public Funds and the legal pathways available to survivors for accessing refuges, public services, and regularising their status in the UK.



Health care: Encourage GPs to become 'safe surgeries'⁵ and participate in the Identification and Referral to Improve Safety (IRIS) programme to improve responses to domestic abuse.⁶ Provide interpretation at midwifery appointments so victims do not need to rely on their abusers or family for translation; display information leaflets in relevant languages; provide activities for men and children to participate in, so women can have time with midwives and other providers in privacy.

Local authority: Revisit the Thames Valley BAMER (Black, Asian, minority ethnic and refugee) report [see p21]; develop creative solutions to supporting victims with NRPF conditions. Improve communications with the Home Office. Consider Domestic Abuse Housing Alliance (DAHA)

accreditation, and how it applies to migrant victims of domestic abuse.⁷

Law enforcement: Provide police officers with culturally-sensitive training on domestic abuse in migrant communities. Advocate for Victims First in the Thames Valley to develop and publish an explicit policy against sharing victims' immigration data with the Home Office.

NRPF, legal aid and MVDAC: Contribute to national calls for increasing the number of refuge places dedicated to victims with NRPF; increase legal aid for migrant victims to explore regularisation options; expand the MVDAC to protect victims for longer than 3 months.

⁵Read more about Doctors of the World's 'Safe Surgeries' initiative here:

<https://www.doctorsoftheworld.org.uk/safesurgeries/>

⁶ Read more about the IRIS programme here: <https://irisi.org/>

⁷ Read more about DAHA here:

<https://www.dahalliance.org.uk/membership-accreditation/what-is-daha-accreditation/>



Introduction

"My husband used to say that he owns me because he married me and he brought me to the UK. He said, 'You didn't give any dowry; you are my property now; you are not going back to your house; you're not going to talk to your parents. They were your family; not any more.' He said, 'I spent tens of thousands on you - give me back.' I left my career, left my job, I left everything. After divorce, I will be the one who will suffer, because in our society, in our culture, divorce is not a small thing."

- Survivor

This research report explores the ways that a person's ability to access domestic abuse support, including emergency housing and immigration advice, is impeded when they are undocumented, or have insecure immigration status. A person with insecure immigration status who is a victim of domestic abuse experiences a double vulnerability: the threat of deportation or loss of status prevents some people from leaving abusive situations, compounded by social isolation, language barriers, lack of awareness and accurate information about services, formal eligibility for services, and unconscious bias.

These obstacles are not the same in every situation: vulnerabilities will present differently for undocumented migrants, those on dependent

visas, refugees, those on resettlement or hosting schemes, and asylum seekers in Home Office accommodation. What these groups have in common is a greater likelihood of being trapped in abusive situations due to the restrictions on their freedom imposed by their immigration status. Cases of 'immigration abuse' [defined on page 8] are often highly complex and require expertise on a range of social and legal issues.

The aims of this research are as follows:

- To better understand and identify ways of responding to the additional challenges faced by people experiencing domestic violence and/or abuse, resulting from their insecure immigration status.
- To explore how the shortage of legally-aided immigration advice and representation, and the inability to access emergency/temporary housing and benefits, compound the challenges faced by those who experience domestic abuse.
- To gather perspectives from service providers and organisations to understand the intersections with other challenges including housing, health, NRPF, claiming benefits, access to refuges, parenting, etc.

1. Setting the Scene

1.1 Domestic Abuse and Immigration Abuse

The Domestic Abuse Act 2021 provided a clear definition of domestic abuse for the first time in the UK. It defines domestic abuse as:

Behaviour of a person towards another person where they are each aged 16 or over and personally connected to each other and the behaviour is abusive. Abusive behaviour can be a single incident or recurring pattern. It includes abuse which is:

- *Physical or sexual*
- *Violent or threatening*
- *Controlling or coercive*
- *Economic*
- *Psychological, emotional or other abuses.*

The Domestic Abuse Commissioner, in the 2021 report *Safety Before Status*, offers a

comprehensive definition of 'Immigration Abuse' as a form of domestic abuse.⁸

IMMIGRATION ABUSE

Immigration abuse is a form of perpetration that uses the 'insecure', 'uncertain' or 'unknown' immigration status of an individual (or their dependents) to threaten, coerce, exploit and/or subjugate them (or their dependents) as part of a pattern of control and/or abuse and violence.

Immigration abuse is unique in the way that it is exacerbated by existent immigration legislation, policy, and public sector exclusion. An individual's level of vulnerability is compounded by a perception or threat of immigration enforcement, and the authority that these powers hold.

Often what underlies the victim's fear is the possibility of destitution, detention, arrest, removal from the UK against the victim's will or the further harm that comes as a consequence of being removed from the country.

⁸ <https://domesticabusecommissioner.uk/wp-content/uploads/2021/10/Safety-Before-Status-Report-2021.pdf>



Key examples of immigration abuse used by perpetrator/s:

- Falsifying a victim's immigration status and/or purposefully bringing a person into the UK with an incorrect visa to ensure they remain vulnerable to immigration enforcement, and without options for regularisation.
- Withholding key immigration documents, including their passport, so that a victim is unable to ascertain what rights they may have.
- Withholding accurate information from a dependent, for example, when their visa lapses.
- Purposefully mismanaging a victim's immigration status and/or application, so they become overstayers and/or without valid status. This might involve purposefully missing a deadline to renew a dependent's visa.
- Deliberately using the immigration system to control and threaten a migrant victim-survivor. For example, actually and/or threatening to report their insecure status to the Home Office and subsequent detention and/or deportation
- Providing misinformation or mistruths to a victim-survivor about their rights. For example, falsely stating that the victim-survivor has NRPF when this is not the case.

Safety Before Status, 2021

Clear examples of immigration abuse were given by both survivors and service providers. Two survivors recalled:

"I didn't know my rights in the UK; I didn't know I had to call the police. I kept saying, 'Take me to the doctor,' when I got pregnant, but [his family] said, 'You don't do that here. When you're pregnant you don't go to doctors here.'"

- Survivor

"In the middle of the process [of applying for a spouse visa], he said, 'You know what? I don't think you're the right person, so I'm going to send an email to the Home Office right now saying you're just using me, and I don't want to be your sponsor any more.'"

- Survivor

For example, one service provider interviewed for this project recalled an individual who came into the UK on a spousal visa and "literally disappeared." She was completely dependent on her partner to be identifiable to services:

"Unless the person she's married to is going to get her registered with the NHS, going to get her employment or whatever it might be - unless they take the prerogative to do that, it's not going to happen. There was no record of her at all. She didn't know what the NHS was. She had no understanding of life in the UK at all, because her experiences were within the abusive home that she lived in. The stark reality is that if, God forbid, down the line she had been killed as a result of the abuse, there would have been quite literally no record of her; just nothing."

- Service Provider



1.2 Methodology

The bulk of this research project was undertaken across the space of a year (October 2023–October 2024). It is a combination of desk-based research, interviews with migrant victims of domestic abuse who sought support with immigration advice from the Thames Valley Immigration Alliance (TVIA) organisations, and with service providers from across the Thames Valley. It is designed as an exploratory project, to be developed further in coming years.

1.3 Thames Valley Immigration Alliance (TVIA)

The TVIA was formed in April 2022, supported by funding from the Justice Together Initiative. It is made up of a coalition of four organisations that provide immigration advice in the Thames Valley area: Slough Refugee Support, Settled, Refugee Support Group Berkshire and Asylum Welcome. This coalition aims to improve access to free, good-quality immigration advice in the Thames Valley.

The TVIA organisations refer cases internally, going some way to fill the gap of legally-aided immigration advice in the region. Non-EU cases involving domestic abuse are referred internally to the Asylum and Immigration Group (AIG) at Asylum Welcome. If higher-level legal support is required, cases are then referred on to Turpin

Miller Solicitors. Cases involving EU citizens are advised on by the organisation Settled (see page 13).

The TVIA also takes on cases of migrant victims of domestic abuse referred by organisations including Oxfordshire County Council, A2 Dominion, British Red Cross, Migrant Help, the NHS, Crisis and Turpin Miller (for non-legal welfare support). These referrals are made using the form available on Asylum Welcome's website.⁹

From April 2022 to December 2024, 39 cases of domestic abuse were processed through Asylum Welcome, and four through Settled that relate to EU citizens. Of the 39 cases, two were relating to individuals with pending asylum claims. The rest were people on dependent visas (primarily spousal visas). The clients represent 19 different nationalities.

Caseworkers successfully obtained DDVCs (Destitution Domestic Violence Concessions), and later MVDACs (Migrant Victims of Domestic Abuse Concessions) for 24 of these clients. 21 clients were then taken on by Turpin Miller to complete SET (DV) applications. SET (DV) applications provide a secure immigration status to those on dependent visas, whose relationship can be proven to have broken down due to domestic abuse.

Due to a lack of accommodation solutions for those with NRPF conditions, several clients were hosted as an emergency interim measure by Asylum Welcome's Sanctuary Hosting service.¹⁰ Of

⁹See: <https://www.asylum-welcome.org/services/legal-immigration-advice/>

¹⁰ See: <https://www.asylum-welcome.org/services/sanctuary-hosting/>



these 43 cases, 12 cases were taken on in 2023, and 31 in 2024, suggesting that referrals have increased as awareness grows and partnerships are strengthened.

It is impossible to know how many people in the Thames Valley are victims of immigration-related abuse. Most service providers interviewed believe there is under-reporting in their service. Based on anecdotal evidence, and the steady growth in clients as services are promoted, the numbers are estimated to be in the hundreds.

1.4 Insecure immigration status & NRPF

This report refers to people with 'insecure immigration status.' This means people whose status is temporary or precarious for a number of reasons: the person's stay is limited; they are awaiting a decision on permanent settlement; they are an asylum seeker; they are dependent on their relationship with a settled partner, spouse or family member; they are undocumented or without legal rights to stay.

A person will have No Recourse to Public Funds (NRPF) when they are 'subject to immigration control', as defined at section 115 of the Immigration and Asylum Act 1999. A person who is subject to immigration control cannot claim public funds (benefits and housing assistance) unless an exception applies. When a person has

leave to enter or remain which is subject to the NRPF condition, the term 'no public funds' will be stated on their residence permit, entry clearance vignette, or eVisa records (formerly biometric residence permit - BRP).¹¹

"He asked me, 'Why don't you leave this man? I said, 'Because I have no money.'"

- Survivor

All of the organisations interviewed for this report cited NRPF conditions as the most significant challenge faced by migrant survivors. Without the safety net of welfare support, survivors are aware that leaving their perpetrators poses far greater risks. Service providers reflect on the barriers faced by migrant victims with NRPF, but also the necessity of acting to overcome these barriers:

"No one want[s] to touch people with No Recourse to Public Funds. They're kind of fearful of, 'How are we going to get our money back?'"

- Service Provider

"If you become an NRPF woman, all that matters before the domestic abuse is your immigration status, and people don't even look at the person any more. These people are still domestic abuse victims - so safety comes first, and then you can look into immigration status - but you need to act, regardless."

-Service Provider

EU citizens who have Settled Status under the EU Settlement Scheme do have access to public

¹¹ <https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements/who-has-no-recourse-to-public-funds>



funds. EU citizens who were in the UK prior to 31st December 2020 and who were exercising EEA Treaty Rights should have access to public funds if they have pre-settled status. Those who have pre-settled status but who do not meet the above requirements are in a more complex situation and will need tailored benefits advice.

Spouses, civil partners, or those who are durable partners, with limited leave or pre-settled status under the EU Settlement Scheme, can make MVDAC applications to access public funds. This leave can be as a 'Joining Family Member of a relevant sponsor', a 'Family Member of a relevant EEA or British citizen' or as a 'Family Member who has Retained the Right of Residence under the EU Settlement Scheme'.¹²

Individuals who experience domestic abuse while in the asylum system will continue to be entitled to Asylum Support: temporary accommodation and £8.86 per week if in asylum accommodation (with meals provided), slightly more if they have young children.

1.5 Domestic Abuse in Asylum Accommodation

If a person within the asylum process experiences domestic abuse, it is the responsibility of Migrant Help (the organisation contracted by the

government to provide support in asylum accommodation) to safeguard – and if necessary, relocate – the individual or family.¹³

As the support from Migrant Help is provided remotely, it is often the case that asylum seekers experiencing domestic abuse disclose first to local organisations, who then signpost to Migrant Help.

The Refugee Council and Asylum Support Appeals Project (ASAP) have been monitoring domestic abuse faced by asylum seekers in the UK. In 2018, they published the report *Women seeking asylum: Safe from violence in the UK?* which investigated the barriers to disclosure for women living in Home Office accommodation, and the treatment of disclosures by hotel staff and the Home Office.¹⁴ The report found that a lack of awareness of UK support services and legal systems, as well as a general fear of being removed from the UK due to disclosure, are particular barriers for asylum seeking survivors of domestic abuse, especially those living in asylum accommodation.¹⁵

In November 2024, the government produced new guidance on *Minimum standards for responding to domestic abuse disclosures from asylum seekers*.¹⁶ This lays out ten steps – the minimum role and responsibilities – that the Home Office or its contractors must take when receiving a

¹²<https://www.gov.uk/government/publications/victims-of-domestic-violence/migrant-victims-of-domestic-abuse-concession-accessible>

¹³ See pages 79–81:

<https://www.migranthelpuk.org/Handlers/Download.ashx?IDMF=8faeae8c-d976-499a-9eb2-e0e259c3f8e6>

¹⁴<https://www.refugeecouncil.org.uk/stay-informed/statistics-and-research/women-seeking-asylum-safe-from-violence-in-the-uk/>

¹⁵ For more on the barriers to disclosure, see *Ibid.*, p. 23–26.

¹⁶<https://assets.publishing.service.gov.uk/media/673b6e59abe1d74ea7dadf0f/Minimum+Standards+Document+-+15112024+-+v1.5.pdf>



disclosure of domestic abuse from a person seeking asylum. This was published alongside a guidance document entitled *Domestic abuse: responding to reports of domestic abuse from asylum seekers*.¹⁷ This outlines the steps Migrant Help must take to facilitate the disclosure of abuse, and what to do once abuse is reported to them.

When domestic abuse is reported by a person living in Home Office accommodation, the sub-contractors and Migrant Help are instructed to:

- Believe the victim without evidence.
- Offer the person and their child(ren) safe, alternative accommodation and transfer them without delay.
- Consider relocating the perpetrator where the victim chooses not to move.
- Support the victim to make a report to the police; reassure them that this will not impact their asylum claim.
- Refer to social services where necessary.
- Refer to a specialist organisation for support from a DV worker.

For asylum seekers who are not living in Home Office accommodation, it is necessary to:

- Offer accommodation under Section 98 of the Immigration and Asylum Act 1999 – ideally in refuge accommodation – without requesting evidence of their destitution.

- If the victim is a failed asylum seeker, they may be eligible for accommodation under Section 4, which may also be provided in a refuge.

1.6 Domestic Abuse in EU Settlement Scheme (EUSS) Cases

EU citizens and their non-EU dependents who experience domestic abuse may have Settled Status or Pre-Settled Status under the EU Settlement Scheme, or no status at all. If they have settled status, they can leave an abusive situation, at least in theory, without any effect on their immigration status. If they have no status under the EU Settlement Scheme, they may, depending on their circumstances and the evidence they have, still be able to make an immigration application under the EU Settlement Scheme. They will need professional immigration advice tailored to their circumstances in order to do so.

Over 2023 and 2024, Settled reported a marked increase in queries from partners who are non-EU dependents of EU citizens, whose relationships had broken down, sometimes because of domestic abuse. This usually presents as male partners threatening female partners concerning their immigration status, but Settled has also been contacted more recently by men experiencing domestic abuse.

¹⁷https://assets.publishing.service.gov.uk/media/61eebda18fa8f5058667842a/Asylum_support_domestic_abuse.pdf



Victims often do have pre-settled status, but occasionally they don't. They present in a wide variety of different situations: sometimes they have commenced divorce proceedings; sometimes divorce proceedings have been completed; sometimes they haven't commenced them at all; sometimes they've just fled the perpetrator. They may or may not have evidence of the domestic abuse. Evidencing abuse, especially where it is psychological, "is usually the toughest thing," as is getting independent evidence from the police, the NHS, and Multi-Agency Risk Assessment Conferences (MARACs). During MARACs, representatives from across police, health, child protection, housing, IDVA services, probation, and other specialists meet to share information on the highest-risk domestic abuse cases.

Unlike the spouse visa route, if a person has pre-settled status under the EU Settlement Scheme, the victim does not have to immediately apply for new status as soon as they leave their perpetrator. They do not stop having a lawful basis to be in the UK as soon as they leave their partner, because they still have pre-settled status. Recently, however, Settled has encountered more instances of the Home Office curtailing or attempting to curtail leave granted under the EU Settlement Scheme, where the Home Office argues that a person has ceased to meet the requirements as the dependent partner or spouse of an EU citizen.

Survivors can choose to make a new pre-settled status application, but they do not have to. Alternatively, they could collect all available evidence, then proceed to make a later Settled Status application based on their new set of

circumstances. As one service provider who works with this cohort reflects:

"What is really critical is getting them to immediately start collecting and keeping that evidence of the domestic abuse, either for a future settled status application, or for a future pre-settled status application, based on a Retained Right of Residence under the EU Settlement Scheme. A Retained Right of Residence would also apply if a person is applying for Settled status. That evidence of domestic abuse is really important in terms of explaining their current situation and explaining why they are in this position and why they've been forced to leave."

- Service Provider

Increasing numbers of victims of domestic abuse are being referred to Settled from across the UK, in part due to the dearth of good quality, higher-level, free at the point of access immigration advice providers. Such cases are more complex, and the claimants have had little or often no access to advice on a legal aid basis.

1.7 Domestic Abuse and Modern-Day Slavery

Forms of modern slavery, including human trafficking and domestic servitude, can overlap with domestic abuse and insecure immigration status to produce particularly dangerous circumstances for migrant survivors.



Human trafficking involves the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud, or coercion for the purpose of exploitation. In many cases, survivors may be brought to the UK under false pretences and then forced into abusive or exploitative situations.

Domestic servitude is a form of modern slavery where an individual is forced to live and work in a private household under conditions of control, exploitation, and abuse. Victims may be denied wages, subjected to long hours, deprived of freedom of movement, and prevented from accessing medical care or external support.

Domestic servitude is one of the least visible forms of modern slavery, and as such poses high barriers to accessing support services. Language barriers, fear of authorities, lack of legal knowledge, and fear of immigration enforcement compound the vulnerability of survivors of modern-day slavery. These factors create significant barriers to escaping both abuse and exploitation.

In cases of modern-day slavery and domestic abuse, perpetrators may exploit the survivor's insecure status to isolate them, limit their access to help and coerce them into exploitative situations, under threat of detention or deportation.

The National Referral Mechanism (NRM) is the UK's framework for identifying and supporting potential victims of modern slavery. There are a number of designated first responders across the Thames Valley, to which trained staff can refer potential victims of modern slavery. This is a vital

route for survivors who may not be aware that their experiences constitute exploitation or abuse.

Identifying the overlap between domestic abuse and modern slavery is crucial in supporting migrant survivors effectively. Frontline professionals must be trained to recognise the signs of exploitation and understand the specific risks faced by those with uncertain immigration status. Robust referral pathways and trauma-informed support are essential in breaking cycles of abuse and preventing further harm.

1.8 Barriers to Accessing Support

"I was frightened to ring the police because normally as Asian women we don't really call the police or get them involved."

- Survivor

Immigration Abuse, insecure immigration status and NRPF can all be barriers to reporting abuse and accessing support. The report investigates particular barriers within each service area, but certain linguistic and cultural barriers are common to all areas. As one service provider reflects,

"The biggest barrier is that, in a lot of these countries where individuals are coming from, there is no such thing as domestic violence laws. So, to go from that, to now coming over here where it's illegal - it's just like night and day, and people don't understand those rights, they don't understand the kind of impact that can have for them."

- Service Provider



Once somebody does acknowledge that their relationship is abusive – be it with their family, their partner, or their partner’s family – they may not know who to turn to for help. All respondents confirmed that language barriers significantly compound this challenge. One survivor notes,

“I didn’t know what was my right. I had no idea about my situation in the country. ”

– Survivor

If a person experiencing domestic abuse does understand the support systems available to them, they may also fear the repercussions of drawing attention to themselves, which professionals regard as a significant barrier to reporting. One provider explains,

“They would fear, ‘If we bring this up, are we going to put ourselves in danger of being deported if they ask too many questions that we don’t understand? And if it doesn’t go well, if the case does get dismissed, what’s going to happen to us? Will there be reprisals from the family? We’re going to be ostracized by the family.’ That’s the kind of the fear of going to services.”

– Service Provider

Providers also acknowledged that, for domestic abuse survivors who have experienced immigration abuse, the chain of people affected by the abuse is also often more complex:

“With one of the people we were supporting, we had to ask the question, ‘Have you got family back home, and how are they being impacted?’ So when the Police say, ‘Oh, can’t you just go back?’ Well, it’s not as easy as just going back, because

they could be walking towards their own death, and then you’d never hear from them ever again.”

– Service Provider

1.9 Male and LGBTQ+ Survivors

“Sometimes, the man’s voice is not heard like that. It’s very helpful. It’s why we want to speak out: speak out for the men who experience abuse. Other people can go through the same thing like me with no help. Can you imagine? We can’t bear it any more. It can lead up to disaster, it can lead up to death. I see it happening, not with me alone.”

– Male Survivor

Male survivors of domestic abuse from migrant or refugee communities face similar, but also distinct, challenges, and are even less likely to disclose abuse. The organisations consulted for this report reflect that,

“We’ve started to see more men contacting us about domestic abuse more recently, but one of the barriers is common assumptions about domestic abuse.”

– Service Provider

“We have seen male survivors of domestic abuse. I think they find it even harder to speak up because the shame is greater. We just have to be very careful and welcoming in order for people to be able to relax and say what’s happening, try to take away the shame of it.”

– Service Provider

One organisation noted that the number of disclosures they receive from LGBTQ+ survivors is relatively low compared to the overall population:



"What we're finding is, rather than there being an issue in terms of how we're able to support them, the issue lies with them feeling comfortable in reporting in the first place."

- Service Provider

Another organisation recounted the case of an LGBT survivor of DV who became homeless because his family considered him to be "betraying his religion." And another organisation worked with a survivor who they identified as

additionally vulnerable due to her sexuality, as described here:

CASE STUDY

A pregnant woman with a toddler was referred by her GP to social services after leaving her husband. After a month, social services found her temporary accommodation. In the interim, however, she was not able to be supported by her community, because her friends kicked her out when they discovered her sexuality. This left her homeless.

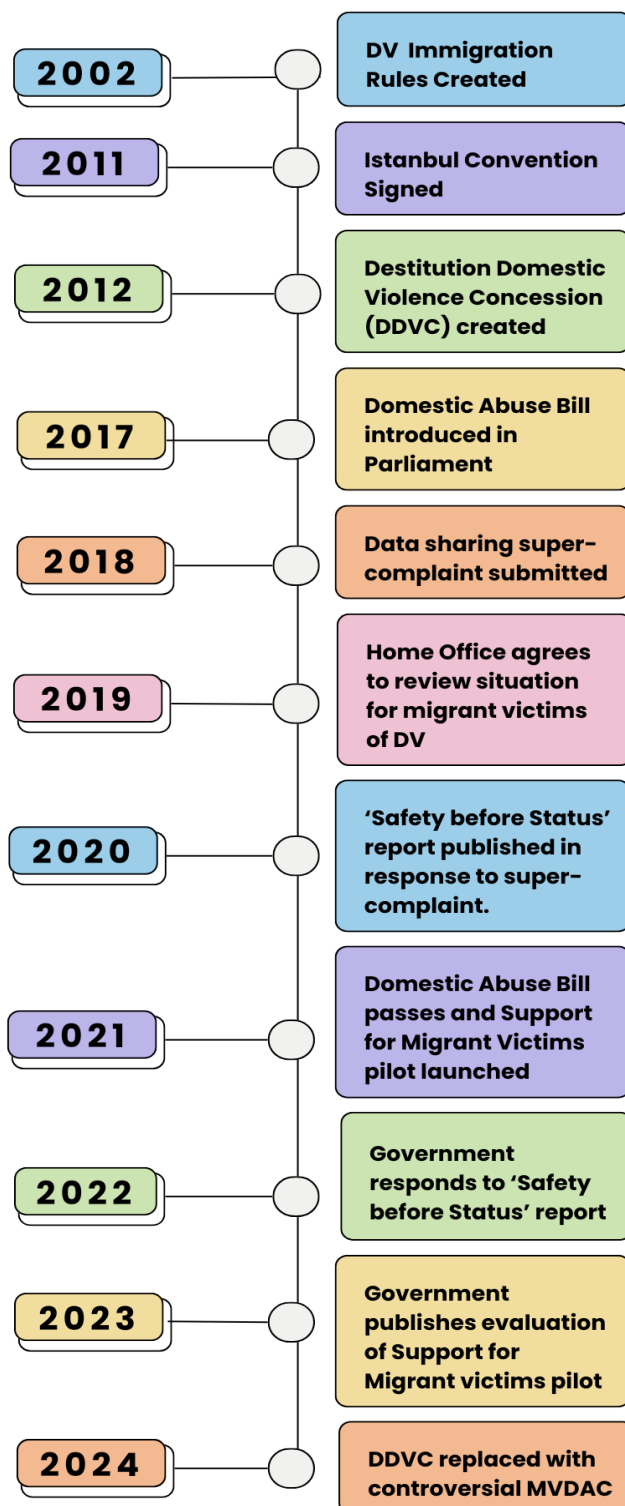


2. Research Context

Conversations around migrant survivors of domestic abuse gained greater public prominence from 2018 onwards. National policies including NRPF, the 'Hostile Environment', cuts to legal aid budgets, and data sharing between the police and the Home Office, are seen as contributing factors to exacerbating the immigration abuse faced by migrant survivors.

2.1 Domestic Abuse Act 2021 and Support for Migrant Victims (SMV) Pilot

In April 2021, the passage of the Domestic Abuse Act represented the first time that domestic abuse was formally and comprehensively placed into law. While a victory for some, advocates for migrant women saw this as a missed opportunity to offer greater protections to those with insecure immigration status. Rather than establishing routes to regularisation and recourse to public funds for those on dependent visas, as campaigners had hoped, the government announced a £1.5 million pilot project called the Support for Migrant Victims (SMV) Pilot as an evidence-gathering exercise.¹⁸ The government published its evaluation of this project in 2023.¹⁹



¹⁸

¹⁹ <https://www.gov.uk/government/publications/evaluating-the-support-for-migrant-victims-smv-pilot>



2.2 The Migrant Victims of Domestic Abuse Concession (MVDAC)

From 2012 to 2024, the Destitution Domestic Violence Concession (DDVC) existed as a stop-gap for those who are in the UK, usually on a spousal/partner visa, to temporarily access public funds due to a relationship breakdown caused by domestic abuse. This allowed time for a SET (DV) application to be made, which, if successful, granted the applicant Indefinite Leave to Remain, and was an important option for those who could not afford the £2,000+ settlement application fee. However, this was only open to those on certain visas.

Not everybody took advantage of this route. Practitioners have found that some spouses try to “stick the marriage out for five years” rather than making this application sooner, likely due to a lack of knowledge and fear. One service provider reflected that,

“Quite a lot of people keep their heads down and just try and put up with it for five years. The difficulty is that people often won’t accept what support is available because they’re too frightened and because they know they’re going to be interviewed and possibly not believed. Then they will have given their details to someone official and they will feel even less safe.”

– Service Provider

The MVDAC replaced the DDVC in 2024. It expanded eligibility for temporary support to dependents of people on skilled worker visas, student visas, graduate visas, etc. These individuals are now also able to access three months’ recourse to public funds, when leaving an abusive partner upon whose visa they depend.²⁰

There are important limitations to the MVDAC. As with the DDVC, the MVDAC effectively cancels a person’s visa and replaces it with 3 months of temporary status. Crucially, whilst anyone who obtained the DDVC could go on to apply for Indefinite Leave to Remain, this is not the case with the MVDAC. It does not provide a route to settlement for those on student and work visas.

For this reason, Southall Black Sisters describe these individuals as ‘facing a cliff edge’ after three months of support.²¹ This means that, for some, the MVDAC will not be the best option, because it is “not underpinned by a rationale that offers protection.” As one interviewee stated,

“The MVDAC doesn’t really give a way out for people, because after the three months, there’s no clear pathway for them to stay here, unless they’ve been on a [particular] visa. You shouldn’t be advising someone, ‘Apply for the concession online, and in three months’ time, we’ll see’. If you look at someone with a student visa, actually, what are you giving the person? It’s the option of staying in the UK for three months, because after those three months, there is no legal route for you

²⁰

<https://assets.publishing.service.gov.uk/media/660eb038a43d91001c3af176/Migrant+Victims+of+Domestic+Abuse+Concession.pdf>

²¹ <https://southallblacksisters.org.uk/news/harmful-changes-to-support-provisions-for-migrant-victims-of-domestic-abuse-2/>



to follow. So, what is the point? It's actually cruel, because you're giving people some kind of hope and taking it away."

– Service Provider

2.3 Data Sharing and the Super-Complaint

Another important issue preventing people from coming forward and reporting abuse is the fear that their data will be shared with the Home Office. The super-complaint submitted in 2018 by Liberty and Southall Black Sisters reveals that, in many cases, immigration enforcement was prioritised over safeguarding from abuse.²²

The formal investigation into this super-complaint 'found no evidence that sharing of personal victim data between the police and the Home Office supports safeguarding of victims of domestic abuse.' Rather, the investigation found that, in 25 of the 36 examples given, harm was caused to the victim. It identified 'the perception of a police culture that prioritises immigration enforcement over safeguarding and crime investigation.' The report recommended that the Home Office 'establish safe reporting mechanisms for all migrant victims and witnesses' and that it 'include consideration of a mechanism for establishing a firewall.'²³

The government inserted a Code of Practice on data-sharing into the 2021 Domestic Abuse Act, but a firewall between the police and immigration enforcement has not been created. The Home Office rejected this call for a firewall, arguing that it would not help deter illegal migration to the UK.²⁴ The lack of a firewall remains a barrier to reporting abuse, as illustrated in the following statement from an Oxfordshire-based service:

"We had one woman who contacted us. She'd been in detention for a month, because she went to the police. She thought she was still legally in the country, because that's what her husband said. No. Basically, he didn't sign anything, so her immigration status went. She had no idea. She goes to the police station to report domestic abuse, and they arrest her for being illegal."

– Service Provider

In 2023, data published by the Domestic Abuse Commissioner revealed that, over a three-year period, every police force in England and Wales had shared the data of a domestic abuse victim with immigration enforcement.²⁵

"Every time I was calling the police station to do any report, they were always asking me, 'Why you don't go back to your country?' This man, in the first appointment: 'Why didn't you stay in your country?'"

– Survivor

²² <https://www.libertyhumanrights.org.uk/issue/liberty-and-southall-black-sisters-super-complaint-on-data-sharing-between-the-police-and-home-office-regarding-victims-and-witnesses-to-crime/>

²³

<https://assets.publishing.service.gov.uk/media/5fdb0fa4e90e071be0347ac3/safe-to-share-liberty-southall-black-sisters-super-complaint-policing-immigration-status.pdf>

²⁴ <https://www.gov.uk/government/publications/responses-to-safe-to-share-report-on-liberty-and-southall-black-sisters-super-complaint-on-policing-and-immigration-status>

²⁵ https://domesticabusecommissioner.uk/wp-content/uploads/2023/11/FINAL-DOC_Firewall-Report_2023_V2.pdf



2.4 Thames Valley BAMER Project

The Thames Valley BAMER Project ran from April 2018 to March 2020, and was published by the Diverse Communities Partnership Board.²⁶ It was funded by the Home Office's Violence Against Women and Girls Transformation Fund and aimed to improve the multi-agency response to violence against women in ethnically diverse communities.

Ten findings and recommendations emerged from this report, but several interviewees

highlighted that there is very little funding and capacity to drive these recommendations forward and coordinate implementation work across the region. We recommend that these recommendations are implemented, and that momentum around this project is renewed.²⁷

²⁶
<https://mycouncil.oxford.gov.uk/documents/s59096/Appendix%205A.pdf>

²⁷<https://mycouncil.oxford.gov.uk/documents/s59096/Appendix%205A.pdf>. These include developing specialist, ethnically sensitive VAWG training and developing a detailed VAWG service directory. For the full list, see page 24 of the report.



3. Support for Migrant Survivors in the Thames Valley

Support available for migrant survivors of domestic abuse in the Thames Valley falls into seven key areas:

- Domestic abuse services
- Accommodation Providers
- Law Firms/other legal advisers
- Health services
- Local authorities
- Social Services
- Law enforcement.

This section now turns to the support provided by each of these services, presents the successes and barriers in each area, and offers suggestions for improvement.

3.1 Domestic Abuse Organisations

Every domestic abuse service interviewed for this project counted migrant and refugee survivors among their service users; two organisations report working with a significant number of migrant survivors.

Each organisation emphasised that informed and efficient signposting between organisations and close partnership working is at the core of getting results for service users. Reducing the Risk's Champions Network of 6,000 people is testament

to the power of multi-agency collaboration, as is the NRPF Project in Oxford and the No Accommodation (NACCOMM) network, made up of over 130 organisations across the UK working to prevent destitution amongst asylum seekers, refugees and migrants with NRPF. MARACs are also a positive example of multi-party collaboration, which focuses on wraparound support for the survivor.

Creative signposting is essential to improving results for migrant survivors, including alternative support options, such as the Public Interest Law Centre; Project 17; community organisations; local hosting schemes; and even contacting embassies, who have been known to fund refuge spaces for their citizens. Collaboration between domestic abuse organisations and immigration advice providers is particularly important, considering the restrictions on what legal advice an organisation can provide if it is not accredited by the IAA (previously OISC). One domestic abuse charity emphasises:

"We are quite clear: we are not legal advisors. I know how complicated the legal immigration system is. I also know the difficulties that can be created if people become involved and give the wrong advice. So we're quite clear: 'We're not able to provide that information. However, we know



who can give you that information.' It's about knowing who is out there who can provide that."

- Service Provider

Positive collaboration between domestic abuse organisations and immigration organisations was also noted, such as in the following case:

CASE STUDY FROM A DA SERVICE IN OXFORD

"While she was in the Sanctuary Hosting scheme, Asylum Welcome helped her with the benefits and the DDVC. The Home Office allowed all the concession paperwork to go to Asylum Welcome, so they had an address to send it to. Sanctuary Hosting gave her toiletries, a little bit of funding. Meanwhile, I was checking in once a week with the client and also sending her refuge vacancies, as well as doing some referrals to Refuge. That's why she got into a refuge, because everything was in place. Without Sanctuary Hosting, TVIA, Asylum Welcome, I don't know if that would have happened. It gave her that stepping stone."

Domestic abuse organisations described the unique challenges faced by the migrants, refugees and asylum seekers who access their services. These include language barriers, fear of authorities due to past experiences, and confusion around immigration status. By far the most significant challenge, however, is the No Recourse to Public Funds condition, as this prevents access to refuge spaces until the victim is granted recourse through the MVDAC. One respondent also notes that *"there's a lot of gaps in professional knowledge"* around supporting those with NRPF conditions.

Underfunding and understaffing, coupled with increasing caseloads, are fundamental barriers to DV organisations providing the desired level of

support to migrant survivors. Recently, a loss of funding has meant there is less specific in-house support for this group, creating a greater reliance on partnership working.

One organisation has addressed this by producing a separate client intake form, specifically designed for service users from minoritised community backgrounds. This guides the caseworkers, who may not have specialist knowledge of this cohort. The cost of interpreting services is also cited as a barrier, as well as a lack of availability of interpreters in certain languages, such as Tetum (spoken in East Timor; Oxford has the largest East Timorese population in the UK).

Sometimes, when organisations call a client back with the appropriate interpreter, they do not answer the phone; repeated calls mean increased costs. While some organisations have staff members who can interpret for clients, such interpretation is ad hoc and not formalised. One interviewee noted the importance of a proactive approach to offering interpretation services for clients, rather than waiting for them to ask.

Due to a loss of funding and a lack of resources, some organisations have found that communities shoulder the costs of protecting people from domestic abuse. As one service provider reflected,

"It's amazing that communities can step up and help when the agencies can't, but they don't always make safe decisions. Community cohesion is more important than the domestic abuse; that's what I learned. Also, we're talking about already very impoverished communities. Why should these people be having to bear the cost of having to protect someone from domestic abuse? I see this particularly with Latin American



communities, with Black African communities, and with the East Timor community, as well."

- Service Provider

Interviewees also noted the time burden and psychological toll that supporting clients with NRPF can have on caseworkers, as the service users repeatedly face dead ends. Caseworkers need to be skilled in finding creative solutions and to have the energy and perseverance to do so:

"Everywhere they go, doors are closed on them. But it's about persevering from our side, and telling the client not to lose hope - because that's very important. If they start losing hope, they give up, and you don't want them to give up because the help will be there in the end - you've just got to keep persevering."

- Service Provider

Suggestions

Training: All organisations pointed to increasing the availability of training on supporting migrant survivors, and greater opportunities for knowledge-sharing, as ways of improving services. A wide range of training on relevant topics is already available locally; all organisations interviewed would appreciate further training on the legal implications of being a migrant victim of domestic abuse.²⁸ Organisations are willing to invest in legal immigration training, including from the Immigration Advice Authority, despite not being regulated to provide immigration advice. Recent changes to legal routes for migrant victims mean up-to-date legal training for frontline domestic

abuse organisations is more crucial than ever. One provider mentioned that,

"I would want, by the end of the next financial year, for my team to be more legally trained, and to understand the routes [to regularisation]."

- Service Provider

Even in organisations which are not accredited to offer legal advice, staff members who understand the options available feel more empowered to signpost their clients more effectively. One reflects that,

"It at least gave us the knowledge that we needed on what the legal routes are. I wouldn't ever give legal advice to the client, but at least I would know to which solicitor I needed to go."

- Service Provider

Support Groups: Organisations could also run more low-cost, high-impact activities, such as support groups. Support groups can provide survivors of domestic abuse with a compassionate, non-judgmental space to share their experiences. These could be cross- or multi-organisational, to improve pathways and share costs.

Improved communication between service providers. Clients may relay information from one service provider to another which does not appear completely accurate. Instead of the client being the conduit between the organisations, clear, direct pathways of communication should always be in place between the service providers. Improved communication between service

²⁸See: <https://www.sundialcentre.org/services/training/>



providers can significantly enhance the support for migrant survivors of domestic abuse by ensuring comprehensive, coordinated care.

Information disseminated in public spaces, such as libraries, GPs and schools, translated into relevant languages. This can help migrant survivors to access critical resources more discreetly and confidentially, overcome potential language and cultural barriers, and increase awareness and visibility of support networks in trusted community settings where they may feel safer seeking help.

"I was blind, just trying to find a solution."

– Survivor

Education for men, including training for men on resettlement schemes. Men's education can help challenge harmful gender norms, promote healthier relationship dynamics, and increase community understanding of domestic abuse.

Education on financial literacy and financial abuse. Service providers identified financial education as a particular area where service users need support. Bank accounts are required to receive and administer public funds, in order to pay for a refuge, for example. When the survivor is reliant on the perpetrator's bank account or Universal Credit account, this can delay the process of finding safety. Financial illiteracy can also be an issue, as one survivor described:

"He is threatening me, saying I will kill you, threatening my family back home. I don't know how to use my credit card. All access: my husband. He was controlling my credit card, bank details, everything, because I'm not educated. I am scared because I'm new here; I'm not educated, I don't know this country's rules."

– Survivor

Financial education is crucial for migrant survivors of domestic abuse, providing the tools to understand banking systems and the Universal Credit online systems, in order to recognise and prevent financial abuse and to gain economic independence.

3.2 Accommodation Providers

The number of migrant survivors supported by accommodation providers in the Thames Valley over the past 12 months has reportedly increased; one interviewee noted that 'a very significant number' of those coming to access their domestic abuse survivor services are migrants and refugees, including those on hosting schemes, who had been abused by their hosts.

Others suggest that migrants are underrepresented in their services, owing to barriers to access and coming forward. In addition to cultural and language barriers, service providers cited technological barriers (lack of access to smartphones or laptops and digital illiteracy) and mental health issues (PTSD and trauma preventing independent access to services) as barriers. Fear and isolation are also cited as factors that negatively impact migrants experiencing abuse, as well as the use of informal interpreters – who may be family or community members – who encourage the victim to remain with the perpetrator.

By far the most significant barrier for migrant victims when accessing emergency accommodation, however, are the restrictions placed on accessing refuges for people with NRPF



conditions. The services provided by Women's Aid's 'No Woman Turned Away' scheme, the refuge space provided by Southall Black Sisters, the NRPF Project, Sanctuary Hosting and Berkshire Women's Aid were cited by interviewees as crucial accommodation providers for this cohort.²⁹ However, these organisations cannot meet the demand of survivors with NRPF, and standard refuges will usually not accept survivors until they have recourse to public funds through a successful MVDAC.

It is understood and accepted that refuges have "got to make money, and their rent's got to be paid." However, this frequently leaves migrant victims without children at risk of homelessness (the local authority must support families with children, regardless of NRPF status, under Section 17 of the Children Act). Some refuges and accommodation providers will take in a migrant survivor if the MVDAC is in process:

"They'll want to know the Concession has been applied for. So, without the Concession, a refuge will only take them if there's a letter from social services saying that they will take them, or somebody else is willing to pay."

- Service Provider

One service provider recalls that bed spaces can be left empty whilst survivors are waiting for the MVDAC to be approved:

"You have space, and management says we can hold it until they get the Concession. So, you have space empty for two weeks. You're saving that

space for her, but because she doesn't have the money to cover the first two weeks, she won't be able to go in."

- Service Provider

Meanwhile, migrant victims are left vulnerable to remaining with their abuser whilst they wait for the DDVC/MVDAC to come through:

"You're kind of forcing people to stay in unsafe situations, even risking their own lives. I don't get it, how a place of safety needs to be means tested. It's like, 'Yes, we are very committed to fight domestic abuse - if you're not a migrant.'"

- Service Provider

Other organisations have found, that even with the MVDAC in process, refuges would rather not take a survivor and risk issues with their funding at a later date:

"One of the biggest fears is you having to evict a victim, and so organisations become very risk averse; they prefer not to take the victim in the first place than be faced with the fact that they may need to evict them at some point."

- Service Provider

Survivors who aren't eligible for DDVC/MVDAC are in an impossible position: *"The problem is, if they don't get the concession, then we're up the swanny."* Without this, or help from social services, it's *"near downright impossible"* to source a refuge space:

²⁹ <https://www.womensaid.org.uk/nowhere-to-turn-2024-report/>



"There are really no NRPF spaces; if you go to Route to Support [the online platform to search for refuges], there are a lot of criteria you need to meet, and one of them is that you do need to be in receipt of the Concession already. But if you already have the Concession, technically, you're not No Recourse anymore, because you can pay for refuge anyway. It's almost like you need to win the lottery to get one of those things in place."

- Service Provider

Even once they are within the safety of a refuge, migrant and refugee survivors can find that their cultural, religious or language needs are not met, even when these are noted in the referral form. If this trust is broken, it can send survivors "back to their perpetrator". A postcode lottery was also described when it comes to refuge accommodation, as the quality of refuges varies drastically across the country:

"I always check the contracts, because frankly, over the years, some refuges have been rubbish at supporting families. I've pulled families out of refuges and said, 'They've been with you X amount of months, and what have you done? They haven't seen a solicitor, and the Concession is running out.' We've got to act before the three-month Concession runs out so they can retain the right to recourse."

- Service Provider

Some survivors also have successful experiences. These successes tend to happen when several organisations work together to support one client with accommodation to prevent homelessness.

Even though this requires intensive resources from multiple organisations, there is an evident willingness amongst organisations to rally around a vulnerable client, as shown in the following case study.

CASE STUDY FROM ACCOMMODATION PROVIDER

"We had a woman who contacted us. She was from India on a spousal visa. She had fled, gone to the police station, reported. They said, 'You need to go over the road to housing.' Of course, it was closed. She phoned us. She had a suitcase with her. Her phone was nearly out of charge. She had no children and very little money. I called Sanctuary Hosting. They responded quickly and they said, 'Yes, we have a host, but it's not possible for a couple of days. We need to do an assessment.' I then got on the phone to someone in the City Council. The City Council said they were able to fund a night in a hotel, maybe two nights, but they couldn't get her there. I said, 'I'm happy to go and pick her up. I don't want this person in the middle of nowhere.' I took her to the hotel; got an interpreter on the phone; completed the DASH.³⁰ We got them into Sanctuary Hosting the next evening. We got them linked into Turpin & Miller, as well."

Suggestions

Training: Accommodation providers would also benefit from additional training related to NRPF, domestic abuse in minoritised communities, and legal routes for victims of immigration abuse. Interviewees mentioned Rights for Women and Shelter as helpful training providers.

³⁰ DASH stands for the 'Domestic Abuse, Stalking and Honour Based Violence Risk Identification, Assessment and

Management Model'. See more here: <https://www.dashriskchecklist.com/>



Awareness-raising about domestic abuse must be provided to men as well as women, particularly as part of government-funded resettlement schemes.

Policies: Some organisations recommend having their own internal domestic abuse policy, as this makes staff more mindful about looking for signs of DV within their staff, as well as their clients.

Asylum Hotels: There should be a safe space for reporting domestic violence at asylum hotels, and posters in relevant languages explaining how to make a disclosure and what will happen next. Asylum hotel staff should receive regular safeguarding and DV awareness training.

Access to information: A centralised list of refuges within the Thames Valley that accept survivors with and/or without an MVDAC in place would assist with signposting and potentially speed up the survivor's escape from their perpetrator.

National campaigning: Interviewees expressed an interest in increasing campaigning efforts regarding NRPF conditions for migrant survivors, and for creating a route to settlement for those on the MVDAC.

3.3 Law Firms

The possibility for survivors of domestic abuse to access legal support to resolve their immigration issues is very limited in the Thames Valley, as it is across the whole of the UK. As one provider of legal advice stated,

"The obvious barrier is just accessing good quality legal advice. That's the fundamental issue here: across the board, across the UK, things are really, really dire. It's such a hopeless and awful situation. As a result of this, you have misinformation; you have ignorance; you have poor-quality advice. You've then got the people who have malicious intent, who want to make money out of it. The whole sector is in crisis, and that's relevant for victims of domestic abuse. Because, in this awful situation, they're going to be even less likely to come forward, even less likely to have a decent chance of getting good quality, proper advice."

– Service Provider

Increasingly, law firms are deciding to stop taking on cases funded by legal aid or applying for Exceptional Case Funding. Legal aid contracts are described as, *"An administrative nightmare that a lawyer has to deal with. They're focused on meeting all of those ridiculous, nonsensical requirements."*

Another lawyer said, *"I'd much rather do something on a completely pro bono basis than do it on legal aid. It was just an absolute nightmare."* This has naturally led to a lack of free, good-quality legal advice for survivors:

"There isn't enough qualified, competent advice available. There are no legal aid solicitors with asylum contracts in Berkshire, so finding other sources of skilled and qualified and competent advice is very difficult. Not just here; throughout the country, and that's because of legal aid rates."

– Service Provider

A survivor recounted the stress of borrowing money to pay for legal advice:



"I borrowed a lot of money to pay for the lawyer, and I still haven't paid back that debt yet. My lawyer told me that I was allowed to work, but I was really stressed and worried, because how could I work with a child and things?"

- Survivor

Law firms have responded by having to be selective about clients, including prioritising cases where clients are particularly vulnerable and imposing a catchment area. The interviewees also emphasised how difficult the process would be without a lawyer:

"If these cases are not flagged - unless somebody is really advocating for the client and explaining things to the Home Office and forcing evidence in front of them - if it were just made by an ordinary member of the public, they would struggle. All of these things are really important to try and ensure that a case isn't either thrown out, or bogged down in the usual Home Office response of indecision, or delay, or disbelief."

- Service Provider

Another key legal challenge for migrant survivors is the ability to provide evidence of their abuse. Sometimes, a person may simply have no evidence of the abuse they have experienced. However, as one lawyer emphasised, *"if you're going to run any kind of an application to the Home Office, just like if you were trying to run a criminal case, there has to be evidence."*

Another difficulty is the delays in police providing evidence to support a case when requested. A victim's own community can also be unwilling to provide legal evidence due to social pressures, even though independent witness statements are

key for a successful and quick application. One lawyer gave the following example:

CASE STUDY FROM A LAW FIRM

"She was a young lady. She had no other ties to this country, apart from spouse status, and she had no children. We gave all the usual evidence: GP; medical records; police reports; domestic abuse agencies. Quite a few letters we gave, but she had no independent letter of support. I had stressed to her that, 'because you're a single person here without any children, there will be a window there for the Home Office to perhaps refuse you. You need to get that letter of support from somebody who knows about your situation.' She had been picked up by friends of her family and taken to a police station: so very, very good, independent evidence. But these people were not willing to give her the letter. They were not willing to get involved in this matter in any legal sense. So, it was refused."

A survivor recounted a similar experience:

"His family said to me, 'This happens between husband and wife; in the family this happens.' It was my in-laws and his family who put pressure on me to drop the charges, but they kept saying, '[Why do] you keep calling the police?' I told them, 'There's nobody helping me, so I have to call the police. I have children, and I'm not going to wait until I die.'"

- Survivor

Lawyers also reflect that the Home Office gives greater regard to independent evidence than a victim's own testimony:

"The Home Office expect evidence in particular formats: police; social services; doctors;



therapists; other independent sources. They give very little credence or take very little account of the information that you provide yourself about your experiences. Often, this is one person in a family home, and they're the victim. There are no other witnesses and they've not had the opportunity to go and speak to these outside agencies. And the Home Office, then, not being prepared to consider that person's witness as evidence, although the law says they should."

- Service Provider

Migrant survivors face other barriers in pursuing their legal immigration cases: some have received incorrect advice previously; some mistrust lawyers; others have language and literacy barriers; some were married under the age of 18. Anti-immigration and 'Hostile Environment' rhetoric also make people even more afraid to come forward, with some fearing that their children will be taken away. Some victims suffer from being trapped indoors, and are therefore unfamiliar with their surroundings:

"I had one client who didn't even know where to post papers back to me. She didn't know where the post box was. She hadn't been able to go out and do anything for herself, wasn't aware of her physical surroundings, even."

- Service Provider

In addition to these barriers, legal systems are at times rigid and reduce access to support. For example, there is no right of appeal against the decision to refuse an MVDAC application. A request can be lodged for the Home Office to reconsider the refusal if it is believed that there was an error in applying the policy. However, the Home Office is not obligated to review the

decision, and any reconsideration is at their discretion.

Similarly, there is no guarantee that a refusal of a SET (DV) application can be appealed. The possibility for appeal depends on the grounds on which the application was made, namely whether it included a human rights claim. In instances where there was no human rights claim, the only possibilities are administrative review and judicial review, but judicial reviews are expensive, and do not directly address the substantive decision. As one service provider explained,

"You would get far more cases succeeding on substantive appeals than you would on judicial review. One of the challenges with judicial review is, even if you succeed, it doesn't mean you're going to succeed overall. It means the officer has got to reconsider and remake that decision. So, it's better than not having a solution, but it's much more difficult and challenging than having a substantive appeal."

- Service Provider

Despite the dire situation, some positive areas have been identified within legal support for migrant survivors. Lawyers are careful to build trusting relationships with their clients and, where possible, put them in contact with a lawyer who speaks the same language:

"We tend not to start asking the hard questions straight away. You tend to try and lead up to it. You say, 'Okay, let's arrange a date. I'm going to call at this time. We're going to talk about the abuse. I'm going to ask you really difficult questions.'"

- Service Provider



Some law firms are increasing the number of SET (DV) applications they are taking on – which offer an independent route to settlement for those who are dependent on the immigration status of an abusive partner – because they are *"complicated matters, but they're straightforward in terms of legal requirements, and they have a high chance of success, and they are quick."*

One law firm explained that they are trying to *"prioritise victims of domestic abuse"* because *"there aren't many other places to send people who present with these problems. It's really important for them to get, not just information, but tailored advice."*

Suggestions

Information-sharing amongst survivors staying in refuge accommodation has been noted as a positive way of accessing the sparse legal advice that exists. This can be built on by creating support groups around these places of refuge and explaining a survivor's options and ensuring that the support groups that do exist are well advertised.

Evidence collection: One lawyer suggested that, if non-legal partner organisations were able to support with preparing evidence, then more lawyers may be prepared to do pro bono work on this issue.

3.4 Health Services

Six health providers were interviewed for this research, spanning mental health, midwifery and general practice. For health professionals,

supporting migrant victims of domestic abuse is *"about transparency, integrity, safety and kindness."* All of these health providers saw partnership working as a core part of supporting victims and survivors of DV. As one GP put it, *"information-sharing is the cornerstone of safeguarding."* While the GP and one mental health practitioner believed there was underreporting in their services, the midwives interviewed reported identifying a large number of DV victims from migrant communities.

In general, health services are difficult to navigate due to the complexity of the different types of health institutions and how they interconnect. The availability of information, in relevant languages, about the different services required by those experiencing domestic abuse is not consistent amongst services.

Mental Health

The mental health service providers interviewed expressed that their services are tailored towards treating the mental health issues faced by victims of domestic abuse. They also signpost to the National Referral Mechanism, other health providers, local DV and refugee charities, English classes, Citizens' Advice, and solicitors, for issues they cannot deal with.

The strength of the mental health providers is their embeddedness within, and understanding of, the local support infrastructure. Mental health providers also play an important role in writing reports for court hearings, so knowledge of the availability of these services is valuable for multiple reasons. One therapist expressed the value of solidarity and listening, even if other support options are limited:



"She was always afraid of being deported if she was not with her abuser. So, what I've just done is be available: to talk things over, to tell her she has rights in this country. What we can do is help a person to feel more human, help a person to know that we believe them. Sometimes I describe our workers holding hands in the dark: we witness what's happening, and that's very powerful."

- Service Provider

The mental health service reported that victims tend to report DV relatively early on in the therapeutic journey: *"We encourage them to say what's on their mind, and it comes up quite quickly."* This is despite the fact that victims have often been threatened not to speak out.

Examples of good practice include giving patients the option to self-refer, as well as being referred in from other services, as this means they can take the time they need to come forward. Good practice also includes having women's groups and women's spaces that allow women to feel safer, and having named workers with whom they can build trusting relationships. It is also important to offer a choice of interpreters where possible, with a range of ages, genders, etc. Using the patient's first language for email and text communication is also recommended, as well as having clear guidelines and risk assessments which are understood and followed by everyone. One mental health service provider reflects that,

"We're very sensitive about not sitting, filling in things on a computer in front of somebody, because they immediately think we're maybe talking to the Home Office. We don't use computers while we are talking with a client. Anytime I see my GP, they're tapping away into

the computer. So that's very scary for people. Apart from that, it can feel dehumanising to people who are sensitive and already dehumanised."

- Service Provider

General Health

A GP who participated in this research emphasised the importance of creating an environment of trust, and the difficulty of achieving that within a 10-minute appointment. They identified the NRPF condition as the greatest barrier for migrant victims of domestic abuse: this is what brings *"layers and layers of additional complexity,"* distinguishing these victims from others in their ability to access the support they need.

"They also may be bringing trauma of previous abuse, massive ongoing care needs, and ongoing risk of violence. The safeguarding assessment is like anyone else. [The difference is] the need to also navigate authority with them."

- Service Provider

A further barrier identified is the difficulty of communicating with victims – to arrange follow-up appointments, for example – when their devices and mail may be monitored.

It was suggested that introducing the Identification and Referral to Improve Safety (IRIS) programme into more GP surgeries in the Thames Valley, to improve responses to domestic abuse, would be helpful.

Maternity



As midwives get to know families over a longer period during pregnancy, entering homes or temporary accommodation and conversing with expectant parents, domestic abuse can be suspected or disclosed. Hence one midwife reports that, *"We get a lot of domestic abuse in the service that I'm in."*

Maternity providers have specific policies on domestic abuse. A hospital IDVA (Independent Domestic Violence Adviser) within maternity will work with those who have disclosed domestic abuse. There are also Equality, Diversity and Inclusion midwives, a trauma specialist midwife, and a maternity safeguarding team. The patient will be referred, with their consent, to Oxfordshire Domestic Abuse Service (ODAS) and other specialist domestic abuse services. They will remain under the maternity safeguarding team, which would also support any other children in the family; this could include referrals to social services. One midwife reports that there is:

"A lot of work going on at the moment to include our refugee and migrant communities, to ensure that it's very well publicised nationally that the equity is not there."

- Service Provider

In fact, one midwife expressed concern that these cases of DV wouldn't have been picked up if it weren't for the victim's pregnancy:

"If they're not under maternity, who are they seeing that they can express what's happening at home to? As midwives, we ask quite openly, and that's when we get the most disclosures, is because we're asking directly. Then, the longer they live as a victim, and not as a survivor, can have a huge physical and mental impact."

- Service Provider

Pregnancy can represent another layer of abuse. For example, one healthcare provider recalled *"a lady who was pregnant and didn't want to be pregnant,"* but who was *"carrying on with that pregnancy because that wasn't [her husband's] view."* Yet, becoming pregnant can also present a 'way out' for some victims of abuse with NRPF, because of the introduction of an unborn child. As one service provider noted,

"When someone is pregnant, that does give a glimmer of hope. It doesn't mean that they're going to be okay, but it does mean that, suddenly, they can exist in their own right when they're pregnant or have a child. They will be housed, for example, because there's a baby. All of a sudden, everyone does take notice. It doesn't mean they won't be deported, so the fear doesn't go away, and that can impact the parenting. We see quite a few women in that situation who have managed to get away because they have become pregnant."

- Service Provider

Survivors of abuse with NRPF still do experience barriers within maternity care. Women are asked for their immigration status when they first register. If their status is unclear and there is a safeguarding matter involved, then Children's Social Services or the Home Office may 'do a sweep' to discover the immigration status of the family. This is, again, because an NRPF condition impacts whether the parent can be moved to a refuge. When midwives try to ascertain the immigration status of the parent, *"This can come across as quite scary for victims, but we try to reassure them that it's to help them stay safe with their children or their babies."*



CASE STUDY FROM A MATERNITY SERVICE

The Seeking Sanctuary service is a collaboration between Royal Berkshire Hospital and Public Health England. It was set up to overcome barriers for refugee families accessing maternity care. Beyond issues of registration and attendance, mothers were being turned away from scans because they had their children with them. When mothers left their children unattended in an asylum hotel, the hotel would make referrals to Children's Social Care. This led to families going 'permanently round in circles.'

The Seeking Sanctuary events are a one-stop shop for maternity care, held every month in Berkshire. Public Health England provides health-related education sessions, for mothers and fathers separately, and Reading Borough Council funds transport. Midwives, obstetricians and health visiting teams all attend, to cut down the number of appointments required. Childcare is provided, as well as food for children, and an interpreter is available for everybody.

Professionals create the conditions for the women to be alone, in order to let them speak openly. They do this by specifically setting up activities for the men/fathers to learn, in a separate space, about the pregnancy/birthing process, so that the woman can have her appointment alone, with an interpreter if needed. Once alone, the professionals ask specific questions regarding domestic abuse throughout pregnancy. Families seeking asylum or with NRPF would likely meet the criteria to be referred through to the 'Poppy' team, a specialist team of midwives under Royal Berks Hospital who work with socially complex cases. This team works intensively with families to gather

a clear insight into what is happening, and what other services are required. This team works closely with statutory domestic abuse services. The named Midwife for Child Protection attends MARAC meetings.

A special card is given to the patient with the named midwife's name and contact number so that, if the patient is moved without warning, they can give this to the new GP and the former midwife can update them on the patient's situation. The team also advocates for improved quality and suitability of food in hotels for expectant parents.

Practitioners emphasise that maintaining continuity of the healthcare provider is even more important for people with the double vulnerability of insecure status and experience of domestic abuse: *"one of the good lessons is keeping that same person as their contact because they build up that trust and that rapport, and I think that's really, really important."*

Another example of good practice is providing an interpreter, even for people whose English is better than others, *"because a complex situation can be really scary if you don't understand what is happening or what we're trying to do."* Maternity information is translated into many languages and, if possible, working with a midwife who speaks the same language is beneficial. Face-to-face interpreters are preferable to telephone services:

"I think the fact that we can have somebody, have a professional who can speak the language, really helps to facilitate those difficult conversations, because they are really difficult."

- Service Provider



The midwives interviewed reflected that, owing to the lack of finances within the NHS, they have become “much more reliant on external agencies.” This has had its benefits:

“We learned a lot about these external agencies and they learned a lot about us, so we work really closely with them. We also learned a lot about how our community has changed.”

– Service Provider

The interviewees also reported the importance of learning from the people they are supporting:

“It’s also learning from the women themselves. Victims of domestic abuse teach us things every day through how they feel and think, and how they would like us to help them. So it’s always a two-way relationship, with that woman being part of the team.”

– Service Provider

Challenges arise when patients are living in hotel accommodation, because there is no space to ask questions about their safety:

“You’re going into a hotel room where there are partners, husbands, children, all running in and out, interpreters being declined. It was a very tricky one to balance.”

– Service Provider

In addition, when hotel residents are moved at short notice, their healthcare providers are not informed, unless the victim tells them. Thus, the healthcare provider is:

“relying on the families letting you know. You quite often have a communication barrier, and if there

is domestic abuse in the relationship, sometimes that’s a green light to not tell you. They’ll go and manage to hide that somewhere else, and all of this work that you’ve done to try and create a safe and supportive package around the family is then not handed over.”

– Service Provider

Suggestions

Asylum hotels should provide private spaces for maternity and other appointments. The quality of food should be improved for expectant mothers/families with young children, to alleviate one source of stress.

Face-to-face interpretation, with a choice of interpreters, for all medical appointments is preferable to telephone appointments, or to having a family member interpret, particularly if they are the perpetrator, as this will usually block disclosure.

Create conditions for women to have healthcare appointments alone This could mean setting up separate and concurrent activities for children and partners/husbands, to allow women to speak freely and facilitate disclosure if needed, without putting the burden on the victim to insist on attending without her husband/partner.

Build in time as a relationship of trust needs to be built before a disclosure is made. Endeavor to ensure that victims of domestic abuse have continuity in their health care provider.

Have named, trained staff in health service organisations about NRPF, DV and migrant status, etc.



Advertise health services in more languages and emphasise confidentiality in the notices.

Identify women's groups and women's spaces which can be referred to, where women can feel safe disclosing.

Communication channels established between asylum accommodation contractors and health providers, to inform midwives, etc., when and where a family will be moving.

Asylum accommodation providers should facilitate continuity of medical care when individuals are moved to new accommodation, particularly where a disclosure of domestic abuse has been made, and/or in maternity cases.

3.5 Local Authorities

None of the local authorities interviewed ran specific or tailored services for migrant or refugee survivors; most of the provision is through 'mainstream' services. In the Royal Borough of Windsor and Maidenhead, the Intensive Family Support Project was identified as a positive example, running a range of groups and activities for the Asian community, such as the Asian Women's Group and the Family Links Parenting Group.

In other areas, an information sheet has been produced in English and Ukrainian, to help Ukrainian refugees and their UK hosts recognise and handle DV. In one council, an NRPF pathway is being developed, containing up-to-date guidance and sources of legal and immigration advice for practitioners to use to provide better and more informed support for DV survivors.

The Diverse Communities Partnership Board (Thames Valley), a collaborative network of local governments and NGOs, was highlighted as an example of collaborative, partnership working which is improving services for women from marginalised communities suffering DV. The Berkshire Diverse Communities Group, linked to the Thames Valley board, also exists to improve access, signposting and collaboration between relevant organisations in the county.

The councils interviewed highlighted a lack of knowledge as a principal challenge. Many working in DV support and prevention are not immigration specialists, and access to the right legal and immigration advice is often difficult. Interviewees emphasised the challenges posed by the lack of capacity and resourcing to translate resources and/or signpost services.

When the cases of migrant survivors cross the geographical boundaries of different services, this poses challenges for communication and responsibility, for example where the domestic abuse occurred in one local authority, but the survivor sought assistance or disclosed abuse in a neighbouring local authority. As different local authorities have different ways of working, procedures, data collection, and access rules, it can often be complex for authorities to coordinate and resolve cases.

None of the councils had specific policies or guidelines for safeguarding migrant, refugee or asylum-seeking survivors of domestic abuse. These councils are reliant on generic guidance. Interviewees also identified gaps in knowledge and training on honour-based abuse and forced marriage.



The challenge in commissioning this training and addressing the knowledge gap was cited as the lack of funding available. Significant gaps were also identified where DV intersects with broader immigration policy and legislation. Local authorities felt they lacked the capacity and resources to stay up-to-date with, and correctly interpret, the changing immigration legislation.

The current approach of grant- and central government-funding was identified as a structural issue, as the piecemeal nature of short-term funding causes uncertainty, often preventing the permanence and sustainability of positions and projects. As one local authority representative stated,

“Funding is such a changeable situation that it makes long-term planning really difficult around services for asylum seekers and refugees.”

– Service Provider

Councils also raised the issue of a lack of coordination between the Home Office and local authorities as a serious structural issue preventing better support for survivors. Reportedly, the Home Office and Clearsprings (contracted by the Home Office to provide accommodation for asylum seekers) lack a sense of urgency when safeguarding refugees and asylum seekers. This delay in action from the Home Office puts immense pressure on the stretched resources of the council, and accountability is lost.

CASE STUDY FROM ADULT SOCIAL CARE

Adult Social Care received an alert from the Home Office about two Vietnamese women, who had been taken to one of the hotels in their area over

the weekend. They had both been identified as potential victims of trafficking, and both had been physically and sexually assaulted. One of them was also pregnant. When the council attempted to liaise with the Home Office on Monday to ask where the women were, if they had received medical attention and whether the relevant referrals had been made, it took ten days for the Home Office to respond, despite being chased three times. It was found that one of them had left the hotel during this time, and the other had been moved the following day by the Home Office. When the women were taken to the hotel, they were instructed to “make sure you tell safeguarding”. The council felt that the Home Office approached safeguarding these women as a tick-box exercise, as they wouldn’t understand how to ‘tell safeguarding’ about their presence there.

One council raised the issue that the Home Office and Clearsprings do not routinely inform councils about the location of dispersed accommodation and/or who is living there. This is particularly concerning when it comes to survivors of domestic abuse. The council officer said,

“That, I find really worrying, and I’ve raised that in several meetings with the Home Office, and they will not budge on that. Asking where they are in our dispersed accommodation has really got nowhere.”

– Service Provider

3.6 Social Services

Although Children’s Social Care does not cater specifically for refugee communities, or survivors of domestic violence, the interviewees had



supported multiple families from refugee communities who were experiencing domestic abuse. This included supporting migrant survivors through the process of obtaining their DDVC/MVDAC and regularising their status.

The attitude of providers is a key contributing factor to the successes that are achieved. While it may be challenging to assist survivors with NRPF, when staff are dedicated, they can achieve good results for their service users. One social worker interviewed reflects on a case in which she supported a client on her journey from obtaining a DDVC to applying for citizenship:

"This was a lady who came and had No Recourse to Public Funds. She came here with her husband from abroad, on a spousal visa. He abused her, she had to go to a refuge. She found herself here, and from there, fast forward three years later, she's working full-time, her son's in school, she's just got her son's British passport. And I've said, 'I won't stop until I'm dropping you at the airport to go on holiday to visit your family, who are all desperate to see you!'"

- Service Provider

Investing in training has been crucial to improving service provision for survivors. One social work manager funded NRPF training for 25 social workers and managers. His social work team also regularly invites guest speakers from legal and immigration advice backgrounds to networking events, to encourage knowledge-sharing between providers.

It was noted that maintaining a respectful and professional relationship between organisations, even when those organisations may be 'at loggerheads' over a particular case, is essential,

as is maintaining transparency around NRPF guidelines and processes. However, there appears to be some inconsistency in the ways that different social workers perceive the powers and duties of Children's Social Care under Section 17 of the Children Act.

Capacity and funding are barriers to signposting and effective resolution of cases. Service providers may also feel intimidated by the complexity of the immigration rules, and how that intersects with public funds. The solution to this lies in empowering service providers to better understand the resources available to them. One provider reflects that,

"Further training on this may give people more confidence. If people felt a bit more confident in that area, then they might meet people with a bit more compassion and kindness to begin with, even to say, 'I don't know, but please try not to worry. I'm going to find out and I'm going to support you.'"

- Service Provider

One interviewee argued that training on understanding the immigration issues experienced by migrant survivors of domestic abuse should be mandatory for statutory bodies:

"There hasn't been anything specific on that, and I feel that that would be really beneficial. I'm always going to advocate for people having greater awareness. In Children's Social Care, I feel something like that should be mandatory. I feel that, in the police, something like that should be mandatory. In housing, it should be mandatory. I think people should have a better understanding of it, because if nothing else, it just helps with



being able to show a bit of compassion and human kindness."

- Service Provider

A further barrier identified is the mistrust and misunderstanding of social services by migrant victims. Some can be very unhappy if a referral to social services is made, due to the perception that their children will be taken away. As one charity employee summarises:

"With social services, there's support and there's also a sense of threat."

- Service Provider

Once again, a postcode lottery of service quality was identified. Smaller local authorities may have fewer monetary resources, but staff have the benefit of time to be able to invest in supporting survivors – something that is often crucial when assisting people without recourse to public funds.

Domestic abuse organisations describe contrasting experiences with social services, when supporting migrant victims of domestic abuse. One charity worker reflects that she has faced challenges:

"You more often than not have to end up advising social services on things that really, ultimately, should be their remit to know. I think it makes a lot of difference when you're working with local authorities which have that knowledge in place, or have those teams in place, and understand quickly the need to get legal advice right away, before anything. I think that's one of the problems, in terms of the UK's inconsistency across the country."

- Service Provider

In rare cases, accounts from third-sector organisations are cause for concern:

CASE STUDY FROM LOCAL CHARITY

Recently, we had a case of a woman experiencing domestic abuse. She reported it to the police. They arranged temporary accommodation for one night, but they can't provide long-term accommodation. They took it to social services. She was in a meeting with the social worker. The social worker calls the husband, invites him to come and collect her from her office. When the husband is there, she refuses to go with him. The social worker then takes her in her own car back to the matrimonial home, where it was accepted that she was being abused. How on earth can this be allowed to happen?

3.7 Law Enforcement

"African women, they don't like the police involved. They don't like to report the husband because of the police brutality and discrimination against African families."

- Service Provider

There are huge barriers to migrant survivors approaching the police, including risk to family members in their home country, but it is necessary for obtaining evidence to support an immigration application, particularly as the perpetrator may go to the police to make a counter-allegation. One service provider reflects,

"There are two reasons why people don't go to the police: one is they're scared of repercussions from the perpetrator; the second is they come from countries where the police were not trustworthy,



and they are afraid of repercussions from approaching a police force."

- Service Provider

Interviewees report inconsistent experiences with Thames Valley Police, relating to migrant survivors of domestic abuse. Organisations report having had *"the best and the worst"* of experiences, which depend greatly on the officer dealing with the case.

"The police officer lady was really empathetic. She said, 'I believe you. I believe you.' But the man, he was a different story. He says, 'I can't arrest him, I can't do anything.' He said, 'He didn't damage your property: it's his property.' The police officer said, 'There is nothing to be worried about. Just go back to your place and lock the door.' I said, 'But there is nothing to lock the door.'"

- Survivor

Some third-sector agencies spoke highly of interactions with the police:

"Thames Valley Police, I think, have been able to understand and train their officers better than many other forces."

- Service Provider

Victims First (Hope After Harm) and Police Portal are two initiatives that are spoken about positively. Thames Valley Police are seen as open to becoming more accessible to migrant and refugee survivors; there is a sense that cases are dealt with better by the specialist domestic violence unit than by general officers. If Victims First could guarantee a firewall between themselves and the Home Office, their support would likely have even greater take-up.

Others, however, report that police require more training in the more nuanced, culturally-specific needs of migrant and refugee survivors. It was flagged that both the police and social care had interviewed survivors in front of their perpetrators (be that their partners or in-laws), suggesting a lack of understanding of how abuse can function within communities. One organisation reflected on child protection meetings in which the perpetrator was outside listening, or even in the room, meaning the survivor was *"only saying what he's telling her to say."* Similarly, interviewees recalled cases where survivors had been interviewed by the police with their perpetrators present, and after not wanting to disclose what was happening, were accused of not complying with the investigation.

It is noted that evidence from police officers is essential to supporting an immigration application, but getting this evidence can be 'very difficult' and can take a long time: *"The thing that ends up taking a really long time is waiting for police subject access requests."* One service provider reported that:

"It's nigh-on impossible getting through to the officer who's dealing with the case. But even if you do get through to them, then they want you to make a data protection request, which means lots of other form-filling, etc. It goes to that central pool where they're dealing with these things. They don't really understand exactly why you're asking for this information, and then lots of things have to be redacted."

- Service Provider



4. Recommendations

4.1 Recommendations for Organisations Providing Immigration Advice

1. Create a directory of organisations in the region (both DV-specific and available to people with NRPF), plus national organisations that can be accessed remotely, and that can be accessed by organisations supporting migrant survivors.
2. Ensure that local organisations are aware of the legal support that TVIA and others can provide to migrant victims of DV. This support would involve:
 - SET (DV) and MVDAC applications
 - Subject Access Requests
 - Change of Conditions applications
 - Judicial and administrative reviews
 - Asylum applications
 - Helping clients understand their immigration status, options, rights and entitlements
 - Referring to solicitors in immigration and family law
3. Create a referral form specifically for DV cases in the Thames Valley area. This form would include questions about: immigration status; language; whether police, social services or other agencies are involved; whether children are involved; their housing and financial situation; any health needs.
4. Share and signpost to information and resources about immigration-related domestic abuse, developed by Rights of Women, Project 17, Unity Project, Right to Remain, JCWI, the3million, and others. Develop Thames Valley-specific versions of this information where necessary.
5. Develop training for organisations that work with migrant victims of DV. This training should cover:
 - Understanding, identifying and responding to immigration abuse
 - Legal pathways and restrictions/entitlements available to different victims based on their immigration status
 - The responsibilities of local authorities, the Home Office, asylum accommodation providers, etc.

- Cultural awareness and best practice
- The routes to support for victims at a local level
- The support TVIA and others can offer and how to access it.

This reflects one of the recommendations from Women's Aid's 2024 'Nowhere to Turn' report on women who struggle to access mainstream DA support was to:

*"Equip local domestic abuse services to better support migrant women by funding training for frontline staff at local domestic abuse services on identifying the rights of migrant women. This should include supporting women to identify if they have access to public funds"*³¹

6. Work with local bodies that already provide domestic abuse training to develop an immigration element to their training.
7. Design leaflets for migrant victims in accessible languages about what DV is and what trauma-informed, culturally sensitive local support is available. Distribute amongst partner organisations. Ensure this leaflet is available digitally and distributed through informal community networks.
8. Raise awareness of DV support in asylum hotels within the Thames Valley. Approach hotel management and Migrant Help to initiate collaborative working. Encourage Clearsprings

and their subcontractors to introduce training for asylum hotel staff based on the 2024 guidance.

9. Continue to ensure best practice is being maintained by working with national groups who specialise in supporting migrant survivors and participate in national forums.
10. Ensure that information is provided to men as well as women (e.g., on resettlement schemes) regarding domestic abuse, particularly financial abuse and coercive control.
11. Explore with law firms and other advisers in the Thames Valley what more charities could be doing to prepare evidence for a client, allowing them to take on more cases.
12. Raise awareness about the difficulties that migrant victims of domestic abuse will face obtaining e-visas.

4.2 Recommendations for Domestic Abuse Organisations

1. It is suggested that DV organisations maintain strong working relationships with partners in: health including sexual health and maternity; accommodation and homelessness; DWP, Citizens' Advice and Jobcentre; legal aid firms and immigration advisers; local authorities; mental health; social support groups; schools; food banks; religious and cultural organisations; substance misuse services.

³¹ <https://www.womensaid.org.uk/wp-content/uploads/2024/07/Nowhere-to-Turn-2024-Report-PDF.pdf>



2. Consider whether the 'one-stop-shop' design of the Seeking Sanctuary maternity service could be a useful model for supporting migrant victims of domestic abuse more generally (e.g., multiple professionals present; funded transport; childcare).
3. Identify and work with refuges in the Thames Valley that accept survivors with NRPF, or who are awaiting an outcome on their MVDAC application.

4.3 Recommendations for Local Authorities and Social Services

1. Consider migrant victims of DV/vulnerable people with NRPF as a specific aspect of safeguarding vulnerable people, including in Council of Sanctuary applications. This could lead to:
 - Additional support provided by councils
 - Strengthened referral pathways using a council's convening power to bring support organisations together
 - Improved training for council staff in entitlements based on immigration status
 - Greater identification of immigration abuse
 - A commitment to refrain from sharing victims' data with the Home Office for enforcement purposes.
2. Take into consideration the inability of migrant survivors to provide documentary evidence of their abuse. Vital documentation may have been hidden or destroyed by the perpetrator or left behind when they fled domestic abuse. For

example, proof of habitual residence to access Universal Credit (tenancy agreement, bank statements, etc.) if the survivor does not have the MVDAC.

3. Continue to request that the Home Office/asylum accommodation provider shares information about the location of dispersal accommodation, and when vulnerable people are entering and leaving the council's jurisdiction.
4. Review progress of the BAMER project and continue to work on its recommendations.
5. Take opportunities to counter the unconscious bias that is reinforced by the 'Hostile Environment'.

4.4 Recommendations for Healthcare Providers

1. Encourage GPs to become Safe Surgeries. Improve GP awareness of NRPF and its impacts. Encourage surgeries to participate in the IRIS programme.
2. Work with the Berkshire, Oxfordshire and Berkshire Integrated Care Board to highlight migrant victims of domestic abuse as a group with particular challenges accessing healthcare.
3. Where possible, avoid using family members to interpret for the person experiencing abuse. For longer appointments, such as maternity care or mental healthcare, it is best to offer face-to-face interpretation, with a choice of interpreters.



- 4.** Create the conditions for people experiencing abuse to have healthcare appointments alone. This could mean setting up separate and concurrent activities for children and spouses, to allow victims to speak freely and facilitate disclosure if needed.
- 5.** Build in time, as a relationship of trust needs to be built before a disclosure is made. Endeavour to ensure that victims of domestic abuse have continuity in their healthcare provider.
- 6.** Identify a named member of staff who is trained in the impacts of NRPF, insecure immigration status, etc., on domestic abuse, and the impacts this may have on accessing healthcare.
- 7.** Advertise health services in more languages and emphasise confidentiality in the advertisements.
- 8.** Identify groups and spaces that medical practitioners can refer patients to, to support their general wellbeing and combat isolation.
- 9.** Establish communications channels between asylum accommodation contractors and healthcare providers, to inform midwives, etc., when and where a family will be moving, to ensure consistency of care.



"What we try to do, as frontline staff, is just continue to provide the most humane and humanising service we can. We do our best, but we're very aware that we exist in a hostile environment. There's not much we can do about that hostile environment. Sometimes, all we can do is recognise the other person's humanity, and try to help them to know that they are of value."

– Service Provider

This report was researched and written by staff and volunteers at the Thames Valley Immigration Alliance – Hannah Anson, Meena Patel, Hari Reed, Abbie Biggin, Rachel Darby, Erin Fitzgibbon, Tiger Hills, Thalia Kidder, Emily Loch, Thomas Oliver, Alyson Peberdy, Elisenda Rubies, Ines Smyth, Juliet Van Gyseghem. Special thanks to Andrew Jordan, Rose Njoroge and Mahmuna Hasnath.

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