The unexceptional im/mobilities of gender-based violence in the Covid 19 pandemic

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Abstract

The Covid 19 pandemic has spotlighted the relationship between mobilities and gender-based violence (GBV). The national lockdowns across the world have im/mobilised people, creating extraordinary social proximities that have been associated with a 'shadow pandemic' of violence (UN Women 2020). Before the pandemic, GBV was often im/mobilised in academic and policy thinking in that it was located in unconnected static sites. This article is based on a transdisciplinary project that seeks to produce understandings of GBV in the Covid 19 pandemic, using the heuristic lens of im/mobilities. The project aims to do so through the creation and analysis of personal stories detailing experiences of GBV across the UK. These stories are in the form of existing first-hand accounts on campaign websites, magazines and newspapers. Through them this article investigates how im/mobilities precipitate gendered violence, both felt and experienced, and examines how embodied experiences become situated in mobile spaces - inside, outside and online - in the context of the Covid-19 pandemic. In doing so, it evolves the concept of im/mobilities.

Keywords: Im/mobilities, gender-based violence, Covid 19, lockdown, story, Narrative analysis

Introduction

One of the most disturbing outcomes of the global Covid-19 pandemic, which emerged in the UK during Spring 2020, was the increase in incidents of domestic abuse. For example, calls to National Domestic Abuse Helpline increased by 25 percent in the seven days following the lockdown announcement, with a 150 percent increase in visits to the Refuge[1] website. A survey for Women's Aid reported that 67 percent of survivors reported that abuse had become worse since the lockdown, with over 70 percent of survivors reporting that their abuser had become more controlling and over 60 percent reporting that it was more difficult to access support services during the national lockdown (Women's Aid, 2020). Domestic femicides also increased during the lockdown: Ingala Smith (2020) reported that the number of women killed by men during the first three weeks of the national lockdown (23 March-12 April 2020) doubled. Concerns over other forms of gender-based violence (GBV) during the pandemic have also been raised. For example, there was over a 50 percent increase in agency referrals for stalking (compared with the same period in 2019) (Bracewell et al. 2020); and reports of new forms of sexual harassment in universities, such as 'Zoombombing' (e.g. Dutton 2020) and 'contrapower' (e.g. Cantrell 2018), as academics and students moved to online forms of communication.

GBV is a pervasive global social challenge that is often *im/mobilised,* in that both research and policy tend to locate it in unconnected static sites. Although it can be experienced by any gender, research suggests women and girls are overwhelmingly targeted, with the WHO (2021) finding that 1 in 3 women around the world experience some form of GBV in their lifetime, a statistic that has not changed in the last 10 years. United Nations Women (date unknown) defines GBV as 'harmful acts directed at an individual or a group of individuals based on their gender…rooted in gender inequality, the abuse of power and harmful norms'. GBV nevertheless is often understood and strategised within not only spatial binaries, but gender binaries, despite the term being defined more inclusively. As UN Women continue 'The term is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms.' The role and significance of mobility in experiences of GBV has come into focus during the Covid 19 pandemic. Enforced restrictions on movement have altered and shifted dynamics of perpetration of, reactions to, and the impact of GBV. Essentially, the Covid 19 pandemic has drawn attention to how movement, or lack of, structures experiences of GBV.

The contention here is that GBV, as a range of 'harmful acts' that result from a culture of misogyny, including physical, emotional and sexual violence, rape, stalking and harassment, are perpetrated over a continuum of mobile spaces. It is the mobility of these spaces that makes GBV possible, and this has been fundamentally altered during the Covid 19 pandemic. At the same time, those who experience GBV are im/mobilised – pushed off their mobile trajectory and forced to side-track. Existing work on gendered mobilities (for example Uteng and Cresswell 2008) has centred on the impact of gendered roles on movements in spaces of

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[1] *Refuge* is a national charity offering a range of services to support survivors of domestic abuse, including a national helpline.

varying scales, including those of the home. Here the concept of 'im/mobility' is used to illuminate the intermittent experience of GBV in relation to mobility. Im/mobility is 'not only an *absence* of movement, but the constraining of movement in particular ways – both corporeally and emotionally set within a 'landscape of cultural, legal, gendered, national, political and personal' (Murray and Khan 2020, 163). In recognising that GBV happens across time, space and that these are mobile, it follows that a mobilities lens can bring different understanding of GBV, as research such as Bowstead's (2017, 2020) on the mobilities of escape from domestic violence have demonstrated. Our approach is necessarily intersectional (Crenshaw 1991), attending to both the dynamic nature of gender and its intersections with generation, race, sexuality, ethnicity, class and disability, and the dynamic nature of the GBV. These intersections are important as Skeggs (2004, 49) states: 'Mobility and control over mobility both reflect and reinforce power. Mobility is a resource to which not everyone has an equal relationship'. Therefore, a lack of, or disruption to mobility and access can act to reinforce social exclusion. A transdisciplinary approach that looks beyond the boundaries of criminology and the sociology of mobilities, to humanities and creative writing, can offer original insights into GBV that could lead to social innovation in policing, health, education, housing, transport, technologies (including Internet service provision and social media platforms) and other social policy arenas.

There are numerous studies on the spatialities of GBV (Brickell and Maddrell 2016; Tyner 2009, 2012), and of GBV in different mobile sites in the UK (Ceccato 2017; Gekoski et al, 2015; Fileborn, 2018; Vera-Gray 2016) and in countries across the globe (Allen et al. 2017; Butt and Sekaram 2019: Malik et al. 2017; Neupane and Chesney-Lind 2013; Soto 2011; Soto et al. 2017). In this study we seek to understand GBV within 'the complex intersecting systems of [im]mobilities and moorings' (Adey et al. 2021). Existing research has considered GBV in a range of sites, such as workplaces (Chamberlain et al. 2008), universities, schools and colleges (Klein & Martin 2019), surgeries and hospitals, shops, cinemas, libraries, sports venues and parks, as well as within an increasingly wide range of online spaces (Cuomo and Dolci 2021; McLaughlin 2019; Powell and Henry 2017). There is also research on the mobile sites of GBV – in cars, on trains, buses, and planes and on mobile media (Dunckel-Graglia 2016; Gardner et al. 2017; Gekoski et al. 2015). The latter is emerging as increasingly significant, for example, mobile phones (with GPS) can be used to track movements in cases of stalking (Woodlock 2016); and visual images can be circulated with malicious intent in the form of rape videos, revenge porn, sexting etc. (Bond 2021). We also already know that specific forms of GBV do not begin and end within a single location - they happen over time and space and are part of a 'crime journey' (Bernasco 2014). For example, coercive control perpetrated by a partner is effective because it operates through every room of a home, and from the home to the car to the workplace, both online and offline. When mapping GBV on the London Underground, the British Transport Police used 'lines' rather than dots to represent the mobile nature of this (Lewis 2019).

Whilst acknowledging the existing work on the spatialities of GBV, the emphasis here is on the im/mobilities of GBV across a *continuum of mobile space*, that traverses homes, workplaces, streets, cars, public transport and online spaces and incorporates the temporal aspects of GBV. People, information, data and communications move through spaces that are not isolated but multifariously connected across multiple scales, in a continuum. This

ultimately connects embodied experiences of GBV to institutional spaces of urban policy and criminal justice, which can be distanced from these experiences. The Covid 19 pandemic has disrupted this continuum, imposing social and spatial rules that change the ways in which spaces are occupied and moved through in ways that transform the landscape of GBV. Covid 19 itself has been mobilised as a weapon in acts of domestic abuse (Bates et al. 2021). It has become, in some instances, a tactic for coercive control through misinformation. In a Women's Aid survey, two thirds of respondents who were experiencing abuse said that 'their abuser had started using lockdown restrictions or the Covid-19 virus and its consequences as part of the abuse' (Women's Aid 2020, 7). Thus, the pandemic has highlighted the gendering of mobile spaces and spotlighted spaces that are in-between. This gendering of space is not binary: people identifying as transgender or non-binary, in particular, are often im/mobilised, for example, around the use of facilities that segregate according to male and female and these facilities have also been disrupted in the pandemic. However, whilst we acknowledge the social intersectionalities of GBV, the accounts that are included are, in the main, do not make reference to transgender women or non-binary people. This reflects the stories that are in the public domain at this time and as we reflect on later, the invisiblisation of certain marginalised groups in telling their stories. Before moving onto these stories and what they tell us about GBV in the Covid 19 pandemic, we outline the methodological approach, which centred on storying and narrative analysis.

Storying GBV in the Covid 19 pandemic

Our approach to GBV in the Covid 19 pandemic is one of storying – making 'moving stories', that are otherwise obscured, visible (Murray and Khan 2020). This approach draws on a tradition of storytelling in mobilities (Vannini 2012) and here we privilege those experiencing GBV as storytellers. The writing and sharing of stories is considered an agent for change. Stories have the ability to provide insights into contextual circumstances most people may not have experienced first-hand (Garro and Mattingly 2000). Research exploring human stories is often considered as the 'flip-side' of established discourses (Bamberg, 2004), able to challenge dominant societal narratives and 'carry rhetorical weight' (Garro and Mattingly 2000, 5). They make it highly appropriate for feminist qualitative research seeking to challenge patriarchy. Thus, our transdisciplinary methodology drawing on sociology, criminology and creative writing scholarship sought to further knowledge on GBV in the Covid 19 pandemic through an analysis of stories of GBV. The methodology builds on research that intersects mobilities, sociology and humanities (Murray and Upstone 2014; Pearce and Merriman 2017) which centres on the interdependencies of embodied and imagined mobilities; and mobilities criminology (Lewis et al. 2020), which brings a mobilities lens to criminology scholarship. We blend this thinking together with methods of life writing (Moriarty 2013; Moriarty and Adamson 2020) and narrative analysis (Murray and Khan 2020) to seek an alternative understanding of GBV, picking up on nuances that elude thematic studies. For us, stories are the key to understanding the im/mobilities of GBV and their complexity.

The project set out both to create stories and to analyse existing ones. In this article we focus on the latter. This approach was guided by the abundance of stories that were available online – in forums, on campaign websites, in magazines and in newspapers; and by the limitations that the Covid 19 pandemic posed in restricting face to face research whilst imposing a temporal imperative to research the situation as it was happening. The analysis of existing stories that are publicly available is not new – it is an accepted research method across disciplines (for example, Attard and Coulson 2012; Beck et al. 2014; Holt 2011). Whilst we remained critical in our approach to the stories, our aim was to collect accounts of GBV, told by both people experiencing GBV and by those (such as practitioners) who work closely with survivors. We extracted the first-hand accounts that were sometimes embedded within media reports but were more often available as personal submissions to websites. Frank (2010, 88) argues that 'people's stories report their reality as they need to tell it, as well as reporting what they believe their listeners are prepared to hear'. This is the case whether a participant is recounting their story to a researcher first-hand or sending their story to a magazine or campaign website. Stories are always representations of the truth and as researchers we are always questioning narrative (Taylor 2006). Our focus here, as critical researchers (Disch 1993) was less on the 'truth' and more on the story. Researching first-hand accounts also helps avoid the battle-weary narratives of GBV (Hakken 2010) and bad romance tropes (Polletta et al. 2011) that can potentially harm and undermine lived experiences with GBV. Storying rather than reporting or focusing on notions of truth can offer, 'a reflexive attempt to construct meaning in our lives and heal or grow from our pain' (Ellis 2007, 26).

Narrative methods (Horsdal 2012), in which the story itself as well as its content are under scrutiny, have been part of social research since the 1980s (Hyvärinen et al. 2013; Mishler 1986; Lawlor 2002; Riessman 1993). There is emphasis on the ways in which stories are told - how they are sequenced in making sense of aspects of everyday lives - and on the patterns of meaning and practice in stories that further our understanding of particular social phenomena (Riessman 1993). We are concerned with stories of GBV at a critical time in history, in the midst of a global pandemic that has created extraordinary mobilities. Although told in the context of the pandemic, these stories have the potential to disrupt thinking on GBV. Storying puts the personal, the social and the political in the same space; in an overlapping, intricate relationship. Narrative portraiture can add to the existing field of narrative research by placing the research participants at the centre of the research.

In this article we discuss the outcomes of our narrative analysis of 125 biographical stories of GBV that came into the public domain through online sources based in the UK from the beginning of the pandemic, during the first lockdown in the UK in March 2020 until the third lockdown, which ended in summer 2021. We adopted an approach to narrative analysis that facilitated its dissection into different components (Holstein and Gubrium 2012). This allowed us to apply our particular analytical skill so that our approach included a combination of thematic and narrative practice analysis and, importantly, a situating of the story. Our narrative approach identified techniques in storytelling, which is illustrated in Charlotte's (all names changed) story.

> I had an asthma flare up just before lockdown for the covid pandemic, and my GP told me that I should be very strict with social distancing for 12 weeks afterwards. I

normally run a fair bit, but after the GP advice I have instead been doing a lot of skipping on the pavement in front of the house. Our house is a cottage with our kids' drawings etc in the window, and from the outside it is clear that it is a family home. When I skip, people walk past, we say hello and it is all very pleasant. A man delivering prescription drugs from a local pharmacy has asked me for directions a couple of times, which is fine, and completely normal. He then pulled up one day and said, "You weren't here on Friday. Who do you do exercise for?" I thought weird question but answered that I enjoy my exercise and that I do it for myself. He then went on to ask if I was married, and would I like to come out for a meal with him after lockdown was over.

I should have shouted and screamed and told him to fuck off from the only safe exercise space that I have at the moment. I wasn't sure whether I wanted to go back out to skip again the next day, but I did. The man pulled up again and said "Are you still here?". I just said yes and turned away. Again, I should have said something more to let him know he had been out of order

I couldn't shake the weird feeling this "chat up" gave me for a couple of days, and I am still thinking I need to let him know what a prick he is, for my own sake. I also don't exercise for my husband, but for myself

Charlotte writes in the first person, which emerged as a key positioning of voice that engages readers with the author in a particular way. She begins with the identification of a personal health detail, inviting empathy, and continues with an insight into her home setting. Her use of personal dialogue is an example of the writing 'show not tell' technique, which engages sensorially rather than through exposition. She characterises the male perpetrator without naming them, as a prelude to showing her resistance through writing. She indicates that she wants to take control and disrupts the narrative – resisting and wrestling back power through rewriting her story.

As we moved through the stories the first-person accounts that were sometimes hidden within a broader story resonated more and more. We extracted them so that they became stand-alone. Mindful of the potential for manipulation of these first-person accounts, or even the editing of stories to the point that they may have adopted new meanings, we nevertheless felt it important to champion them. The following analysis, therefore, is based primarily on these first-person stories (sometimes) within a story. They tell of three important aspects of GBV in the Covid 19 pandemic. First, we show that GBV in the Covid 19 pandemic and associated lockdowns is unexceptional in that it has not accelerated but rather been reconstituted in the pandemic, highlighting its im/mobilities and the spatial continuum of GBV. Second, we argue that this can be illuminated through focusing in on the relational phenomena of spatial intensification and desertification. Third, our analysis demonstrates that GBV experiences in Covid are formed through a long and cumulative history of GBV experience.

Understanding unexceptional GBV in a continuum of mobile space

The Covid 19 pandemic has reconfigured mobile space and this is critical in making sense of the surge in domestic abuse during lockdowns in every nation of the UK and throughout the world (UN Women 2020). However, to make a causal association between this increase in GBV with the Covid crisis is not only simplistic but dangerous. The landscape of GBV in Covid is complex and the success of policy and practice responses to GBV in a post-Covid world depends on acknowledging this. For example, a survey by children's charity Plan International and the campaign group, Our Streets Now, found that 19 per cent of young women and girls (aged 14 – 21) in the UK experienced street harassment during the spring lockdown, but that this rose to 51% during the summer as restrictions were lifted. The Covid 19 pandemic has changed how we use space and who moves through and within spaces at particular times. The social spaces that are moved through, moved in, in which people speed up, slow down and im/mobilise became transformed through restrictions on social contact and changes in socio-spatial practices. These spaces are not discrete but are interlinked – for example, restricting movement in spaces like the home has increased movement across online platforms. Thus, the Covid 19 lockdowns meant that people began interacting with others and the objects and spaces around them in different ways. This resulted in some forms of GBV increasing whilst others decreased and new forms of GBV emerged. The reconfiguration of spaces led to a reconfiguration of GBV and illuminated the ways in which the continuum of GBV (Kelly 1987) is determined through a continuum of mobile space. GBV in one space is always relational and singular experiences often span more than one form of mobile space. This is demonstrated by Nancy's account of GBV during the pandemic.

> Despite these occurrences, a recent sexual harassment stood out to me the most. I visit the city regularly and it was quiet at the time due to COVID-19. I ran into a man, name unknown, who had hit on me once in early 2019. Of course, when he saw me, he started a conversation and, of course, I obliged. I saw him AGAIN two days later, he again hit on me, and I again obliged, having a brief chat with him. I then saw him AGAIN, only about 2 days later. I was on a bus and he got on. He started trying to talk to me again but I ignored him. The bus slowly emptied out and eventually it was just me and him on the bus. He then came over to me, sat next to me, put his arm around me and started calling me "baby." He then started touching my leg and at that point I got up and moved. Luckily, he stopped. (Nancy)

Nancy's story begins with an observation of the often eerily quiet of city spaces in lockdown. It develops across multiple spaces and at different times, culminating in her experience of physical harassment on a bus, a space in which she was confined. Our stories of GBV either in or before Covid 19, but from its vantage point, all encapsulate this continuum of mobile space. As the excerpts below illustrate, the stories travel across multiple and connected spaces, from different domestic spaces, online spaces, street spaces, workplaces and the moving spaces of transport.

I saw him reach his hand out 'surreptitiously' and try to touch me as I ran by him. His hand would have touched my groin if I didn't notice it and dodge. (Sarah)

I was on the train and a man sat down directly opposite me. It felt strange because there were other seats, and everyone was keeping distance because of COVID. And after about ten minutes I noticed that he had opened his jeans and started touching himself (Jessica)

I'd feel my gut twist as work vans past me, anticipating the shouts, leers and invasive comments about my body…As a postwoman and I get catcalled and shouted at by workmen most days of my working week. Some weeks it's every single day." (Heather)

A group WhatsApp chat was created by my manager to post updates or changes to the work schedule. The harasser took my phone number and messaged me privately. The chat started with his sexual desire for me and desire to have sex. This continued with phallic emojis used in his messages, which I ignored. He continued harassing me and offered to send me pictures of himself and to keep it private." (Leah)

These experiences across mobile space represent the im/mobilities of GBV - the intermittent constraining of movement and stillness as well as enforced movement and stillness that is practiced across spatial contexts. The stories above are about experiences in the covid 19 pandemic, but they could have been about experienced in other times. However, in the Covid 19 pandemic, the specific im/mobilities that resulted from lockdowns played out in specific ways, requiring some further attention of both the varying intensification and isolation of space and the situatedness in time of GBV.

Lockdown intensification and desertification of mobile space

Research tells us that, while GBV can happen anywhere, there are patterns: most rape takes place in the home (VIRAGE survey 2015, CSEW, 2018), stalking takes place online (Suzor et al 2018) and harassment takes place within institutional settings - workplaces, universities, prisons). There is evidence that Covid-19 itself is being used itself as a tactic for perpetrators to coercively control their victims. Perpetrators have been reported to misinform victims about the extent of lockdown measures to ensure they are 'locked down' to a greater extent than is necessary (Gearin & Knight 2020). The intensification of some spaces, particularly the home and online workspaces; and the desertification of other spaces, as a result of the lockdowns, however, changed these patterns. Our stories of GBV are specific to the current Covid 19 crisis, in which GBV increased markedly in some spaces, particularly domestic spaces of the home and online workspaces. The lockdowns meant that people have been spending much more time at home with intimate partners. Forced and prolonged propinquity makes interactions intense and relentless and provides more opportunities for abuse to take place, as these excerpts show.

What Corona did was locked us in a house together for a long period of time whereby his aggressive nature and his controlling nature just had room and wings to fly and do whatever he wants. (Matilda)

Because now Im trapped at home and hes gett ing worse and worse. I have small children. Its emotional/psychological abuse, its non -stop now hes at home all the time (Grace)

I don't know how I can survive weeks / months locked up inside, without even work as a getaway. I want to just stay out of his way but we don't have a big house so not really possible. I Just want to scream! (Ivy)

While others were quite looking forward to having some time at home, I was dreading it. I knew it would mean that I would have no chance to escape the physical and emotional abuse. I don't have any close friends or family living nearby, so my work colleagues are my best friends. The thought of not seeing them, of not having anywhere to go was so scary. (Sienna)

I couldn't take being in the house any longer. And the kids were making me very overwhelmed. When I feel like I'm caged in, or I feel like I'm trapped, like I can't breathe. I was getting more angry quickly. I was depressed. I was also going through domestic violence during the time of the lockdown.

'We're trapped with a caged lion and there is no rest' (Rose)

Coupled with the stress of worrying about coronavirus, being stuck indoors almost 24/7, and in a small space where we cannot escape each other, the abuse has become unbearable. He's losing his temper every few days. (Isabella)

Because now I'm trapped at home and he's getting worse and worse. I have small children. It's emotional/psychological abuse, its non-stop now he's at home all the time (Willow)

What these stories overwhelmingly have in common is a sense of claustrophobia – of being trapped in a space with a GBV perpetrator for an extended and defined period, im/mobilised. This in itself emerges as a form of emotional violence, with increased stress levels associated with, as one story includes, 'a caged lion', in 'unbearable' circumstances that make some 'want to scream' and leave others in a perpetual state of fear. These emotions are knowable through the stories in the evocative language used and in the sequencing of the events. The im/mobilisation is heightened for specific groups of women, for example those experiencing honour-based GBV.

Lockdown is really hard for honour-based abuse victims. You are in this intense family setting which is difficult at the best of times but now there are additional barriers to escape and seek help and intervention. Reactions are more extreme because lockdown

exacerbates emotions. Things linger. There is no opportunity to get out and let things dissipate. It is a tense toxic environment. (Farhana, practitioner)

The sense of entrapment is evidence not only when the perpetrator is in the space alongside those experiencing GBV. Im/mobilities is a relational and varying restriction on movement from external forces. While the lockdowns have im/mobilised some people in their homes, they have *mobilised* opportunities to perpetrate GBV for others.

> I have remained on high alert, very aware that the stalker knows exactly where I am as the restrictions have limited my random movements in the lockdowns. This means that any noise, no matter how small, scares me intensely, living on nervous energy especially in hours of darkness. (Alice)

There is also an element of entrapment in the online spaces of work that contained an increasing level of abuse and harassment, with the attendant escalation of 'Zoom bombing' in which perpetrators hack into online meetings and events.

> About five minutes into the Zoom call, all of a sudden loads of people started joining…All we heard was someone yelling 'you f*cking feminist c*nt', and then it just went mental. There was loads of swearing, there were racial slurs being shouted, there were people masturbating in their webcam, and they just kept joining. "Within the space of 20 seconds, 100 people joined the call. They were screaming down the camera, it was total chaos – I just shut the call down. It was horrific. (Ellie)

Even though Alice is not in close corporeal proximity with her stalker, they are always with her as she imagines their closeness. Im/mobilities is also an imagined threat that curtails movement. In addition, changes in the working day by working from home, furlough or job loss has increased opportunities for online stalking, as perpetrators become adept at using new online platforms (Bracewell et al, 2020). The disruption to childcare routines and contact agreements has also provided perpetrators with further opportunities for harassment of their ex-partner[2]. Whilst many relationships of gendered violence are spatially intensified, others are de-escalated. This includes relationships of support. Lockdowns im/mobilised support networks for GBV that existed with or without the global pandemic.

> I Have no family, nowhere to go, and I'm not taking them [children] to a refuge or a B&B in lockdown (Willow)

> There are a lot fewer refuge spaces available on the system [that refuge managers have access to] because of Covid. (Anna, practitioner (?))

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[2] The Metropolitan Police (2020) report that 45 percent of stalking perpetrators are ex-partners. This is likely to be impacted by the under-reporting of all forms of GBV.

There are fewer opportunities for others (such as teachers, GPs, colleagues) to spot the signs of abuse, or to access help (for example, due to a reluctance to call the police or visit the hospital because it might increase virus exposure).

> The isolation impacts your mental health even further as now there is no one you can talk to when you are having a bad day.' The lockdown restricted access to support and coping mechanisms: 'All my coping mechanisms to combat isolation – all gone' (Zainab)

Lockdown resulted in a depletion of existing support networks, such as through extended family and friends, as well as through social and community networks. Both the global pandemic and the associated lockdowns also inevitably increase the risk factors that we know are linked to domestic and family violence: that is, financial and psychological stress, substance misuse, and isolation. Lockdowns also created isolation through the desertification of certain spaces, particularly outdoor spaces of the street and parks that became important spaces of escape for those experiencing the intensification of indoor and online space.

> "During the first national lockdown last spring, I was sexually assaulted by a stranger on my way home from work. It was around 9:30pm and it was dark, but I was cycling on a main road and the streets were well lit." (Robyn)

> I was out running by a road recently and a van honked at me, then a cyclist cycled past and kept turning his head back to look at me. If anything had happened, the nearest place open was a supermarket, but it was still a long walk away. It makes me feel uncomfortable running on my own and I won't be going down that road again." (Eliza)

> I started to question my decision to go out in the first place and I felt sick to my stomach but once I'd gotten round a bend I went back to jogging to take my mind off of them. I'd been more positive and happily running along again until I hear a car beeping, I turn around to see no one else around so I wasn't sure what the car was beeping at then as they got closer I could see the creepy look on his face as he went past me at a slight slower pace. I felt disgusted again and decided tomorrow I will run in lose clothing just to see if it makes a difference. (Eliana)

The absence of people and traffic in street spaces, particularly for women using the street in ways that they might not have used it before lockdown, meant that the experience of GBV increased in these spaces – not only as corporeally felt but also as imagined as some even question their right to be in particular mobile spaces. Street spaces became wholly reconfigured as the lockdown restrictions dictated who was permitted to be out in the street. The power dynamics between different users changed so that the polarisation between modes of travel such as the car and mobile subjects (see for example Jain 2005) that were walking or running increased markedly. As mobile space was reconfigured, the Covid 19 pandemic also transformed temporal imaginations of GBV.

Cumulative and intersectional im/mobilisations

The Covid 19 lockdowns created periods of im/mobility that compelled reflection in way that is often not possible due to the pressures of everyday life. This had particular repercussions for the majority of women who have experienced some form of GBV over their lifetime. As Maya says:

> Lockdown has brought up bad memories. This is an added lockdown as we have already had our liberty, freedom and movements curtailed, this is just an extra bind. The problem though is that all you can do is think, and think about the previous panic, fear and abuse you have had – there is no outlet for these thoughts. We have no money to aide our distraction, we have no resources to alleviate any of our fears. You don't have friends, it's just you and your thoughts and they will not let you sleep. (Maya)

The restrictions on physical movement created more scope for imagined mobilities. For some, this has meant reflecting on a lifetime of GBV. For example, Grace is 81 and has experienced domestic abuse for much of her life. She wrote the following during lockdown:

> When I was 22 I met George. He was handsome and charming. He showered me with compliments and made me feel wonderful. However, he controlled every penny and decided what I wore and how I arranged my hair. George would return from the races smelling of whiskey. If he'd won at the races we'd dance, and he'd treat me to a bottle of port. If he'd lost, he'd treat me to a beating. When the children left home, George allowed me to have a part-time job. I started to gain confidence. George noticed the change in me and began treating me differently - he even bought me a cat. I adored Misty and she followed me everywhere. But one evening, George whispered in my ear what he would do to Misty, if I ever left him. He repeated that threat hundreds of times over the coming years. His memory has started to fail now. He gets frustrated and angry. Thankfully, problems with his hip mean he can't manage the stairs anymore so he sleeps downstairs and allows me to sleep upstairs. Night-time is my favourite part of the day. I can rest knowing he can't get to me and feel safe for the first time in years. I lie in bed and my thoughts are completely my own. (Grace)

It was the im/mobility of the person perpetrating the violence against Grace rather than Covid 19 that changed her experience of GBV. However, the pandemic presented new spaces in which to imagine the im/mobilities of her own life; and to story them. Grace's account is an evocative one, moreso due to the longevity of her ordeal. For others, the im/mobilities of pandemic and the social relations that this produced, underpin a different temporal narrative – of looking forward to circumstances in which GBV might again be possible. This is the case for Rosie who says:

> I am very fortunate that a family member is living with us during lockdown and my OH is not abusive in front of other people. However, I am worrying about when lockdown ends and my family member leaves. (Rosie)

The cumulative experience of GBV over time determines emotional response and sensory engagement that are im/mobilising. This is particularly the case for people with intersecting social markers, including of generation, race, sexuality, ethnicity, class and disability.

Simonovic (2020) identified a number of groups who are at greater risk of experiencing GBV during the Covid-19 pandemic, which includes domestic workers, older women, women with disabilities and refugees and asylum seekers (Dash 2020). These were not necessarily apparent in the stories we first collected. However, we sought out the stories of minoritised women, who are often sidelined so that they are invisiblised. As with 'crisis situations' more generally (such as natural disasters), Covid-19 has exposed and exacerbated existing inequalities, which includes GBV (see Mittal and Singh, 2020). Imkaan (2020) have highlighted the 'dual pandemic' of GBV and Covid-19, both of which disproportionately affecting black and minoritized women and girls, who are frequently 'invisible' in mainstream research and discourse about both Covid-19 and GBV. This is Lo Lo's story (Sisters Not Strangers coalition 2021):

> I was in that accommodation for the start of this lockdown, and I felt so unsafe there. I have serious health problems that mean it would be particularly dangerous for me to catch the virus. But it was impossible to self-isolate in that place. I was terrified because men kept coming into my room without permission, even while I was sleeping. I felt so stressed, and my depression got worse.
>
> … In the end, I felt too afraid to be there, so I left. For a week during lockdown, I slept on buses. I went from one side of London to the other, because it was free to travel on the bus then. I didn't have any money for hand sanitiser or a facemask but at least people were keeping their distance on the bus.

Simon on the Streets is a homeless charity based in West Yorkshire, which gathers stories from its service users and published them on its website (https://simononthestreets.co.uk). This is one of the stories:

> At the beginning of the pandemic, Steph (real name not used)[3] lost her job. Unable to afford the place she was staying in, she became homeless. Steph is an EU migrant. She is currently awaiting the outcome of her EU settlement application. Until Steph gets an outcome, she is classed as having "no recourse to public funds". This means that, even though she is homeless, she cannot receive housing support, benefits, or prescriptions. With few options, Steph has turned to survival sex. Steph has told us that she received a lot of racist abuse. Men refused to pay her or demanded she return their money, threatening her and telling her they will get her deported if she does not comply. Steph feared approaching the police due to her immigration status and never reported these incidents.

Many women - like Steph and Lo Lo - face overlapping discrimination that puts them at particular risk of GBV. Their forced im/mobility also situates them precariously – although being on the move can also give an experienced and imagined sense of security. Covid 19 and the associated lockdowns can increase this: there are more women working on the frontline as 'essential workers'; women are more likely to face economic hardship as informal workers

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[3] We have not changed the names of the women in the stories here as they have either already been pseudonymised by those publishing the stories or the real names are given in the published stories with permission.

(especially as migrant women)); and women are more likely to face a disproportionate share of caring duties (of both children and older relatives). Although told through someone else, Steph's story illustrates well this confluence of scale, which transcends borders. Steph's immigrant status meant that her situation, at the beginning of the pandemic, was particularly precarious and led to her experiencing GBV as a result of losing her job and becoming homeless. She felt unable to seek support because of the threat of deportation. The story contains multiple mobile sites, and connections between them, that precipitated GBV. This would have continued had the charity not stepped in and arranged temporary accommodation and financial support. Across different types of GBV it is possible to locate the mobility interdependencies.

Conclusion

These stories of experiences of GBV, again, exemplify the manifold im/mobilisations of GBV that are associated with the Covid 19 pandemic. Im/mobilities is depicted as varying degrees of curtailed and forced movement, both corporeal and imagined. They show that, rather than violence perpetrated by one gender over another, GBV is violence that is 'rooted in gender inequality', in pervading cultures of misogyny. The im/mobilisations are multi-scalar – originating in government sanctioned lockdowns and travel restrictions, in the privatisation of security in the designated quarantine accommodation, in the confinement to rooms and restrictions on social contact, in the enforced moving together with men in isolated locations – and all set within constellations of im/mobilities that are patriarchal.

It is clear that GBV in the Covid 19 pandemic is unexceptional, but the stories recounted in this paper illuminate the im/mobilities of GBV in the Covid 19 pandemic. They demonstrate that GBV is experienced across a range of mobile spaces – in a continuum of mobile spaces that are interlinked. Investigating GBV by analysing these stories through a (gendered) mobilities lens allowed us to understand the ways in which GBV has become reconfigured in the Covid 19 pandemic. The lockdowns in the UK have intensified experience – creating 'pressure cookers' (Birmingham City Council 2021) for women experiencing domestic abuse in their homes. In other points in the continuum the pressure has been taken off – especially for perpetrators, who have been mobilised, both in the isolation of inside spaces, in homes and in quarantine hotels and in the inside/outside space of the private car in relatively deserted streets. But lockdowns also produced mobile spaces of isolation, in which GBV was experienced and imagined. Moving bodies are placed within broader spatial and institutional contexts, which determine gendered mobilities - in the constellations of im/mobilities that sustain the conditions for gendered violence. GBV is a pervasive social problem that has been spotlighted by lockdowns. The policy and practice response must take this into account.

The article has also foregrounded the role of storytelling, and how it allows for a more nuanced inquiry. In giving voice, storytelling opens up avenues of representation. In contrast to traditional academic discourse, it can be democratic and inclusive, particularly when the opportunity is presented to storytell in the first person. This is particularly opportune as the Covid 19 pandemic has created opportunities to reflect and imagine. Sometimes, however,

telling a story in the first person is not possible and it is them up to others to at least begin to tell the stories of those who experience GBV and are disempowered - to mobilise the im/mobilised.

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