

Domestic Violence & Sexual Violence

Engagement Report – September 2018

Introduction

Engaging People is project funded by a grant from NHS Bradford District & Craven Clinical Commissioning Groups to carry out engagement work on health priorities, and build capacity in communities to strengthen the voice of local people in commissioning.

Engaging People partners CNET and HALE were asked by the CCGs to gather views and experiences which could help inform the development of services for domestic violence and sexual violence. There was no formal structure to this work, a set of open-ended questions and prompts were developed with input from the commissioning leads, clustered under 6 key lines of enquiry:

1. Who do people talk to about domestic violence and/or sexual violence?
2. What are the priorities of people when they seek support?
3. What is missing from the support currently offered?
4. What could be done earlier to prevent domestic violence and/or sexual violence?
5. What is going on in our communities which might contribute to the problem?
6. What's most important to people experiencing domestic violence and/or sexual violence?

To gather the insight, Engaging People teams worked through community groups and organisations working with people who have experienced domestic or sexual violence – this took place throughout June & July.

- Together Women Project
- Rape Crisis
- Keighley Domestic Violence Service
- Sharing Voices
- Men Reaching Out (BEAP – Bradford Community Partnership)
- Slovakian Group (Surestart users)
- Survivors West Yorkshire
- Peacemakers (FGM)
- Bradford Doulas
- Khidmat Centre
- Roshni Ghar
- Keighley Asian Women's Centre
- West Bowling Community Centre

The Women's Health Network also participated in a facilitated group discussion, supported by the CCG team. Participants shared their ideas and insights about what support would be needed for people experiencing domestic violence.

The full notes of each interview and of the WHN session have been shared with commissioning officers. This report has been written by the CCG Engagement team and highlights commonly-occurring themes and key issues to take into account when developing services.

1. Who do people talk to about domestic violence and/or sexual violence?

People experiencing violence are often very guarded, and disclosure comes slowly after **trust** has been established. Community organisations and groups say that people presenting with low level MH issues or other problems will frequently access support, attend groups etc and only after a length of time will they feel safe to talk about what is happening within their relationship.

Friends/family can often prompt women to come forward and seek help – noticing and pointing out abusive behaviour in a relationship that the victim themselves have normalised.

Organisations working specifically with **men who experience domestic violence or sexual violence** told us that men usually have not spoken to anyone before seeking help from their service.

The feeling of **shame** about the situation is a major barrier for victims of any gender or background to discuss their abuse.

“Others feel unable to share what is happening with close family or friends, particular when the perpetrator is well respected within the family or wider community. Women still often feel shame about the situation they are in and therefore fear what others will think or believe.”

Often women may lack the **freedom to talk**, having no unmonitored communication outside family – so the only place they might be able to disclose abuse is through contact with health professionals.

Participants felt that talking about domestic violence and/or sexual violence was **very difficult** for most people. There was a split response from participants: several said that people would talk to trusted peers, community groups, mosques or churches; however, others said people who often not have disclosed to anyone before seeking professional help.

“In most serious cases, women don’t speak English, no mobile, never left alone. Only contact is with family – this is why DV being identified through GP, midwives, health professionals is very, very important.”

“Some victims never really speak to anyone until the situation is escalated to such a level that outside agencies become involved through other pathways.”

“Some victims will talk to a friend or family member before considering seeking professional help. There have been some victims who have reported they have sought advice and support from community leaders before turning to others.”

2. What are the priorities of people when they seek support?

The **welfare of children** was reported as a crucial factor by almost all participants.

“Children – this issue is so important and very complicated, some women have to leave children with husband and flee. They are then given temporary accommodation, but we have had recent cases case where woman was homeless, her time there was short term came to an end had lapsed, she had to move out at very short notice, she had mental breakdown and ended up being sectioned in Linfield Mount. This is a very recent case; she lost custody of her children, her home and then her mind.”

The **fear of losing their children** was a major barrier to accessing services for support – the workers stated that because this has happened in several occasions within communities, victims fear the same could happen to them so they stay silent.

“Losing children. Where dad who was perpetrator ends up with custody because mum has a mental and physical breakdown, No support from her or his family.”

Participants talked frequently about ‘**survival**’, saying that the first priorities were **practicalities** rather than emotional wellbeing – safety from violence, housing, money, children’s education etc.

“They are in survival mode at first.”

“Most victims are worried about their financial situation and usually have no idea how to access their own finances or navigate the benefits system.”

Immigration status is reported as a major concern for people, and can create a barrier to speaking out about violence.

“Immigration and financial issues are also a major factor. Women and sometimes men scared they will lose their right to live here. So will not engage with services or people in authority. Because they would be deported... they have seen it happen to others so it, s not make believe. Do you stay and continue to face abuse or report and run the risk of deportation... back to where you came from. People weigh up what is worse and sometimes going back is worse”

3. What is missing from support currently offered?

Participants gave a very clear message that support needed to be ongoing, and that **longer-term intervention** with individuals and families could make a bigger difference than time-limited help.

“Support around DV is usually short term and for a fixed period. Some of the cases I have heard... women being beaten by husband, family members, raped and family being aware but doing nothing. A fixed period of support is not going to help these victims.”

Suitable accommodation was a major concern, with participants feeling that the reality of refuges and rehousing options was poor, and that people’s perception was that there was nowhere for them to go.

“Lots of the refuge/hostel environments are not very nice with some victims feeling staying at home is better, especially when they have children.”

“More Hostels and suitable emergency accommodation for women and her children regardless of the children’s ages. Women with teenage sons over the age of 12 cannot be placed in a refuge.”

Some participants were working in organisations that had been affected by **reductions in funding** for advice and support services, and felt there was not enough training available for organisations and individuals working with those experiencing domestic or sexual violence.

“Cuts have resulted in partners such as Women’s Aid and Staying Put no longer being able to facilitate Drop Ins which were extremely valuable and much needed. “

“Appropriate training to support staff and volunteers who work with women experiencing domestic violence or women who have been sexually assaulted seems to have been reduced and is much more limited in terms of flexible accessible options. We used to send every new staff member and volunteer onto this training as part of their induction. What do we do now?

“The Freedom Programme Training is no longer running or there is a reduction in delivery due to loss of contract – Again this was a really valuable course to support women and provide a safe environment where women can share with and support with other women.

“Partners referral waiting lists are huge with approx 120 women on some lists. For those who are waiting for support some may need urgent intervention.”

Again participants raised issues around **cultural sensitivity**, and the **accessibility** of support to people who don’t speak English as their first **language**. The Freedom Project specifically was identified as not being culturally sensitive.

Targeted approaches need to be created for people who are more **vulnerable** to domestic and sexual violence.

“Specialist advocacy and support is needed for groups of women and girls who are particularly vulnerable to sexual violence, abuse and exploitation that understands their particular needs and has the expertise and knowledge to provide appropriate support, advocate for them in the criminal justice system and with other agencies; gaps in this provision include: women and girls with learning difficulties; and women who experience mental distress/have serious mental health problems; Deaf women and girls.”

Support for men who have been subject to domestic or sexual violence was described as ‘under reported’ and there is a sense that the messages, information and support is targeted at women exclusively.

“Men don’t know about the services available to them and also their entitlements. They believe that some of the services are only for women. Although some support services do support men who are being abused you could not ascertain this from their websites of general promotion information. “

4. What could be done earlier to help prevent domestic and/or sexual violence?

Again people talked about the importance of **long term support** for families and individuals experiencing domestic violence; without these deeper interventions and complex work around social and emotional wellbeing, people often return to abusive situations or continue **patterns of behaviour** which can be passed on through generations.

“Domestic and sexual violence affects person emotionally, physically, mentally, for a very, very long time after, so support needs to be long term. If people do not get support then the effects can go on for a lifetime. Short term services work only for a minority of people, and have very little effect on either people suffering or those doing the harm.”

Many participants talked about the importance of **education and raising awareness**. People felt that work in schools and faith venues would make a difference, creating positive messages about what healthy relationships should be like. People often repeat patterns of behaviour that they see around them, and good relationship **role models** were crucial.

“For some women domestic violence is a cultural norm, they need to hear and see messages that this isn’t the case. Drip-drip effort.”

“Early support around positive relationships delivered through school, colleges or community centres where young people have to be or where they congregate. More messages to help identify what a healthy relationship looks like and to raise expectations. We need to work hard to dispel any thoughts that an abusive relationship is a normal relationship. This is particularly important as many women do often think what is happening to them is normal and is ok. This needs to be challenged socially, generationally and culturally.”

“Need for a whole-school approach, where parents, staff and students are supported to develop thinking, skills, policies and curricula to change the culture of sexual violence. Sexual Violence Prevention work with young people needs safe and supportive contexts to explore issues around gender, relationships and abuse.”

Participants felt that work should be done to increase awareness for **women moving into UK for marriage** – education about what constitutes abuse and how to get help. These messages should focus not just on the husband but also in-laws who can also be perpetrators, domestic violence is often **witnessed and normalised** by those around a marriage.

Many participants said that **awareness campaigns** and clear messages were needed. These should be focused on specific communities, and made accessible in different **community languages** – created by people/organisations embedded in the community, not just a translation of a standard message. Domestic and sexual violence needed to be talked about in the open, not just posters on the back of toilet doors.

“Really need to raise awareness through campaigning, poster publicity with a clear message that DV/SV is not acceptable – basically information around gender violence too. In some communities it is still seen as acceptable and just something you have to put up with. People’s heads are in the past. What was acceptable then, what was normal then... we need to help with the message that this is now and that this behaviour is not acceptable. Where

are communities, Asian, Nigerian, Somalia, and Caribbean seeing this message? Much more needs to be done.”

Social isolation experienced by people from emerging communities, newly arrived in the UK is seen as a significant contributing factor. If people have poor social networks and/or don't understand how to seek help they are more vulnerable.

More broadly, work around **wellbeing** should be embedded into community organisations and into education, housing, employment to focus on building up **self-esteem**; helping current and future generations to be less likely to be either victims or perpetrators of violence.

“General guidance and practical /hand holding support to make positive changes to improve their situation which may include confidence and self-esteem building, support with their mental health and wellbeing to reduce the risk of women becoming victims of abuse.”

Some workers in organisations that support women felt that the **rehousing** of people experiencing domestic violence continues the cycle.

“When women tell us their stories we are often finding victims are being relocated where men are prone to preying on vulnerable women. We have heard this from number of women who have exited a violent relationship, been re-housed and sometime within the space of a week the women have started a new relationship. We hear from women that often these new relationships continue to be abusive. So whilst it is not the victim's fault that this is happening, in my opinion some men will look for vulnerability and sadly the women themselves do not realise that they are vulnerable, but it is something these men pick up on instantly.”

5. What is going on in our community that is contributing to domestic and sexual violence?

Participants talked about **cultural norms and expectations**, and the role models in communities. Particularly in BME and white working class communities, people see other women who have been through and 'put up with' abuse and violence becomes normalised. In some communities women are expected to stay silent and not talk about domestic violence or sexual violence.

“Workers talked about there still being 1950's values within communities which brings with it specific gender roles/responsibilities and the idea that DV/SV is a domestic issue and not to be talked about outside of the home.”

Communication and language barriers are an issue even within families, for example children speaking English but parents don't – this can create dependency on other family members which makes people vulnerable to abuse.

People from the Slovakian community in particular talked about a **fear of authorities** which prevents people from speaking up and seeking support when experiencing domestic or sexual violence.

Substance misuse, particularly alcohol, was identified as a contributing factor.

“This happens a lot in our community especially shouting, hitting when especially when husband has been drinking. And this happens a lot where I live. Very hard for mums and children living with this.”

“DV is a learnt behaviour. Alcohol/poverty/MH can contribute but not cause.”

Participants from a group working with women with complex social needs talked about ‘**hot spot areas**’ in the city centre where people often hang out drinking. As they are not seen to be causing harm to the general public they are not moved on by the authorities but often target vulnerable women.

Patterns of behaviour in families and communities are a key issue, for example children watching their parents’ relationship and viewing this as normal.

“For some women communities they live in, surrounded by broken marriages, having friends and family in multiple relationships and this is viewed as the norm even when the relationships are very dysfunctional with violence and abuse. I think that this is the case for both white and Asian women. This type of relationship can become a cycle and carries on from relationship to relationship.”

“Now seeing children being violent towards mums, copying what father has done – intergenerational abuse.”

People from Muslim communities spoke about challenges which arise from the mis-interpretation of Islamic teachings around marriage, for example men’s ‘right to sex’ or the role of women to preserve family honour.

“Some not all state husband’s right under Islam and culture to have sex when they want – there are different interpretations that people use to argue their case.”

“In this community many women marry cousins, if they leave marriage it then impacts on the extended family, their daughters then have a ‘bad name’ and it will have an effect on who they can marry. The notion of ‘Izzat’ (honour) rests with the women in the family.”

Women who **divorce** are at risk of being **excluded from community life**, this makes them more vulnerable to being repeatedly victimised.

Participants from organisations working with **refugees and people recently arrived in the UK** described the isolation of immigrant women, who don’t want to be sent back to home country and risk separation from children so remain unknown to authorities.

Some women who have **moved to the UK to marry** see abuse as the price they have to pay in order to remain in the UK and have what they perceive as a better life for their children.

6. What's most important to people experiencing domestic violence and/or sexual violence?

Many of the respondents talked about the need for **longer-term interventions and support** for people who have experienced domestic or sexual violence. Time-limited support or "quick-fix" interventions don't address the **complexity** of abusive relationships, or tackle the **cycles of abuse** that are well-known.

"Most services provide time limited support, and I understand this is to do with staffing and finances, but in my experience I have found that women tend to box their experiences/issues away and it is sometimes at a much later date that their feelings resurface and they struggle to deal with the fallout which can lead to self-harm, low confidence and in some cases mental health issues (sometimes very severe cases of paranoia and self-harm, or neglect of children)."

"There is an issue with the longevity of support available, with some women feeling abandoned once support is withdrawn."

"15 minutes of counselling will not unravel the trauma the person has faced."

Participants frequently mentioned **cultural sensitivity** and/or **language barriers**.

"Services must have interpreters available for Slovakian, Hungarian, Czech and Polish. Most women I know actually go back home (Poland/Slovakia) to their families... they have no support here and cannot speak English."

"We are new to the country, it is all very different living here to where we have come from... we need to know where we can go and who we can trust."

However people also identified difficulties with support which is too closely connected to local communities, as this created a barrier as women (particularly from South Asian backgrounds) are **afraid of being identified**.

"There needs to be places where women can have safe conversations which are confidential. Some women are reluctant to go to Asian workers as there have been cases when workers have gossiped and word has got out in the community on what the victim discussed. Women here will not travel to Bradford or out of Keighley unless the situation is life-threatening, so they will not go to many services unless they are here in Keighley."

Confidentiality is crucial, people experiencing domestic or sexual violence need to trust that their disclosure is safe and that they are in control of their information.

"I have had experience in community centres when I was a user... I went with a personal issue... every time I saw that same worker she would introduce me as the person with that issue, even months after... she would still refer back to it... when I had moved on and did not want reminding."

"The men we support tell us they are worried about how their disclosures will be responded to by friends, family and those in positions of authority such as the police and mosque leaders."

Participants stated that above all, people wanted to be **listened to** and feel that they are **believed** by those they report their situation to. We heard about the importance of a non-judgemental approach from services.

Some participants told us that people still have poor experiences of reporting domestic violence to the **Police**.

“Women who have called the police being asked to evidence 3 incidents (doctors reports, photos etc.) or police will not pursue or prosecute. [Project worker stated that several women had told her this was the case] When women hear this after they call the police for help, which is a very big step for them to take, it puts them off calling the police in the future. They tell other women of their experience and those women don’t bother to call the police at all.”

“They just want somebody to listen to them and most importantly, they want to be believed.”

People talked about a **lack of awareness of support** that is available – with many people not knowing where they could turn to for help and support, particularly in communities who are not confident to approach authorities such as the Police.

“I have faced DV [...] I put up with his abuse but I never went to any services, I was 18 at the time, and apart from the Police (I didn’t want to call them) I didn’t know of services which could help me. [...] Now I would tell someone facing this, just tell someone, friends, family. Call the police if you have to. There is help out there.”

People talked about the need to take a **trauma-focused approach**, particularly around sexual violence, and the importance of recognising that it can take a long time for people to recover and rebuild their lives.

Participants told us that it would make a big difference if there were **better connections between different agencies**, and coordinated interventions to support individuals and families.

“Services need trained, specialist staff, and there needs to be more connections between services. More dialogue and communication. Sometimes the same family will be accessing a number of services, but we never have a full picture of support. Time limited support makes it difficult for women.

“It’s the Continuity of support which I think is an issue. Most often it is short term support which is provided, this is okay for emergency situations usually extreme cases of physical violence. But when we look at psychological or emotional abuse, then its more long term support which is needed as lots of issues start to unravel and this takes time for the victim to process and understand if she is to make any changes in the future.”

For more information about this report or the Engaging People project, contact Victoria.Simmons@bradford.nhs.uk