MIGRANT WOMEN'S EXPERIENCES OF GENDER BASED VIOLENCE & PROVIDERS' RESPONSES: UK FINDINGS FOR WORKSTREAM I

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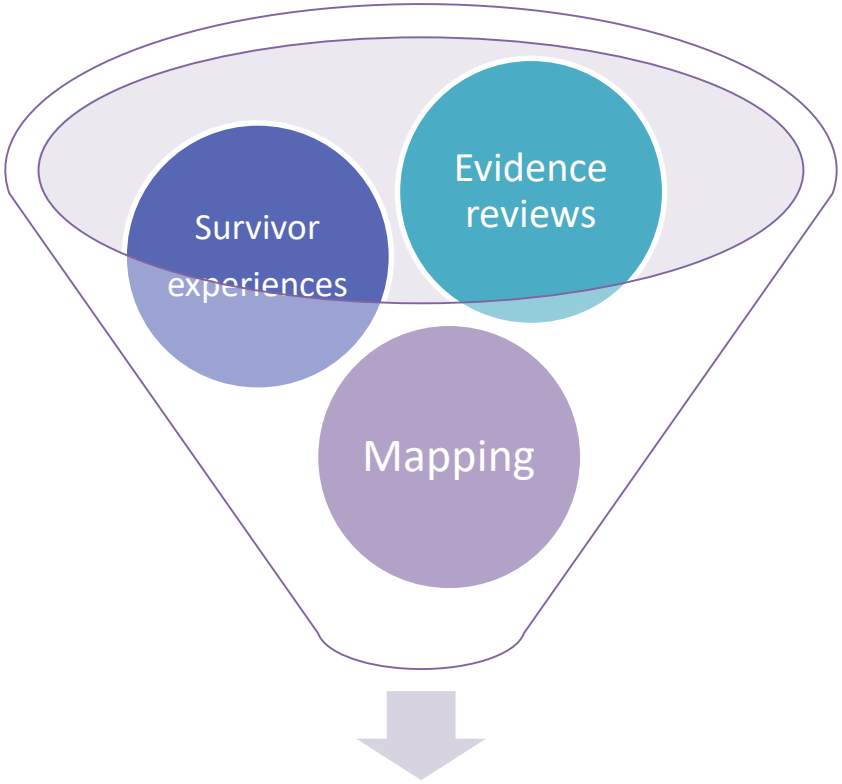
EXCELLENCE WITH IMPACT

Overview



Training


Refugee
or
Migrant?
Word choice matters.
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Overview

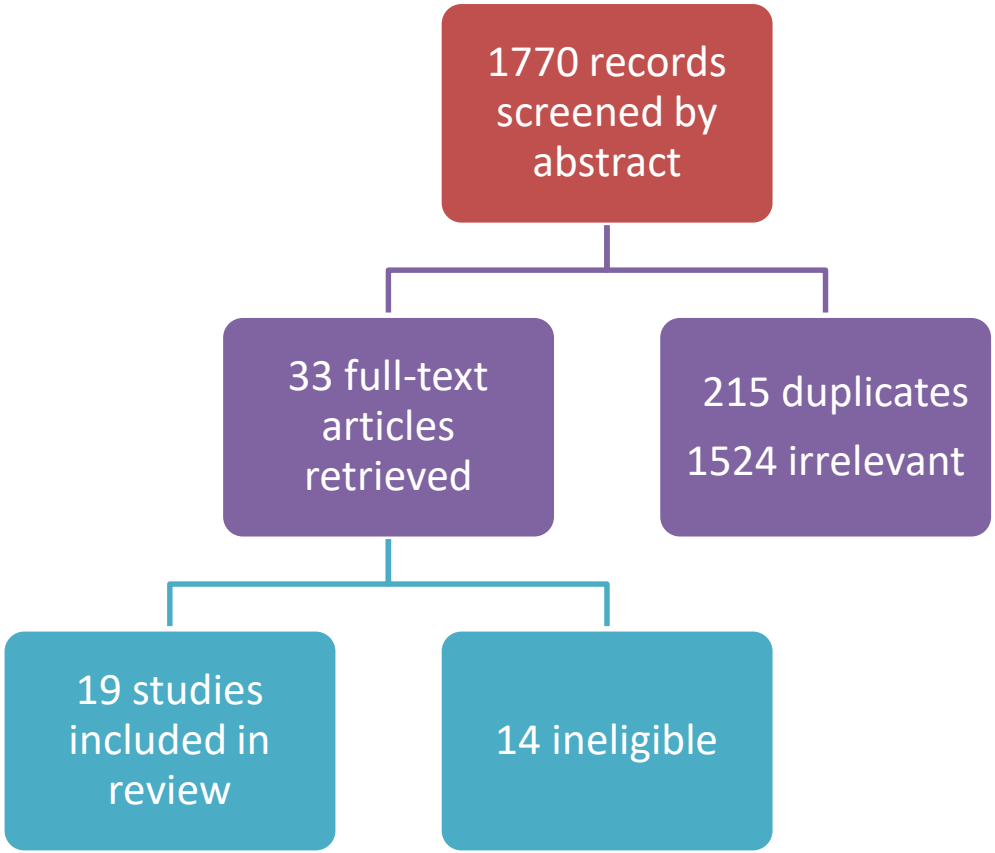
- What do we know about migrant women survivors of GBV in the UK? (evidence review)
- Providers' responses: what does the evidence say? (evidence review)
- Service context (mapping)
- Survivor experiences
  - Women's journeys: storytelling by 3 migrant survivors
  - Help-seeking by 6 women currently accessing a specialist outreach service for migrant GBV survivors
- Current UK best practice (integrating evidence)
- Proposed training plan

Migrant women and gender based violence: key report findings

Based on research with 1188 migrant women in 13 reports since 2006

- 50-80% lifetime experience of physical/sexual violence
- 57-76% exposure to GBV in country of origin
- 10-70% GBV since arriving in UK/Europe
- 4,000-10,000 women and girls sexually exploited at any one time in the UK (Refugee Council, 2009)
- 37-50% mental health problems, with 25% reporting major deterioration since arriving in UK (SPN, 2006)
- Substantial risks to women's safety and wellbeing in detention centres (Women for Refugee Women, 2015)
- Most services rated as unhelpful (Imkaan, 2012)

Literature review: experiences of migrant women



Literature review: experiences of migrant women

19 studies: 4 papers direct interview with women; 4 papers direct interview with SP; 5 literature reviews; 3 surveys/questionnaires; 3 discussion papers. *N*= 209 women

Key findings

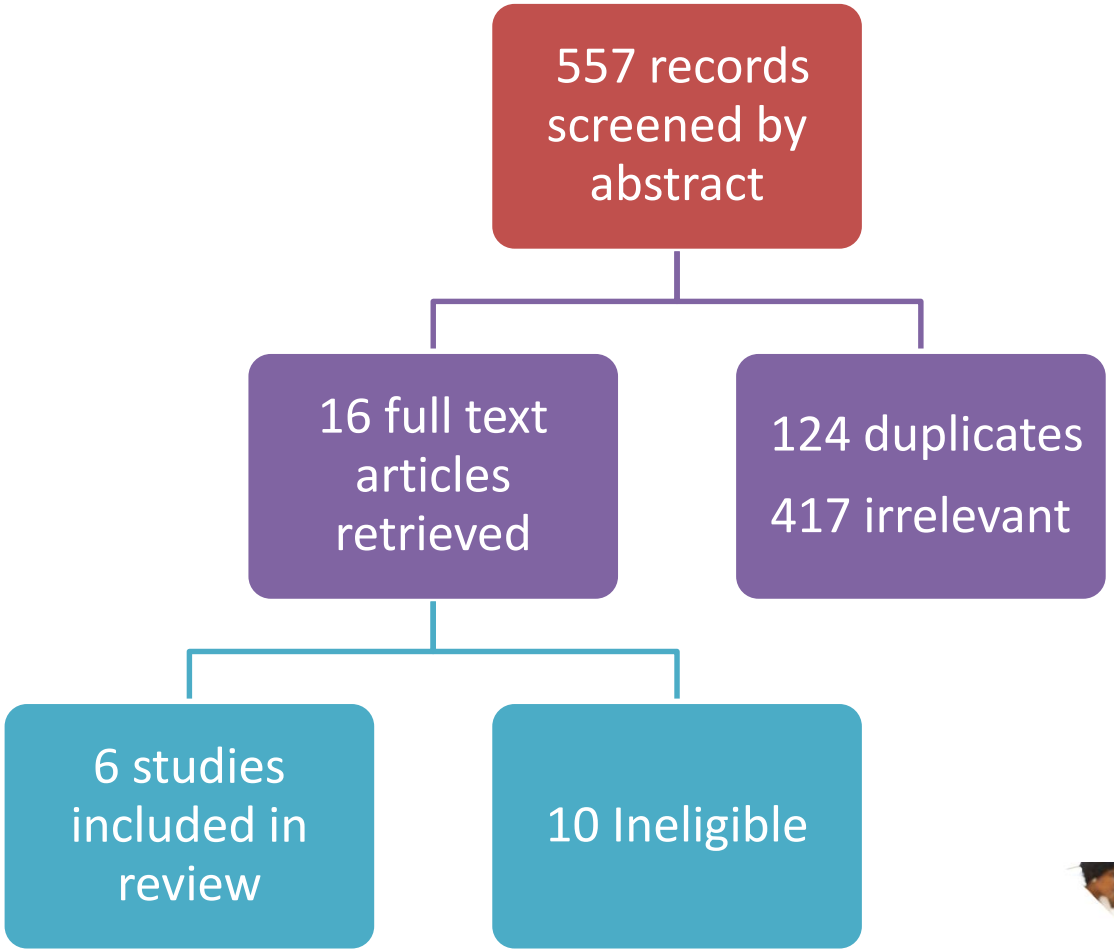
- Women face higher levels of violence than native born-women due to age, language barriers, isolation, poverty and are more likely to become trapped in a cycle of abuse.

- Barriers to disclosure / help seeking:
  - Fear
  - Culture and Shame
  - Trauma and Stress
  - Vocabulary and narrative
  - Engagement with and understanding of the asylum process
  - Lack of awareness of rights in the UK & support services available
  - Negative responses: SP (UKBA, MH) indifferent, hostile, belittling women's experiences

- Effects of GBV
  - Physical – STI, pain syndromes, arthritis and coronary heart disease
  - Emotional & psychological – PTSD, depression, anxiety, suicidality, psychosis, insomnia
  - Social – relationship breakdown, social isolation, separation from children

- Inadequate service provision

Literature review: experiences of service providers



Literature review: experiences of service providers

6 studies: 2 papers direct interview with service providers; 1 case study; 1 survey; 2 systematic reviews.

N= 297 - 177 heads of midwifery, 20 immigration judges, 24 UKBA officials, 25 legal reps, 21 NGO personnel, 16 interpreters, 14 health visitors.

Key findings

- Providers acknowledge needs of refugees are multiple, complex, overlapping & require specialist knowledge & understanding
- Services are haphazard & don't provide adequate support
- Barriers to disclosure / help-seeking – logistical, cultural challenges, language, fear
- Need for specialised training for providers who have contact with refugees

Too many Afghan women in London face racism, sexism – and unwanted pregnancies

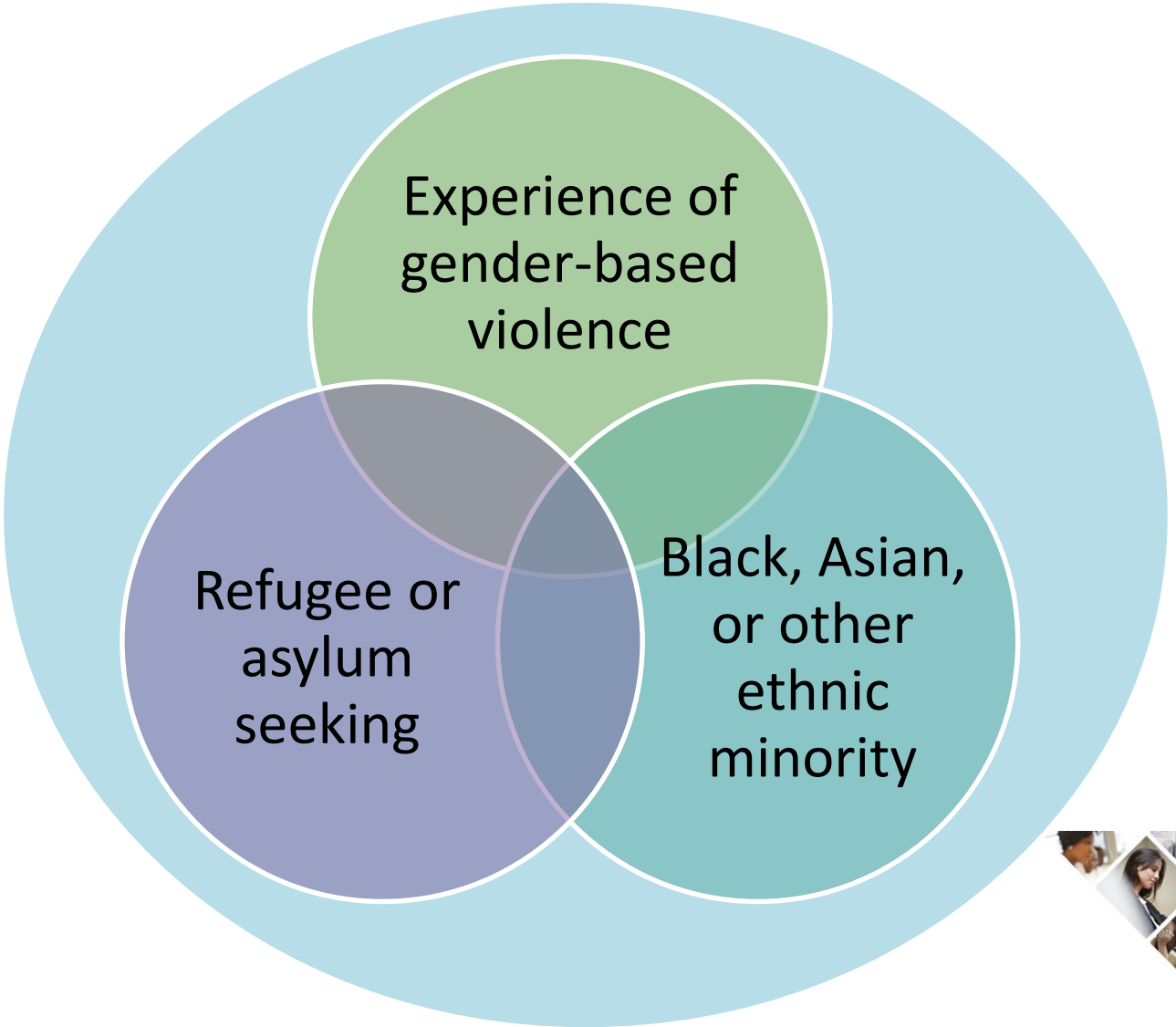
RITU MAHENDRU 27 June 2017

Recent research on Afghan immigrant women living in London has revealed a multi-layered crisis. What can be done to address this, and to empower them?

Houses in north London. Photo: Andrew Parsons/PA Images. All rights reserved.

Afghan immigrant women in London seem to be suffering from a slow and hidden epidemic of unwanted pregnancies. The government has failed to give an exact picture of what is happening on the ground. However, at South Asian Sexual Health (SASH) we have conducted research that suggests a lack of awareness about sexual health is endemic among first generation immigrant families.

Provider response: key themes



Service context

- Specialist organisations differentiated from mainstream services (e.g. Women's Aid) in voluntary sector
- Specialist organisations provide women-only spaces for women and girls from various ethnic minority communities affected by GBV including honour-based violence, rape or sexual assault, DV, trafficking, forced marriage, CSA/E and FGM
- Specialist organisations work in line with a 'led by and for' ethos and exist to overcome the language and cultural barriers that prevent victims seeking help, providing culturally sensitive and empowering services provided by skilled professionals who understand survivors' needs

Service context

- Include refuges, DV support groups, drop-in centres, community outreach, campaigning, advocacy, lobbying
- Size and reach varies considerably
- There are a few well established specialist organisations in London and across the country e.g. Southall Black Sisters http://www.southallblacksisters.org.uk/
- Examples of organisations with a focus on supporting women and girls affected by FGM inlcude FORWARD and Daughters of Eve http://www.dofeve.org/about-us.html
- Approximately 25 specialist FGM Specialist Health Services across the UK

Service context

- A third of local authority areas have no specialised support services for VAWG. < 1 in 10 have specialist services for women from BAMER communities
- Investment as focused on ‘tip of the iceberg’ (focus on high risk of murder cases or those that report; less focus on earlier interventions, long term recovery – i.e. approaches that reduce re-victimisation)
- Lack of sustainable and secure funding models to enable consistency and continuity of service provision
- Unless mainstream service providers truly understand, BAMER service users will not have their needs met

Survivor journeys

- In-depth interviews with 9 survivors from migrant and refugee community analysis
- Tanzania (2), Democratic Republic of Congo (1), Pakistan (2), India (2), Sri Lanka (1), and Uganda (1)
- Age range 23 - 54 years
- Seeking asylum (4), refused asylum (1), indefinite leave to remain (3), spousal visa (1)


Intimate partner violence, including physical, sexual, and emotional abuse
Honour killings
Sexual violence, including conflict-related sexual violence
Female genital mutilation
Forced and early marriages
Trafficking

Survivor journeys

a. Storytelling approach adopted to collect *lifetime accounts of violence*

- 3 women identified through BME community contacts
- Thematic analysis with timeline used to present individual trajectories

b. Semi structured interviews exploring *help seeking journeys*

- 6 service users attending the Coventry Rape and Sexual Assault Centre (CRASAC) for trauma counselling and other services
- Thematic analysis to identify dominant themes

Maria: “we’d run in the cold to the neighbours and lock the door and sleep there and grow up with that life like that”

I decided to get married to another man here. But it was worse…..it was worse because he didn't want me even to go out, I have to stay at home, to stay inside. He beat me once but I said "no, you can't beat me" and then because [I was in] a place and I didn't know anyone, because I'm not getting time to go outside, so even if he will do something, no one knows you. He give me a hard time but when he beat me up, **I just walk out with nothing. I remember it was night, with nothing, and then I walk, I don't know where I'm going**…..I thank God now, now I'm ok. Yeah I just left. Without anything, everything I left it, because he was telling me if I'll go what he will do. And if I'd run he will get me and kill me. Because I didn't know that time that if you get problem like this you can go to police and all these things.

Flora: "..born in a village, a place where women are not supposed to be educated"

I felt myself [to be] a bit different, like I wanted to learn more and more

At that time I thought I just wanted them to be proud of me, to see that I can do different from others and it doesn't matter that I'm a girl. I could sense that one day they are going to change their minds and just believe that a woman's place is in the kitchen. So yeah, graduated well, went to do a diploma, **but inside me I thought 'this place is not safe for me'**

Flora: "..born in a village, a place where women are not supposed to be educated"

The only difference is that I haven't got the right to live here, but I'm here and why am I here? I think there is a little bit of humanity, a little bit of care and kindness. They know I'm not allowed to be here but they're keeping me here, they're feeding me, sheltering me.

Matilda: “my daughter, she is very quiet, she doesn’t laugh, she doesn’t know happiness”

My daughter got asthma when she was a baby and she was really poorly, her fever was really high, temperature was very high. Because we just sleep on the floor, one day she stood up and started to walk, she doesn't even know what she was doing, my daughter, because of the temperature. But the lady I was living with, she told me, "**you can't go to the hospital because you haven't got papers to go to the hospital",** that's why I kept my daughter in the house.

We were walking from 3 o'clock til 9 o'clock. If you see my daughter's legs, they were very swollen and **she was crying 'mummy I can't make it anymore**' and I have to put her on my back and walk with her and when I am tired I say "I have to drop you now", that's what we do til we get there. And by the time we get there, they said "we close at night", at 9 o'clock they stop taking people

Matilda: “my daughter, she is very quiet, she doesn’t laugh, she doesn’t know happiness”

I give them and the friend from church said ‘you shouldn’t give them, why did you do that!’ and I started to be scared, **I was scared, I can’t sleep at night, I was depressed, I can’t eat, I can’t even take a shower, I was really ill**. After that they wrote me a letter saying ‘we give you permission to live in the country, you and your daughter’

Matilda: “my daughter, she is very quiet, she doesn’t laugh, she doesn’t know happiness”

Survivor journeys

a. Storytelling approach adopted to collect *lifetime accounts of violence*

- 3 women identified through BME community contacts
- Thematic analysis with timeline used to present individual trajectories

b. Semi structured interviews exploring *help seeking journeys*

- 6 service users attending the Coventry Rape and Sexual Assault Centre (CRASAC) for trauma counselling and other services
- Co-interviewing, with one interview fully conducted in Urdu
- Thematic analysis to identify dominant themes

Women silenced

He [husband] knew about the rape, but told me to keep quiet. If he supported me at that point, I could have gone ahead. He didn't want to talk about it…Later, he told me not to go to the police about rape, I said "I need to do something as it's killing me inside, I reported and he left me. (P04)

They [family] told me I was demon possessed. They used to say when you have children, things will get better. (P05)

First when I went to court, I couldn't tell them about the rape - I was scared, I told them about the burning, but not about the rape. (P07)

[Father] used to say "wherever you're married, spend your whole life there, until you die there- my izzat, my respect. (P09)

Lack of awareness of services & rights

I came from India. We don't know what our rights are in this country. Didn't know about any services, for almost 8 years I've been here. Since I've been coming here, I've been told about what my rights are. It's good because we think we are illegal, even though we have papers, I thought people will say I am illegal in this country - I locked myself in a room and didn't want to come out until M told me about my rights. (P04)

When I was in London too, I hadn't heard of these organisations. The environment in which we grew up, I didn't know I had to go to someone to ask for help, but I was suffering within myself. (P05)

I didn't even know what my rights were, and what I can do here, my husband used to say I can send you back, you're in my control, the law in this country, when husband calls a wife here, he can do anything to her and she has no rights. (P09)

So many women in that situation, but they don't know where to go or what to do, I was in that situation for a long time, where I didn't know what to do. (P06)

Suicidality as a turning point

I was so depressed that I couldn't put my own clothes on (P08)

I tried to commit suicide many times, but better now because I know there is someone [from specialist service] with me. (P04)

I attempted suicide, was admitted to hospital, then a few organisations came to see me, used to come to my home. They used to give me tablets - every day, then alternate days, and then weekly. Then I found CRASAC. (P05)

I was in DV situation, one of my friends told me about Refugee Centre, they made an appointment for me with M. Since I knew M, my life changed, because was feeling like I was going to die, my husband did so many things to me. I used to think why didn't I die. (P06)

I took medication overdose - I felt I was happier in hospital than in my brother's house. I got involved with the other patients, and nurses were coming often to take my blood pressure. Good response from nurses. (P07)

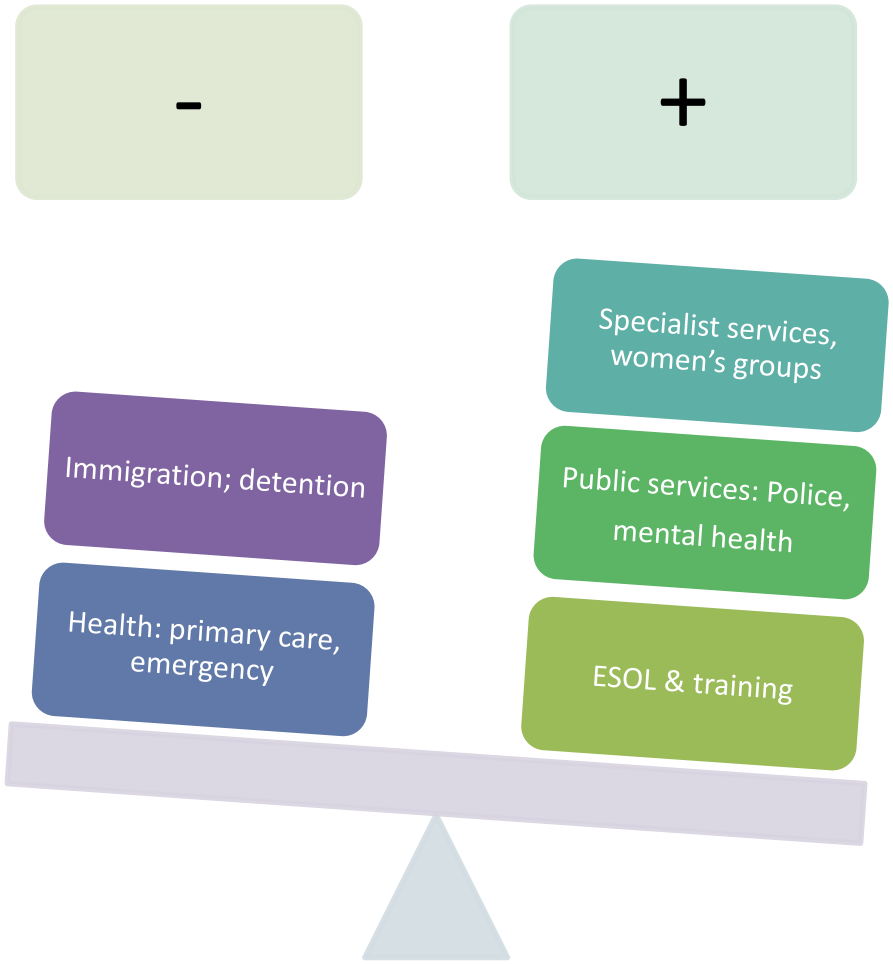
Loss

I was very depressed, and thought why am I still alive. I just want to die, but was scared to take a step. Didn't know how to commit suicide, couldn't sleep for a while. Could only remember the bad things. Now the family members have stopped talking to us, no connections. (P05)

No chance to go anywhere for help (P04)

I have been in contact with own family in Pakistan - except my father. He used to say "wherever you're married, spend your whole life there, until you die there". I don't care about that now. (P09)

Service strengths and gaps



From poor responses to criminal behaviour

I went to the GP when my difficulties started. He said “Why are you wasting your time and my time? You are fine, nothing wrong with you”.. I collapsed so many times at home. I wanted to know what was going on, I knew it was stress, but there is the GP which we can’t go to and I can’t go straight to hospital. He was Indian, Asian, they do this with their people mostly, if it was English person, he would have treated me better. Now my doctor is an English lady - she referred me to hospital (P04)

Refugee services as a conduit

C booked appointment with police officer. I talked to her, explained to her. One day he tried to beat me but there wasn't a phone to call police. Had many bruises. Took pictures and send one to C from refugee centre. Police officer advised me to record in a diary (P06)

Before I used to be very nervous, when talking about my life, when I went to art therapy, I felt I had freedom to talk about my life. And cried after that, and felt better as I didn't have it all inside anymore. She [art therapist] explained things in a positive way and calmed me down, her words were helpful (P07)

Unique contribution of ‘lead by and for’ ethos

Cultural support too from CRASAC - can better express our feelings, it’s helpful. Speak to her in first language. Because I was a student and I know a little bit of English, but other ladies that come from India, Pakistan may not know much English (P04)

If someone isn’t pushing me, I couldn’t come out to the world because of M, I came to know there is a world outside as well. She pushed me and supported me. I started having confidence in her, [felt] secure sharing with her. I hadn’t told doctors everything as well. Similar culture helps, emotional words, can’t speak in other language. We are not same language - but there is Hindi-international language so she can understand that too (P05)

UK BEST PRACTICE SHARING

Legal landscape overview

"Any incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality." This can encompass, but is not limited to, the following types of abuse:

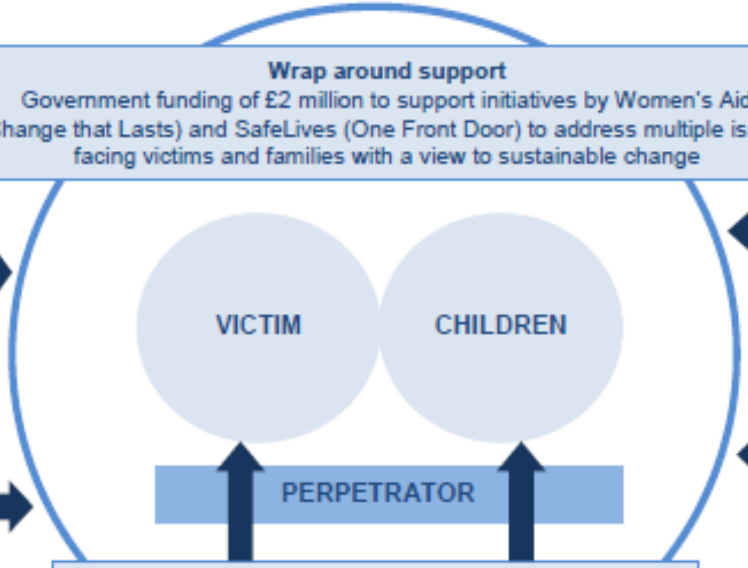
- psychological
- physical
- sexual
- financial
- emotional

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

"Coercive behaviour is: an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

"This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group."

FIGURE1: EMBEDDING EARLY INTERVENTION AND PREVENTION



HEALTH SERVICES

- Health practitioners trained to identify early signs of abuse and respond appropriately.
- IRIS Programme to support GPs to identify and appropriately refer cases on domestic violence and abuse.
- Support for appropriate psychological therapies and mental health interventions for victims and perpetrators.
- FGM prevention programme and mandatory reporting requirements.

CRIMINAL JUSTICE

- Increased confidence in the police response to victims to support increases in reporting at an early stage.
- Increased focus on assessing 'standard risk' cases, intervening earlier and preventing escalation to 'crisis' point.
- Better use of technology such as GPS tagging to disrupt and deter perpetrators.
- Victim support through PCCs and Victim's Fund.

Wrap around support

Government funding of £2 million to support initiatives by Women's Aid (Change that Lasts) and SafeLives (One Front Door) to address multiple issues facing victims and families with a view to sustainable change

Improved Multi-Agency Working

Streamlined and more effective multi-agency working to support the victim, children and perpetrator where necessary and provide joined up risk assessment and management. The NSE will set out expectation on local commissioners to develop and implement their local strategy.

Troubled Families Programme

The Troubled Families Programme focuses on families already suffering multiple problems and who place disproportionate pressure on local services. The programme may uncover previously hidden harm including sexual or domestic violence and begin to unpick the multiple problems in a family and co-ordinate services accordingly. Tackling such families may help to break the cycle of abuse from continuing into future generations.

EDUCATION

- Support to schools to deliver effective PSHE education including SRE and healthy relationships.
- New campaign to educate teenagers and young people about healthy relationships, abuse and consent.
- Outreach work to educate and raise awareness on FGM and forced marriage.

LOCAL AUTHORITIES

- Safeguarding responsibilities for vulnerable adults and for children.
- Social care and homelessness provision.
- Public health function in violence reduction (Public Health Outcomes Framework).
- Other services which may be appropriate such as alcohol and substance misuse.

WIDER CULTURE CHANGE

- Public campaigns to raise awareness, encourage reporting and challenge unacceptable behaviour for eg Citizen's Advice Campaign, CPS #Consent Is campaign and new campaign on teenage relationship abuse.
- Increase in 'Bystander Programmes' to empower people to intervene or report unacceptable behaviour.
- Support for initiatives such as Women's Aid 'Ask me' to create safe networks for women to disclose abuse and seek help

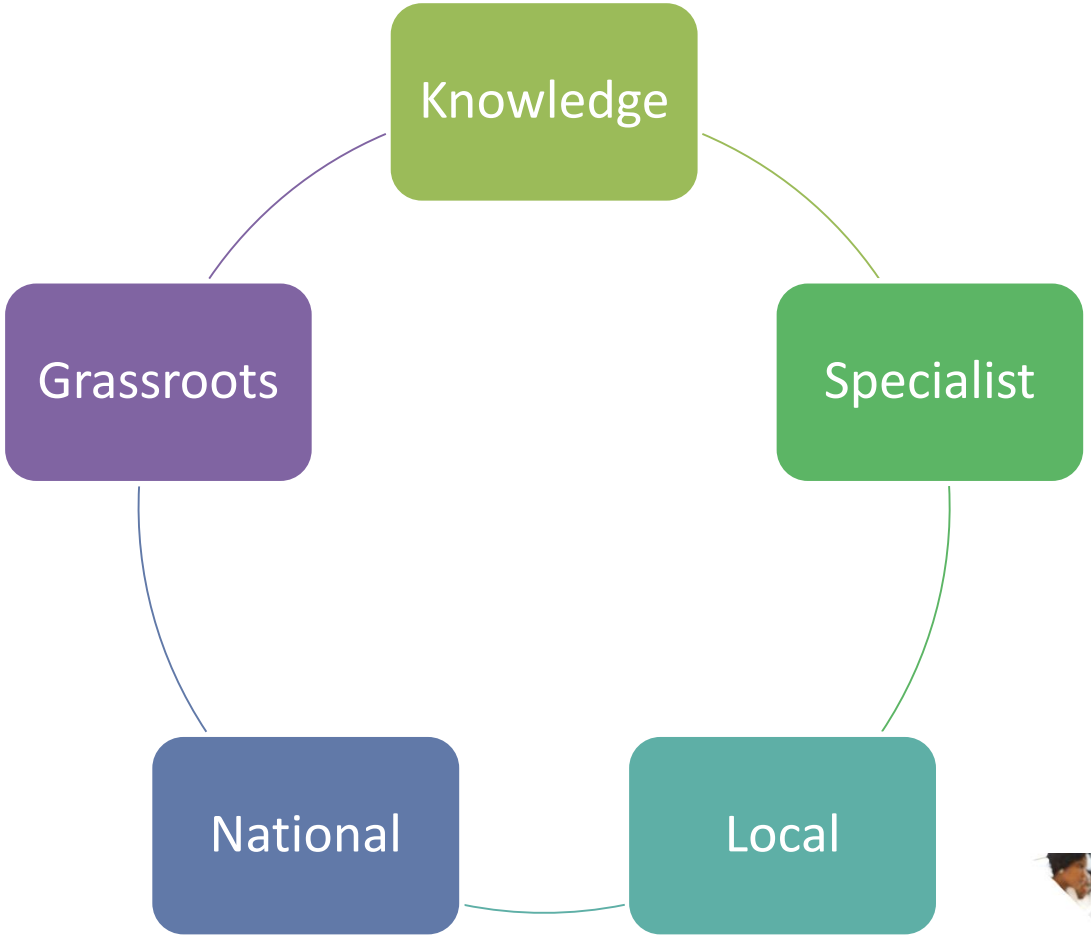
Outcomes by 2020

- Local partners assess the needs of victims and survivors and their families, have local strategies to ensure they can access the right support at the right time.
- No victim is turned away from accessing critical support services delivered by refuges, rape support centres and FGM and forced marriage units.
- Services are transformed to provide support at an earlier stage so that fewer victims will reach crisis point and need refuge, or other secure accommodation.
- Better access to integrated pathways of support to meet the needs of victims experiencing multiple disadvantages.
- A robust global evidence base in place to support interventions that work and to inform commissioning decisions domestically and abroad.
- More survivors of violence are supported through overseas programmes, including in conflict and humanitarian settings, through charitable trusts, for example, the Big Lottery Fund.

Improvements to the asylum system

- Ensuring case workers take all gender-specific factors in to account e.g. FGM, conflict-related sexual violence; pursue sensitive lines of enquiry
- Training on sexual violence e.g. understanding links with memory loss
- Gender asylum action plan
  - Female interviewers
  - Childcare provision
  - Reviewing information provided to newly arrived people to clearly set out rights and access to services
  - Signposting victims of sexual violence to existing relevant and appropriate support services

Recommendations from the literature



“The government’s *integrated sexual health plan* does not give any specific consideration to inequalities faced by minority women. Too much is left to the discretion of local NHS commissioners who are given no specific guidance on the needs of migrant women or how to monitor and address inequalities”

Recommendations from our participants

- Critical that information reaches women
  - Utilise every avenue for conveying information on rights, services and safety e.g. visa process; arrival; Home Office interactions; public campaigns; universities, places of worship and other institutions
- Raise awareness about the treatment of people in the lead up to and during detention
- “Women should talk about their experiences, because one woman can help another” = promote women’s groups
- Disclosure as a process that needs time and trust
- Health professionals must prioritise patient privacy & confidentiality and use interpreters, not family members
- Police should allow time for statement

Best practice response using one woman's voice

At the time, I was so scared, used to cry all the time, and used to think they'll send me back, it's easy to do anything to anyone in Pakistan.

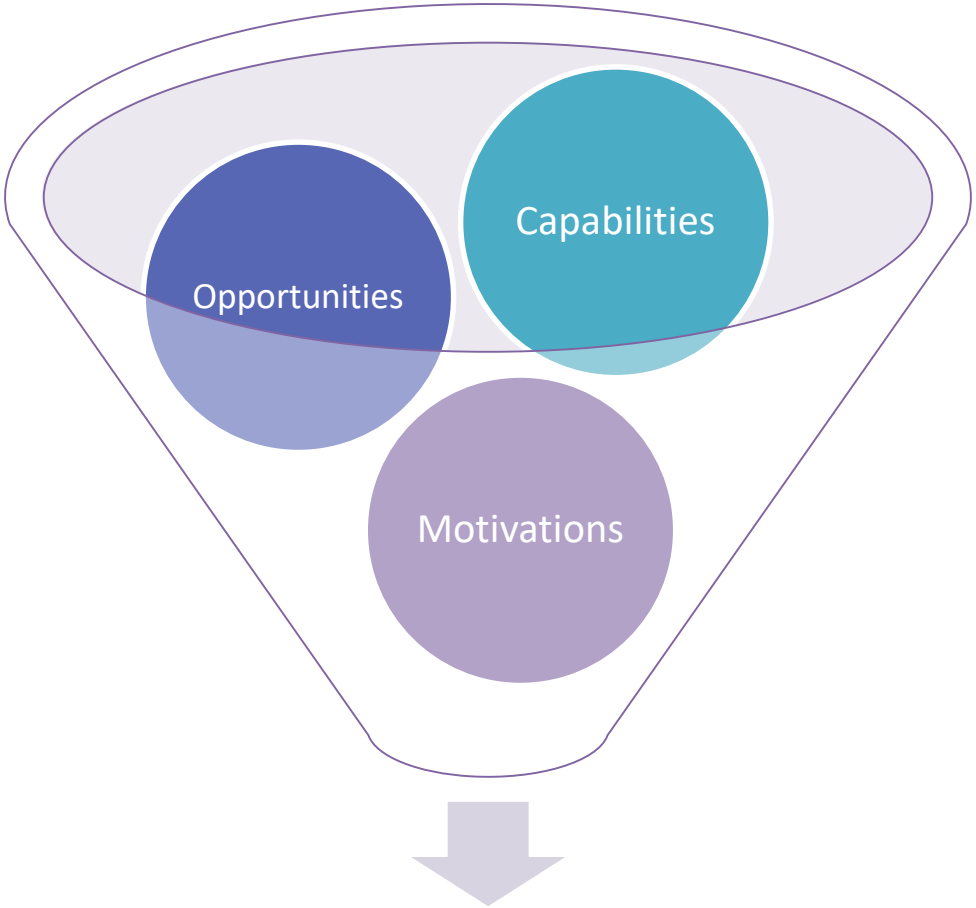
Now I didn't even know at the time what my rights were, and what I can do here, my husband used to say I can send you back, you're in my control. Law in this country, when husband calls a wife here, he can do anything to her and she has no rights.

I just wanted to save my life at the time.

Integrating & sharing evidence

Training initiatives & awareness raising

COM-B Wheel (Michie et al. 2011)



Target behaviour = Best practice response to migrant and refugee victims of GBV

Training

Capability

Role play response to different GBV victim scenarios

Skills training (e.g. safety assessment; interpreters)

Education in CPS VAWG strategy and best practice

Referral to mainstream & specialist sector (skills/education)

Complex cases & multiagency working

Building cultural competence (using diverse survivor stories and discussion)

Opportunities

- First response to reported incidents across different settings (discussion)
- Use of interpreter services
- Linking in with specialist services (e.g. via co-delivery of training/modelling)
- Provision of information in different settings (ensure access to leaflets)
- Challenge negative attitudes among co-workers (modelling/discussion)
- Self-care

Motivation

- How does this work fit within wider role, duties and responsibilities?
- Reflect on own attitudes to out-groups and role play victim experience (discuss impacts, implications e.g. victim blaming)
- Share positive/negative experiences of supporting migrant women who were (or suspected) victims of GBV

Take home messages

- Enormous impact on mental and physical health; poor education, economic, social and work outcomes
- Individuals standing in the path of multiple forms of exclusion (intersectionality; Crenshaw, 1989) ➡ crisis point
- Need to build resilience around GBV (from ⬆ access to information on risks, rights and services via multiple avenues to community groups, early intervention and long-term engagement with survivors and those at risk)
- Improve protections available to people in asylum process
- Need to ⬆ cultural competence and skills around responding to GBV but taking it a step farther to build insights around intersectionality
- There is a moral imperative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aptive

I used to feel to feel like a leaf who would fall down when the wind would blow….now I feel stronger (P06)