



**VIOLENCE AGAINST BLACK AND MINORITY
WOMEN AND GIRLS IN THE UK**

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Introduction

1. Imkaan is the only national, black¹ feminist organisation dedicated to addressing violence against women and girls. As a second-tier, human rights organisation, with national membership, Imkaan provides a coordinated strategic voice for frontline BME specialist services² that work to prevent, and respond to, violence against women and girls. We act as a conduit between government, statutory agencies, mainstream voluntary organisations and the specialist BME EAWG sector to promote positive attitudes, recognition, and the effective inclusion of BME women's and girls' experiences and needs

¹ Imkaan's work is focussed on the needs and aspirations of black and minority ethnic women. Imkaan uses the term 'black' in the political sense, to encompass all women whose herstorys originate from Africa, Asia, the Caribbean and South America, and indigenous peoples of Australasia, North America and the islands of the Atlantic, Indian and Pacific Ocean.

² Imkaan's Members include:

Amadudu Women's Refuge, Liverpool
Anah Project, Bradford
Angelou Centre, Newcastle
Apna Haq, Rotherham
Asian Women's Resource Centre, London
Asha Projects, London
Ashiana, Sheffield
Ashiana Network, London
Black Association of Women Step Out, Wales
Daughters of Eve, London
Humraaz, Blackburn
IMECE, London
Iranian and Kurdish Women's Rights Organisation, London
Jewish Women's Aid, London
Kiran Project, London
Latin American Women's Aid, London
Latin American Women's Rights Service, London
Newham Asian Women's Project, London
Panahghar, Leicester/Coventry
Roshni, Birmingham
Saheli, Manchester
Shakti Women's Aid,
P.H.O.E.B.E Centre, Ipswich

Imkaan also supports non-member BME specialist services including community-based organisations, as well as individual BME women working in the EAWG sector.

within service planning, delivery and commissioning. Our work is delivered through strategic advocacy, sector development and support, research, newsletters and publications, accredited training, peer education and consultancy. Imkaan is at the forefront of programmes and initiatives relating to forms of violence that disproportionately affect BME women and girls.

2. This briefing paper focuses on violence against BME women and girls and takes into account the actions of the Westminster government, considerations relating to the Istanbul Convention, as well as the provisions of the existing normative frameworks.

Summary

3. Violence against women and girls (VAWG) is one of the most persistent and pervasive violations of human rights. VAWG occurs within and across all 'communities' and societies. The Westminster government has obligations under international law, and has made policy commitments both at international and national levels, to address the causes and consequences of violence against women and girls.
4. While progress has been made, and welcomed, with respect to addressing VAWG, there are still major gaps in policy; particularly with respect to adequate adherence to and implementation of existing obligations and commitments.
5. Successive governments have failed to make explicit policy and programming commitments that appropriately respond to the specific needs and concerns of BME women and girls and of the specialist BME led services that support them.

6. Although the current Westminster government locates VAWG within a human rights context at international level and in its main policy document on VAWG³ – much of the existing narrative on human rights, in-country, problematises human rights conceptually and practically.
7. The government's localism agenda has facilitated an environment where local authorities are able to operate outside of the human rights context with no clear direction on their obligations to address violence against women and girls. The government has failed to ensure that local authorities are required to make commitments and take action towards achieving substantive equality. This has widespread implications in terms of everything from commissioning to data collection, and has specific implications for BME women and girls as victims, survivors, service providers and strategic advocates.
8. In addition, the current economic situation and the government's austerity measures, combined with a commitment to prioritising market-driven, 'one-size fits all' approaches is having a direct impact on specialist women's services and in particular BME led provision for victims and survivors of violence.

³ Call to End Violence against Women and Girls: Strategic Vision (2010), <https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls-strategic-vision>; A Call to End Violence against Women and Girls Action Plan (2014), <https://www.gov.uk/government/publications/a-call-to-end-violence-against-women-and-girls-action-plan-2014>

VIOLENCE AGAINST BLACK AND MINORITY ETHNIC WOMEN AND GIRLS – AN OVERVIEW

9. VAWG occurs in times of peace and in periods of conflict. It occurs during periods of economic downturn and during times of economic boom; and despite increased awareness, and a range of national, regional and international human rights instruments that address the issue, VAWG continues to occur at 'epidemic' levels.
10. For Imkaan, and for many other women's rights' activists, academics and practitioners, VAWG is understood as being inextricably linked to women and girl's unequal status in our societies, i.e. VAWG is both a cause and a consequence of this inequality. This position is reinforced in international law, in the Istanbul Convention, in the broader policy context at UN level and further within the Westminster government's VAWG strategy. Yet inequality does not occur in our societies solely on the basis of gender. Many BME women are required to navigate multiple, intersecting experiences of oppression linked to 'race', ethnicity, class, sexuality, and other factors including issues such as insecure immigration status. While this does not necessarily translate as 'worse' inequality, the picture is often a more complex one; and one that has impact on a woman's experiences of violence, her perception of those experiences, her ability to seek help seeking and her recovery. For example, a woman who is subject to immigration control may experience abuse linked directly to immigration status (threats of deportation, refusal to regularise her status, isolation etc.). She may feel, or be, unable to seek support because of her immigration status, which in turn may result in vulnerability to further abuse.

11. Crucially, the narratives around violence against BME women and girls are often problematic. Violence is largely framed within the notions of ‘culture’, ‘community’ or religion rather than within a broader context of VAWG. In addition, policy responses to violence against black and minority ethnic women and girls are often limited to the sphere of ‘harmful practices’ as noted by Thiara and Roy in Imkaan’s publication Vital Statistics 2⁴:

‘Research and policy initiatives on BMER women and girls have largely been preoccupied with distinct forms of violence, such as forced marriage and honour based violence. As useful as this continues to be in developing informed responses to specific forms of violence, it has also left a vacuum in a broader, systematic understanding of BMER women’s and girls’ experiences of violence.’

12. The lack of an effective, integrated approach to violence against BME women and girls has a direct impact on women and girls themselves. BME women and girls often report dissatisfaction with the responses from statutory services; and while many women and girls use services provided by non-BME women’s services, women report an overwhelming preference for specialist, BME led women’s services.⁵

13. While it is important to develop an analysis of how different cultural contexts facilitate and perpetuate gender inequality, and how they therefore provide ‘fertile ground’ for violence against women and girls, it is crucial that this does not occur as a process of ‘othering’. There has been an overwhelming tendency to treat violence against BME women and girls which is committed by BME men/families as a signifier of collective ‘cultural’ deviance; whereas

⁴ Vital Statistics 2 (2012:17), <http://imkaan.org.uk/resources>

⁵ Vital Statistics 2 (2012:17), <http://imkaan.org.uk/resources>

violence committed by non-BME men/ families against any woman/ girl is framed as an individual, specific, random act of deviance. It is important to note that no modern society or community has succeeded in constructing and maintaining equitable relationships between women and men. Gender inequality, and its causes and consequences, is maintained by numerous evolving customs, traditions, institutions, and practices. For example despite widespread criticisms from women's groups for its objectification of women, The Sun Newspaper's 'Page 3' has been defended as 'a British institution.'⁶ Yet on-going objectification of girls and women creates a landscape in which VAWG is normalised. However, scrutiny of customs, traditions and institutions that facilitate VAWG rarely include those that have evolved within a 'Western' context such as negative media portrayals of women.

THE BLACK AND MINORITY ETHNIC WOMEN'S ENDING VIOLENCE AGAINST WOMEN AND GIRLS SECTOR

14. The specialist BME women's sector has played an essential part in tackling violence against BME women and girls and issues around women and girls equality generally. Yet the sector remains 'the poor relation' of the wider EAWG movement with a long history of underfunding and political marginalisation.

15. The following extract from an Imkaan staff member, working on a joint sustainability project (The Aya Project) with Women's Aid, England, summarises the current position of BME women's services:

⁶ <http://www.theguardian.com/media/2012/feb/07/dominic-mohan-leveson-sun-page-3>

‘while all VAWG services in England are currently at risk, BME VAWG services are at a heightened risk due to a variety of factors including: being generally smaller and under-resourced (even more so than the mainstream independent VAWG services); inaccurate interpretations and applications of equalities duties and a general preference by local authorities to fund large generic organisations as single providers- the ‘one size fits all’ approach; local authority commissioners, and mainstream VAWG services failing to understand the specific need for and value of specialist BME VAWG services; BME VAWG services facing geographic and cultural isolation as well as a backlash and institutional racism.

16. This exacerbated vulnerability for BME EAWG organisations has been highlighted through several research publications. For example, Walby found that in 2010/11 to 2011/12, 31% of funding to the domestic violence and sexual abuse sector from local authorities was cut and of these, the organisations with smaller budgets from the local authorities had more substantial budget cuts than larger ones: among those with local authority funding of less than £20,000 the average cut was 70% as compared with 29% for those receiving over £100,000, demonstrating the particular risk to small BME EAWG services⁷. Further the LVSC campaign found that over the five-year period from 2003 to 2008, 50% of BME specialist women’s organisations had closed⁸. The closures are ongoing and the risk imminent to many organisations contacted by Aya.

⁷ Jude Towers and Sylvia Walby (2012) *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls*. Trust for London and Northern Rock Foundation.

⁸ Ibid

17. Yet, organisations, which are led by BME women for BME women, are an *essential* part of addressing violence against BME women and girls. Not only do many BME women state that they prefer specialist BME services, as highlighted in the previous section, but these specialist services are also an important aspect of ‘movement building’. BME specialist services create platforms which support BME women’s and girls’ access to autonomy, leadership and perhaps most importantly, their rights. The BME women’s organisations, which provide EAWG services, are not only service providers; they are activists, community leaders and change-makers. They are ideally located to facilitate change at grassroots level, identify gaps in current approaches, lead debates and inform the wider analysis of violence against BME women and girls and equality generally. These organisations have been at the heart of effecting widespread change in relation to policies around everything from immigration to forced marriage.

18. If we are to embed a meaningful, rights-based approach to violence against women and girls, which recognises and responds to the different journeys and experiences of diverse women and girls, we need specialist BME women’s sector organisations.

VIOLENCE IN THE FAMILY

19. In practice, BME women’s experiences of domestic violence are often similar to that of their non-BME counterparts; in that women report experiences that

cover the spectrum of VAWG including physical assault, sexual violence, emotional abuse, economic control, stalking and harassment etc.

20. However, Imkaan's own research has highlighted issues of disproportionality especially with respect to extended family structures and the role of 'community' in BME women's lives.

21. While extended family structures can be a source of support and nurture for many women, they can also be a structure, which is used to perpetrate / facilitate violence against women and girls. As such BME women and especially young BME women, are much more likely to experience violence from multi-perpetrators and be at risk from 'multiple-interested parties'. In one Imkaan study, 45% of women reported experiences of violence from family members⁹.

22. BME women also report high levels of post-separation abuse, especially when they are not living in refuge accommodation. This includes pressure from 'community' members.

23. Imkaan is concerned about the disproportionate number of BME women who are subject to intensive mental health interventions. Women's mental wellbeing is influenced by a range of socio-cultural and political factors, such as their asylum or immigration status; family circumstances; communities and outside within society (Mental Health Foundation 2011:17). Yet programmes are rarely designed to consider the range of issues that BME women

⁹ Imkaan (2012) Vital Statistics 2, <http://www.imkaan.org.uk/resources>

experience¹⁰. When these associated issues are not addressed this is essentially failing to address a significant part of [BME women's] distress'¹¹(Mental Health Foundation 2011).

24. The role of family members and wider community networks are also significant features of women and girls who report forced marriage and female genital mutilation. However, the role of family and community can be more complex. For example, whilst mothers and other older female family members may appear complicit in the violence, they may also be subject to threats and coercion and therefore not be afforded the agency to go against the wishes of more powerful family members.

25. Despite a range of measures to address forced marriage including legal measures, we are concerned about the excessive focus on criminal justice approaches and a lack of attention to the inconsistency of practitioner responses (health, education) that often fail to identify cases and respond appropriately to women and girls. Imkaan is currently working with BME women's organisations, the Mayor's Office for Policing and Crime (MOPAC), Police, Health, Local Authority partners to pilot and evaluate a more consistent and joined up approach to addressing forced marriage and female genital mutilation¹². Furthermore, Imkaan have developed specific service

¹⁰ WHEC (2014), 'I am more than one thing' A guiding paper by Imkaan, Positively UK and Rape Crisis England & Wales; Women's Health & Equality Consortium (forthcoming report).

¹¹ Mental Health Foundation (2011) Recovery and Resilience: African, African-Caribbean and South Asian Women's Narratives of Recovering from Mental Distress, <http://www.mentalhealth.org.uk/publications/recovery-and-resilience/>

¹² Imkaan (2011) The Missing Link, <http://www.imkaan.org.uk/resources>

standards to improve the awareness of local commissioners and improve the quality and sustainability of specialist services for BME women and girls¹³.

26. The current widespread focus on 'risk' rather than a more holistic approach which supports women's safety and empowerment has led to a narrowing of thinking around women's experience of violence, as well as what an appropriate intervention should / could be. This narrow thinking is reflected in the discourses around phenomenon such as forced marriage and 'honour-based' violence, which disconnect these issues from a wider patriarchal context and locate them in notions of 'backwardness' and cultural / religious deviance. As a result, the last few years have seen a trend where new 'industries' are being formed around areas such as risk, forced marriage and honour-based violence. These 'industries' are significantly more appealing to government, media etc. as they reinforce well established colonial ideas, and they are distance themselves from a feminist analysis.

VIOLENCE IN THE COMMUNITY

27. While the UK has a well developed, albeit historically underfunded sexual violence sector, there is a notable lack of specific sexual violence services for BME women. There is little research into the experience and needs of BME women and girls who have experienced sexual violence; and very few narratives even within the EVAWG sector that acknowledge the individual and

¹³ Imkaan (2014) Imkaan Accredited Quality Standards, <http://imkaan.org.uk/iaqs>

collective journeys of BME survivors. Imkaan will shortly be undertaking a brief study into BME women's experiences of sexual violence in order to assess the nature of sexual violence experienced, its impact on women's wellbeing, disclosure patterns and help-seeking, and the responses received from services.

28. The recent media and political rhetoric around child sexual exploitation (CSE) has focused largely on the notion that groups of Muslim men and in particular Pakistani men are targeting white girls through 'street-grooming'. While this charge was led by a single journalist, from The Times newspaper, it has become a new 'truth' of contemporary British society. Core aspects of this rhetoric have been the idea that a) Muslim men sexually offend as groups and b) they do not exploit Muslim girls. The way this issue has been constructed, in a media and policy context, has largely ignored the experiences of BME girls who may have been exploited by men from both within and outside their 'communities'¹⁴. To date only one study¹⁵ has focused on the experiences of BME victims (specifically Asian girls).

29. Imkaan is also concerned with the specific ways that BME women are objectified in media spaces. This is effectively 'racialised objectification' which is normalised across industries, including advertising, music and fashion. We are concerned that this gives wider messages about the [lack of] value and availability of BME women's bodies. Yet dialogue about sexualisation, body image etc. rarely takes account of the very specific ways that the

¹⁴ Larasi, M, 2013 [Re]Constructing the Sexual Terrorist, The Racialisation of Contemporary Media Debates on Child Sexual Exploitation

¹⁵ Unheard Voices: The Sexual Exploitation of Asian Girls and Young Women, <http://www.mwnuk.co.uk/resourcesDetail.php?id=97>

commodification of BME women's bodies occurs, and the impact that this has on BME women's self-perceptions, on men's views of BME women and on wider societal attitudes to BME women.

30. Work done at 'community' level is often piecemeal and poorly funded. In addition notions of 'community' and of 'community' leadership often means that organisations that have no gendered analysis are being resourced to deliver work on EAWG. This is especially concerning in the current context of increased awareness about the issues of sexual exploitation, forced marriage and female genital mutilation.

31. There is a widespread lack of understanding of how women and girls are abused and victimised within ever-changing virtual spaces. Social networking sites, chat rooms, 'new' media, online spaces etc. are sites of vulnerability and risk in terms of creating access for physical and sexual violence. However the violence that does occur in these spaces, even where no physical contact has occurred, can have serious impact on women and girls who often experience humiliation, harassment and intimidation.

VIOLENCE PERPETRATED OR CONDONED BY THE STATE

32. Imkaan is concerned about the high numbers of all women, and specifically BME women that are incarcerated within British prisons and immigration detention centres. As is the case in other states, women are subject to disproportionately high prison sentences, despite evidence linking women's offending to economic vulnerability and histories of abuse.

33. BME and white working class children are over-represented in the residential care system. The level of abuse, including high levels of sexual exploitation, within the care system is now a matter of public record. Successive governments have failed to provide adequate protection for vulnerable children effectively placing children, especially girls, at risk.

VIOLENCE IN THE TRANSNATIONAL SPHERE

34. BME women are much more likely to be subject to immigration control than non-BME women. Women who are 'caught' in the immigration and asylum system are often treated as immigration offenders, rather than victims of abuse. Poor quality decision-making and powerful anti-immigration rhetoric effectively erode the rights of whole groups of women and limit their access to basic protections

35. This is particularly concerning as women with insecure immigration status frequently report that this is routinely used against them by violent partners and extended families. Threats of deportation are one other mechanism that can be used to control women.

36. While the government has made much of 'sexual violence in conflict', women fleeing the very countries that are deemed to be dangerous for women, have no guarantee of protection by the British state. There is also scant recognition of the levels of violence that women experience domestically.

37. Imkaan is also concerned with the way contemporary mainstream narratives on CSE fail to acknowledge that,

"The majority of children in the world who are victims of sexual exploitation

come from poor, often but not exclusively Black, countries.”¹⁶

38. We are necessarily concerned with the impact of globalisation, technological advancements’ growing economic equality on women, girls (and boys), who live in developing countries and are subject to varying degrees of exploitation by individual and groups of men from the ‘global north’

COMMENTS ON CURRENT GOVERNMENT APPROACHES

39. Imkaan has welcomed the government’s decision to sign the Istanbul Convention and we urge the government to ratify the Convention without further delay. The Convention sets important standards for addressing VAWG. If the government begins to truly meet the obligations of the convention, there are likely to be positive changes, which would be embedded across society and therefore more sustainable.

40. The Convention reaffirms calls within Beijing Platform for Action for State Parties to take action to prevent violence against women. This includes a range of approaches covering educational spaces, general awareness raising and the training of professionals. Although prevention is included in the VAWG Strategy, this appears to be a low priority area.

41. Schools are a key site for prevention activities, and are also crucial to early intervention. Despite repeated calls from key agencies for the Westminster government to prioritise primary prevention, particularly with respect to

¹⁶ Kelly, L., Wingfield, R., Burton, S. & Regan, L., 1995. Splintered Lives: Sexual exploitation of children in the context of children's rights and child protection, Essex: Barnardos.

schools¹⁷, there is currently no clear commitment to develop a systematic, centralised approach to VAWG prevention. As Imkaan's research¹⁸ notes:

The inconsistent work in schools was highlighted as a setback and without a clear policy steer from central government; there was a concern that schools were less likely to incorporate [*harmful practices*] as part of the curriculum.

42. Current approaches to the protection of women and girls in effect discriminate against all women and girls. For example, although women-only provision, is an essential element of effective responses to VAWG, local authorities have increasingly used commissioning processes to force women's organisations to provide services for men – often indicating that women only provision effectively discriminates against men.

43. While this approach disadvantages all women, BME women and girls experience disproportionate levels of discrimination in that:

- i. Despite evidence indicating that many BME women prefer to receive services from specialist BME led women's services, these services have historically been more poorly funded than their non-BME counterparts.¹⁹

¹⁷ See for example, End Violence Against Women (2011) *A Different World is Possible: Ending Violence Against Women*, <http://www.endviolenceagainstwomen.org.uk/resources/19/a-different-world-is-possible-ending-violence-against-women-2011>

¹⁸ Imkaan, Equality Now and City University (2011) *The Missing Link: A Joined Up Approach to Addressing Harmful Practices in London*, <http://imkaan.org.uk/resources>

¹⁹ Imkaan and FORWARD (2013) *The Road to Sustainability Summary Findings: A Review of Black, Minority Ethnic and Refugee (BMER) Organisations Working with Women on Health and Gender-based Violence*, <http://www.whec.org.uk/wordpress/wp-content/uploads/downloads/2013/05/149804-Imkaan-Summary-to-Sustainability-08-04.pdf>; Imkaan (2008) *A Right to Exist – A Paper Looking at the Eradication of Specialist Services to BMER Women and Children Fleeing Violence, Experiences of BMER Refugees*, <http://imkaan.org.uk/resources>

- ii. Local authorities often do not see the value of specialist BME women's services.
- iii. BME specialist women's services have been disproportionately affected by the current austerity measures.²⁰
- iv. Austerity measures have led to cuts in organisational budgets (including non-BME led services), which have resulted in lack of funding for interpreting and translation services. This in turn affects some BME women's access to safety, support and justice.
- v. Despite the recent focus on issues such as forced marriage and female genital mutilation, there has been a lack of adequate investment in specialist provision to support victims²¹.
- vi. Imkaan's own data also points to an acute lack of targeted support services for young women, LGBT groups, and women and girls who are disabled²², all of whom have been identified as at risk of forced marriage.

²⁰ See for example, Imkaan and FORWARD (2013) The Road to Sustainability Summary Findings: A Review of Black, Minority Ethnic and Refugee (BMER) Organisations Working with Women on Health and Gender-based Violence, <http://www.whec.org.uk/wordpress/wp-content/uploads/downloads/2013/05/149804-Imkaan-Summary-to-Sustainability-08-04.pdf>; Women's Aid (2013) A Growing Crisis of Unmet Need, <http://www.womensaid.org.uk/page.asp?section=00010001001400130004§ionTitle=Growing+Crisis+of+Unmet+Need>; Towers, J & S Walby (2012) Measuring the Impact of Cuts in Public Expenditure on the Provision of Services to Prevent Violence against Women and Girls, Report for Northern Rock and Trust for London, <http://www.nr-foundation.org.uk/downloads/measuring-the-impact-of-cuts-in-public-expenditure-on-the-provision-of-services-to-prevent-violence-against-women-and-girls/>; Coy, M, L Kelley and J Foord (2009) Map of Gaps 2: The Postcode Lottery of Violence against Women Support Services in Britain, http://www.equalityhumanrights.com/uploaded_files/research/map_of_gaps2.pdf

²¹ Imkaan (2011) The Missing Link <http://www.imkaan.org.uk/resources>

²² This includes both physical and learning disabilities

RECOMMENDATIONS

44. In September 2012, UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO convened an expert group meeting on preventing violence against women and girls. The final report reiterates calls within Beijing Platform for Action around VAWG prevention called for 'integrated measures to prevent and eliminate violence against women and girls'. Imkaan supports many of the measures proposed in the report - specifically paras 115-142.²³

45. The government should:

- i. Take action in line with the Agreed Conclusions²⁴ on the elimination and prevention of all forms of violence against women and girls, from Commission on the Status of Women 2013, which the Westminster government has already agreed to.
- ii. Make sex and relationships education and media literacy compulsory in ALL schools. Robust conversations with young people about consensual and respectful relationships as well as skilling them up to critically analyse media messages are crucial steps to curbing the impact of harmful media messages.²⁵

²³<http://www.unwomen.org/~media/Headquarters/Attachments/Sections/Library/Publications/2012/11/Report-of-the-EGM-on-Prevention-of-Violence-against-Women-and-Girls.pdf>

²⁴[http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_\(CSW_report_excerpt\).pdf](http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_(CSW_report_excerpt).pdf)

²⁵ See Rewind&Reframe, <http://blog.rewindreframe.org/post/66656631874/were-sick-of-sexist-racist-music-videos-young>

- iii. Invest in community engagement work to address violence against BME women and girls, which should include work with men and boys, but must be led / guided by BME women experts. Work must be developed and delivered within a strong gendered, rights-based analysis and must be able to meet appropriate standards for safe minimum practice. Safe minimum practice standards must be developed in line with feminist and human rights principles and must be appropriate / applicable to each community setting.
- iv. Strengthen regulatory structures with respect to all media and Internet agencies, considering co-regulation as an option. Minimum standards for media agencies should be developed, which include accountability around issues such as sexism and racism, and which support media agencies to maintain principles of free speech while ensuring accountability. Ultimately media agencies should not be in a position to breach individual and collective human rights by simply citing arguments around 'free speech'.

46. It is essential that the Westminster government take urgent action in line with current obligations and international agreements. For example, the 2007 General Assembly resolution on the *Intensification of Efforts to Eliminate All Forms of Violence against Women*, calls on states to

'have regard to women who need special attention in the development of policies to address violence, such as women belonging to minority groups, including those based on nationality, ethnicity, religion or language, indigenous women, migrant women, stateless women, women living in underdeveloped, rural or remote communities, homeless women, women in institutions or in detention, women with disabilities,

elderly women, widows and women who are otherwise discriminated against.’

47. As such the government should establish a specific taskforce, / working group, specifically focused on policy and programming around violence against BME women and girls. The taskforce must include appropriate representation from BME VAWG women’s non-governmental organisations and academic experts with a proven track record in this field.

48. While the taskforce is carrying out its brief, the government should issue urgent, clear guidelines to local authorities about their obligations to ensure that BME women and girls receive adequate protection from violence; and that special measures should be taken to secure shelter and other provision for BME women and girls including specialist expert services which are led by BME women, for BME women. It is important to note that:

99% of women surveyed said that the BME service made them feel safer and more protected overall and women cited that being with other BME women, being able to speak their own language and specialist expertise were the most important aspects of the support that they received.²⁶

49. The government should ensure there is sufficient investment and commitment to improving the availability of services which hold the specialism and deliver high quality provision for women and girls affected by forced marriage and female genital mutilation and who deliver services within a clear VAWG analysis rather than one which is primarily about culture.

50. Statutory bodies need to adopt minimum standards around violence against women and girls, which include specific standards around the treatment of

²⁶ Vital Statistics 2 (2012:17), <http://imkaan.org.uk/resources>

BME women and girls²⁷. BME women and girls should not be an after-thought. Their needs and aspirations should be a core part of any work to address VAWG and it is essential that the expertise of BME women is sought rather than maintaining a wholesale assumption that experts in VAWG generally are au fait with the nuances and specificities of BME women's experiences.

51. Urgent attention should be given to government policy and practices around immigration and asylum including the use of detention centres. Women and girls (and women's children) who have experienced violence should be provided with appropriate, adequate support. Immigration and asylum claims should be processed with sensitivity to the issues of VAWG. Case owners should receive on-going training including on key areas such as credibility.

²⁷ See information on Imkaan Accredited Quality Standards, <http://imkaan.org.uk/iaqs>