

Asian Women, Domestic Violence and Mental Health

A Toolkit
for Health Professionals



GOVERNMENT OFFICE
FOR LONDON



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“If I am laughing and alive today,
it is because of my counsellor
and Pukaar.”

Pukaar service user

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Foreword

In my professional capacity as both a nurse for 25 years and currently as a Parliamentary Under Secretary for Health Service at the Department of Health, issues around women's health have always been of importance to me. Domestic violence, we know, has a significant impact on women and their children's mental health and well-being as highlighted by The Department of Health's report 'Into the Mainstream', which shows that women's experiences of violence and abuse frequently leads to mental distress.

The Department of Health has undertaken significant work to promote awareness, understanding and to develop best practice on domestic violence for health professionals, recognising the key role that health services play in providing opportunities for women to disclose in a safe environment and to address these dual issues.

For Asian women, we know that their particular experiences of Domestic violence and abuse are greatly influenced and exacerbated by cultural dynamics, pressures and issues around honour, which not only impacts on their mental health but also on the way they disclose and seek help.

This toolkit, 'Asian Women, Domestic Violence and Mental Health' is an invaluable resource which will assist health practitioners to recognise the links between Asian women presenting with mental health issues and their experiences of domestic violence, and thus be able to respond more appropriately.

I've known the work of EACH and Pukaar, a specialist resource which has been a life-line to Asian women experiencing domestic violence and abuse. I am proud to endorse this tool-kit which will provide a practical resource for health professionals and hope that it will be widely used and disseminated.



Ann Keen

Parliamentary Under Secretary of State for Health
Department of Health

February 2009

Background

About EACH

EACH is a specialist counselling and support organisation providing a range of community-based services to individuals and families affected by alcohol and drug misuse and mental health and domestic violence concerns.

Established in 1991 in the London Borough of Hounslow as one of the foremost Asian specific alcohol counselling services in the UK, EACH today works with all communities and operates across West London.

About Pukaar

'The counsellor told me it's not my fault and I don't deserve to be hit, that they didn't have the right to hit me, and that I was good. Hearing this the first time made me feel special!'

Pukaar service user

Pukaar, a project of EACH and funded by London Councils (formerly Association of London Government) was set up in 2003 to provide counselling and support to Asian women and girls affected by domestic violence and abuse. The project operates in the boroughs of Barnet, Brent, Ealing, Richmond upon Thames, Harrow, Hillingdon, and Hounslow.

Over the duration of the project Pukaar has supported 1100 Asian women and girls who have presented with a range of issues such as anxiety and depression, Post Traumatic Stress Disorder (PTSD), self harm, substance misuse, suicidal ideation and suicidal attempts along with experiences of domestic violence and abuse.

The success of Pukaar can be measured by the number of women and girls (85%) who have reported an improvement in their emotional and mental health as one of the outcomes from receiving support from Pukaar.

Pukaar offers:

- One-to-one sessions with qualified Asian female counsellors in Gujarati, Hindi, Punjabi, Urdu and English.
- Advocacy work and referrals to other agencies
- Information to help women to make informed choices
- Women-only support groups which included group therapy, confidence building and empowerment
- Outreach work in schools
- Home visits

For further information about EACH, please contact:

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Section one

Introduction

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1.1 EACH'S training to health professionals

In 2007, EACH was funded by the Government Office for London (GOL) to deliver, in partnership with Ealing Safer Communities Unit and Hounslow Safer Community Partnership, training on domestic violence awareness across the health sector, with a particular emphasis on the experiences of Asian women.

206 health professionals (GPs and Practice Nurses), social workers and professionals working within the mental health sector received training across the boroughs of Ealing and Hounslow.

1.2 The toolkit

As part of this initiative, this toolkit was developed to disseminate culturally appropriate best practice for professionals working with Asian Women experiencing domestic violence and abuse. As local communities become more diverse, this toolkit can enable better care of Asian women presenting with physical and mental health consequences of living with domestic violence and abuse.

1.3 Target audience

The toolkit is designed mainly for use by primary care health professionals including GPs, practice nurses, health visitors, midwives and mental health staff such as psychiatrists, psychologists, counsellors and CPNs. It provides background information to Asian women's experiences of domestic violence, its impact on their health and how health professionals can respond to these issues within their professional practice.

1.4 Terminology

In this toolkit Asian women are defined as women who themselves or their families originated from South Asia, a region comprising India, Pakistan Bangladesh and Sri Lanka. The main South Asian languages include Bengali, Gujarati, Hindi, Punjabi, Tamil and Urdu.

We have also used the term domestic violence to cover the whole range of abuse that Asian women experience; its definition is included in section 2.

Section two

Asian women's experiences of domestic violence

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2.1 Why culture is relevant

Culture includes patterns of behaviour and customs, values and attitudes, implicit rules of conduct, patterns of social organisation and taboos or sanctions, which are shared across people with a common identity.¹ While culture can enable self-respect and social status and provide support, protection and security, it also has the power to harm.² Asian women experiencing domestic violence are often doubly victimized, first by the abuse and then by their community.³

Amongst Asians, the family (extended over numerous households) is a fundamental and influential foundation, providing financial support and emotional security.⁴ The accomplishments of an Asian family are judged in terms of the family as a whole, so privacy or independence is seen as undesirable. Gender stereotypes are highly conventional⁵ and since women are held responsible for maintaining family honour, known as **izzat**, and avoiding **sharam** (shame)⁶ the family may justify women being guarded and considered not as individuals but as property.⁷ At worst, the result is an 'honour' killing in which a woman is murdered to preserve the 'honour' of her family in the eyes of the community.

An obligation to maintain izzat can keep Asian women trapped in violent relationships⁸. Women who stay at home and obey fathers, husbands and elders usually gain more respect than women who assert their independence, no matter how accomplished.⁹ Asian women in the UK have to cope with conflicting roles and living two lives to maintain their cultural identity but survive in the dominant society.

Although domestic violence occurs across all ethnic groups, cultural differences impact on access to services and effective intervention. Service providers therefore need to be aware that women of South Asian origin may have specific issues that need to be considered.

Asian women's experiences of domestic violence

2.2 Definition of Domestic Violence

Domestic violence is 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'¹⁰ Domestic violence is usually a pattern over time of using threat or force to frighten victim(s) and control their behaviour.

Over the years there has been a lot of campaigning to recognise and raise awareness of violence and abuse as experienced by black and minority ethnic communities, in particular linked to forced marriages, honour based violence and female genital mutilation.

2.3 Metropolitan Police Definition of Honour Based Violence

Murder in the name of so-called honour are murders in which predominately women, are killed for actual or perceived immoral behaviour which is deemed to have breached the honour code of the family or community, causing shame. They are sometimes called honour killings.

Although there are similarities across all abusive relationships, this section explores some of the specific dynamics in Asian communities. This is not to form stereotypes but to acknowledge some of the additional challenges.

2.4 Nature of abuse experienced by Asian women

Distinguishing dynamics^{11 12}

- Multiple abusers: parents, siblings, in laws, other wives, partners
- More cumulative effects because different perpetrators collude

- More threats of rejection (to divorce, send back to country of origin)
- Rigid gender roles tightly prescribing the role of women
- Prevalent patriarchal family system, including belief that children belong to the father and that women are possessions rather than independent
- Divorced women more severely stigmatized
- Women escaping civil war who may suffer violence in the wider society
- Forced Marriages
- Threat of being murdered by their own family if they were to leave
- Language and cultural barriers to accessing help

Physical violence can mean

- A broader range of homicides through 'honour' killing, contract killing, dowry (bride-price) related deaths
- Killing or injuring family members in the home country
- Physical assault, stalking or hunting by many people
- Kidnapping or separation from children
- Severe exploitation of household labour akin to slavery, including mistreatment of elderly women and widows

Sexual violence can mean

- Trafficking, including mail order brides, sex workers, indentured workers
- Sex following forced marriage (not consensual arranged marriage)
- Rape (vaginal, oral, anal) with lack of awareness of legal rights
- Forced unprotected sex resulting in STIs, including AIDS
- Single women being sexually harassed by family, work colleagues

- Excessive restrictions to control sexuality; grave threats about sexual activity (which may be enacted)
- Blamed for rape, incest; being forced to marry rapist
- Denied sexual orientation in community where homosexuality is ostracised
- Kept in ignorance about sex and sexual health

“If it’s physical, you can put a plaster on it. But if it’s mental, it affects every single other relationship in your life. It filters through everything and the problem with mental abuse is that you don’t know what’s happening. And the GP can’t see it unless there is a physical sign. The abuse happened throughout my relationship - ten years.”

Pukaar service user

“It is easier to see the physical side of abuse - bruises, cuts, strangulation marks. It’s important not just to identify physical pain but to ask about psychological wounds. It’s harder to see the threats that a husband makes to kill a woman, or to send her back to India.”

Pukaar counsellor

Psychological abuse can mean

- Severe isolation including removal of all support systems
- Threats of abandonment, deportation or forced return to their home country
- Loss of children by removal; separation from them within the family
- False declarations to immigration; withholding/ hiding passports
- Withholding proper nourishment, education
- Control of income or benefits
- Withholding health care or medication

2.5 Asian women and forced marriage¹³

Forced marriage is a form of domestic abuse. It is not the same as an arranged marriage, in which the families take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the young people.

Asian women's experiences of domestic violence

In forced marriage, one or both spouses do not consent or they are made to consent under duress (physical or emotional pressure). About 300 cases of forced marriage are reported in the UK each year. Some girls are taken overseas while others may be married in the UK. Forced marriage can involve child abuse, abduction, violence, rape, enforced pregnancy and enforced abortion.

Forced Marriage Unit, Foreign Office:

“A marriage conducted without the valid consent of both parties where duress (emotional pressure in addition to physical abuse) is a factor.”

There is no typical victim of forced marriage. Warning signs can include

- Domestic violence within the family
- Mental illness; physical disability; learning disability
- Poor school work, truancy,
- Self harm , substance use and misuse,
- History of older siblings leaving school and marrying early
- Vague disclosure of 'family problems'; running away; early pregnancy

Parents may justify their behaviour as protecting their children, building stronger families or preserving cultural traditions, although forced marriage is not sanctioned within any religion. The family may want to control the child's sexuality, protect 'family honour', assist claims for residence or ensure that assets remain in the family, while failing to acknowledge serious abuse of human rights.

“Multicultural sensitivity is not an excuse for moral blindness”¹⁴

Mike O'Brien, House of Commons Adjournment Debate on Human Rights (Women) 10 February 1999

Guidance for health professionals on dealing with cases of forced marriage was released in 2007¹⁵ and is available free of charge from the Forced Marriage Unit (www.fco.gov.uk/forcedmarriage; tel. 020 7008 0151)

Forced Marriage (Civil Protection) Act 2007

- Courts have power to make Forced Marriage Protection Orders.
- Breach of an injunction would not itself be a criminal offence, but would be a contempt of court. Courts would have the full range of sanctions available to them, including imprisonment.
- Enables people to apply for an injunction at the county courts, rather than just the high courts.
- Enables third parties to apply for an injunction on behalf of somebody else.
- Places FMU Guidelines on a statutory footing.
- Training and implementation started in 2007.

2.6 The prevalence of domestic violence in Asian communities in the UK

Experiences of domestic violence within ethnic minority groups in the UK are not well researched¹⁶. Asian women are under-represented because questionnaires are typically only available in English, despite increasing recognition that migrant women are more vulnerable to abuse because of their isolation.¹⁷ One study of Asian victims of domestic violence found, on average, they had experienced 11.3 years of violence; 90% of these victims were abused daily or weekly; 67% had contemplated suicide and 13% had made suicide attempts.¹⁸

Case study

Fatima aged 25 was referred for counselling by Social Services, all three of her children were on the child protection register for neglect. Sana herself felt low and unable to cope.

When Fatima was 18 years old she was taken to Pakistan believing she would be enrolled at a college to further her studies. In fact her parents had arranged for her to be married to her cousin. Despite her distress and anger, the marriage went ahead. She lived in Pakistan for four years, during which time she was often violently sexually and physically assaulted by her husband. Though her family were aware of the abuse they refused to help her return. After the children were born her husband was often violent to the children particularly the elder child, a boy. Fatima managed to escape by approaching strangers on a trip into the city; they put her in touch with the authorities who arranged to bring her back to the UK and refer her to a refuge. The family were referred to Social Services and the children were fostered for a short time as Fatima became very depressed and felt unable to cope.

For Fatima being able to explore her experiences with a therapist who she felt would understand her background and be able to express herself in Hindi was vitally important. While she still can't understand why her family would treat her in this way she is keen that she and the children should have a better future.

Fatima is slowly beginning to make progress; this is reflected in her improved sense of self esteem and relationship with the children. The family do however face many challenges and her elder son has since been referred on to receive further emotional support.

Pukaar Case Study: Forced Marriage

A multi-lingual study in Hackney GP practices found 41% of over 1200 female patients (5% of whom were Asian) experienced domestic violence over their lifetimes, of which 17% reported partner violence within the previous year.¹⁹ Abuse disclosure rates were slightly lower for Asian women than might have been predicted from the proportion within the population. This study contrasts with findings elsewhere that the risk of Asian women suffering domestic violence does not significantly differ from other socioeconomic groups, or that there are a disproportionately high number of women in refuges from ethnic minorities.²⁰

The rate of disclosure may neither reflect the actual prevalence nor women's awareness of the link between domestic violence and mental health. When UK Asian women were asked at GP surgeries and community agencies what they considered to be the main cause of suicide attempts, 92% identified "violence by the husband."²¹

The specific challenges to disclosure of abuse for Asian women are discussed in the next sections, but include the context that divorce is highly stigmatised by Asian cultures.²²

Section three

Barriers to accessing health care

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3.1 Barriers to disclosing domestic violence

Nature of abuse

- Suffering abuse from more than one perpetrator in the extended family
- Fear of breach of confidentiality, particularly in case the family find out
- Threats of being sent abroad

- Threat of being excluded from or shamed by the community
- Fear of consequences from being found if they do leave

Cultural norms

- Fear of bringing shame to and going against the family tradition and cultural norms
- Religious belief that marriage is sacred
- Belief that the children need their father
- Fear of becoming a hindrance to siblings' marriages

Cultural pressures

- Grooming from birth for girls makes it difficult to challenge male authority
- Duty and tradition means being taught to respect authority figures
- A woman is taught to be a perfect mother, a perfect wife and a perfect daughter-in-law
- Girls are taught from an early age "Don't take your problems outside the home"
- The view that it's a stigma to talk about violence with strangers
- The view is that domestic violence is normal and justified if a woman steps outside of expected role
- Women are taught that men are superior and thus "your husband has the right to beat you"
- It is bad karma (against religious beliefs) to leave. Suffering is a part of spiritual life
- Sexual abuse can be justified if it will produce a son or "heir"
- A woman can lack support from her own family as well as her extended family
- A woman married into a different culture and asked to convert to a different faith can feel even more scared and stuck
- If women do try to disclose, not being believed is a barrier

Pukaar staff team

Lack of support

- Risking immigration status
- No recourse to public funds and therefore unable to access refuges
- Lack of English language skills increasing isolation
- Lack of confidence in dealing with statutory organisations
- Lack of social support in the UK
- Bad experience of services

3.2 Barriers to disclosing mental distress

In addition disclosing mental distress alongside domestic violence is difficult for Asian women due to the following reasons:

- It's acceptable to have numerous physical problems but not a mental health issue
- A woman might be considered to be "pagal" (mad)
- There is pressure to be a "good" Asian wife and mother
- A woman may feel under pressure to keep it a secret from everyone, including the GP because she is a disgrace to the family
- Many women only seek help at a crisis point
- Women lack knowledge about mental health issues and support available
- A woman can be afraid of being labelled "mental" and find it difficult to express how she really feels because of the language barriers
- Fear of losing children if they are seen to have a mental health issue and abusers prove they are an unfit mother.

"I did tell my family how my husband was treating me. Instead of going to work, I packed my bags and left home. I went to the family and my sister was so shocked to see me. My brother is highly respected. My family told me he would lose respect if his sister got divorced. After a week, he took me back to my husband and said I'd made a mistake and should not have left."

Pukaar service user

3.3 Barriers to seeking help for mental distress associated with domestic violence

Asian women in the UK experience greater difficulties in getting help.²³ Although consultation rates with GPs are higher overall for Asian patients,²⁴ rates of consultations for mental disorders are lower for Asian women than white patients. Asian women are more likely to talk to a friend or relative than to their GPs. They are under represented in mainstream NHS mental health services but will use Asian voluntary agencies.²⁵

Factors that impact on seeking help

A number of factors²⁶ make it difficult for Asian women to seek help for mental health problems:

Barriers to accessing health care

- The shame and stigma associated with mental illness in Asian culture^{27 28}
- Fear of being shamed for mental health problems²⁹ and feeling trapped by traditional values of izzat to protect the family reputation, together with concerns about confidentiality^{30 31}
- Confidentiality has special portent in small and highly networked communities; visibility is high and privacy difficult to maintain. Just being seen in a GP surgery may have negative connotations³²
- Belief that the primary care team only deal with physical health
- Pressures from others to cover up mental health problems³³
- Attributions made about the causes of mental illness
- Practical difficulties seeking help

These cultural pressures place an onus on an Asian woman to manage alone or to deal with emotional problems within the family resources rather than seeking outside help and bringing the family into disrepute.³⁴ However, when a problem is associated with shame and stigma (such as domestic violence or mental illness) there may be serious barriers to seeking help within the family or community.³⁵

Feelings of exclusion

The perceived cultural insensitivity of services or lack of understanding of Asian values can add to feelings of exclusion. The example given by the Department of Health³⁶ was that an Asian woman was scolded by ward staff for not bathing. She did not want to use a bath while menstruating because of her beliefs but nobody took the time to realise..... or to help her to find and use a shower.

Maintenance of poor access to service

Poor access to services for Asian women is maintained by:

- Gate-keeping practices based on reluctance to intervene because the professional believes such matters are best dealt with “by the community”.^{37 38}
- Erroneous assumptions, such as viewing Asians as a “model minority” and overlooking the occurrence of domestic violence.³⁹
- Stereotypical beliefs about “passive” Asian women or domestic violence in Asian communities.⁴⁰

3.4 Why Asian women do not leave a violent home

Cultural pressures, including honour and shame

Violence usually escalates in severity and frequency.⁴¹ A third of women in the UK experiencing domestic violence are abused at least four times, with an average number of 20 incidents⁴². Whether the victim can escape depends on many things including cultural pressures to remain silent.⁴³

For Asian women the decision is especially hard. The stigma of being divorced or separated has very grave consequences, as the woman's respectability, status and honour is dependent on her marital status. Notions of honour (izzat) and shame (sharam) play an important role in containing and policing many Asian women. Marriage (determines) reputation, respectability and status. Women are considered the upholders of the honour of the family and it is their behaviour which becomes the mark of family honour⁴⁴.

Language

Women whose first language is not English may find it difficult to access health care. Children or partners are frequently called on to interpret, effectively silencing women in circumstances of domestic violence. Asian women can be pressured

by other people to stay or return to a violent partner. This might be her own family (to maintain their status or avoid reprisals), her in-laws (to hide their behaviour or that of their son) or religious or community leaders (to protect the standing of the temple or community).

Practical reasons

Women can be trapped in abusive relationships for practical as well as emotional reasons. She may be under threat of being tracked and killed, by the husband, family or bounty hunters. She may not know where to go for help or struggle to manage, not least because she has been separated from or denied means of support. Women may fear coping without the financial or practical support of their family, especially if they have children.⁴⁵ Women with insecure immigration status and without recourse to public funds are among the most vulnerable members of society.⁴⁶ Many immigrant women live in extremely dangerous situations, controlled by the threat of deportation and/or separation from their children. For specific guidance on domestic violence and refugee women, contact Refugee Action www.refugee-action.org.uk⁴⁷

Repercussions - Leaving does not always end the violence

It is not your role to encourage a woman to leave her partner or home. Leaving does not necessarily put an end to violence. Women are at increased risk of death or serious injury when they separate or after leaving a violent partner.⁴⁸
World Health Organisation (2005)

In a review of domestic violence homicides in London, 76% of the victims were killed after they had ended the relationship. Moreover, living in isolation in a dominant society which has elements of racism is tantamount to banishment and a severe strain on mental health and well-being.⁴⁹ Asian women who do leave a violent home are significantly more likely than white women to suffer substantial emotional and material problems more than six months after separation.⁵⁰

“The message from my parents was ‘The bills are paid, the kids are fed, your house is nice. Be grateful!’”

“Running away means a different thing in our culture. If someone says ‘she’s run away’ it implies I have run away with someone else.”

“Girls who are brought here from Asian countries on a spouse visa have got the threat of being deported so they cannot go to the police. My husband would say he’ll divorce me and there are cultural pressures about being divorced in Pakistan. He did not let me register with a GP for months after I arrived and then wherever I went, he came too, so I could not speak. I did have relatives here, but he showed himself so nice to them that no one suspected anything. I was a head teacher in my own country but here I became nothing. He planned it so well, that I would be in England and isolated from my family. Back home, he has created so many lies and said so many bad things about me that other people would stone me if I tried to go home.”

“My mother-in-law was abused by her husband for as long as they were married - nasty, physical abuse. Even though she was well educated she could not leave because of the shame on the family. She would not go to counselling or have any record of it. They would call it bad blood and say her husband had got a good heart. The abuse is all hidden away. It’s all about keeping up appearances.”

Pukaar service users

Section four

Consequences of domestic violence for Asian women and their children on their health

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4.1 The effects of domestic violence on children

Children's mental health is affected by their experiences of domestic violence. The specific effects of witnessing domestic violence vary for each child according to many factors, including levels of violence, age, class, gender, stage of development, role in the family, relationship with parent(s) and availability of support outside the family.⁵¹ Nevertheless, research shows common themes indicating that children witnessing domestic violence need medical attention:

- Children within a violent home are usually in the same or the next room during domestic violence incidents, including murders⁵²
- Domestic violence is a strong indicator of child abuse.^{53 54 55 56}
- 1 in 3 child protection cases have a history of domestic violence⁵⁷
- A large proportion of people responsible for children's deaths are father figures with a history of domestic violence.⁵⁸
- Children may be in danger when they try to minimise the violence or call for help. Children of all ages intervene to protect their mother
- Even if children are not the direct target, by being exposed to abuse their mental health often suffers, evident in age-related emotional, cognitive, and behavioural difficulties including withdrawal, depression, fear, anxiety, aggression and PTSD.⁵⁹

Many of the signs a child is traumatised by witnessing domestic violence are not visible. Children rarely break their silence until after they have left the abuser and begin to feel safe. Children in Asian families are more likely to seek help from other family members than from white professionals, although some fear an unsympathetic reaction from their own communities or active participation in the abuse of their mothers by members of their father's family.⁶⁰

'My husband used to make me listen to my daughter cry and he would not let me pick her up. He'd say I was spoiling her and if I picked her up I'd make her into a drama queen. I asked my mum for support. I tried to talk to the health visitor. She said I should check on the baby but not once asked why I didn't. I tried to say my husband had got a different opinion and I may have downplayed it, but no one asked me more.

Later the health visitor put down my daughter's difficulties to behaviour problems. My husband would lock me in the room and not let me get to her. I tried to take her to CAMHS and the doctor would not hear of it. For years I had to be her therapist by myself, with no help.

The health visitor still talks about a relationship breakdown and she doesn't understand that domestic violence is not the same thing at all. I was suffering, my child was suffering and I couldn't keep either of us safe. The health visitor admitted afterwards she didn't have a clue about domestic violence.'

Pukaar service user

4.2 Mental health, Domestic Violence and Child Protection

Domestic violence is a source of significant harm for children

Under the Adoption and Children Act 2002, living with and witnessing domestic violence is a source of 'significant harm' for children⁶¹

"Domestic violence is likely to have a damaging effect on the health and development of children, and it will often be appropriate for such children to be regarded as children in need. Everyone working with women and children should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children. Where there is evidence of domestic violence, the implications for any children in the household should be considered".

Department of Health⁶²

Consequences of domestic violence for Asian women and their children on their health

Asian children and child protection

It is particularly critical for Asian children that you respond in line with Child Protection Policy.⁶³ An NSPCC survey⁶⁴ of 500 British Asians revealed that 42% of those who suspected child abuse did nothing about their concerns. Of those that took action, some may have further endangered the child. 25% confronted the alleged abuser; 24% told a member of the child's family and 17% spoke to the child themselves. Less than 4% reported it to the police, 3% reported it to Social Services and 3% spoke to a religious or community leader. Two thirds said the community was not open to talking about child abuse.

Following child protection procedures

If child protection procedures need to be followed, try to get the consent of the non-abusive parent. Women are often worried that any disclosure could lead to removal of the children. You might offer reassurance that you can report positive aspects of the non-abusive parent's care. While the interests of the child are paramount, and initiating procedures does not depend on parental consent, women who experience domestic violence are rarely 'bad' parents. Never blame a woman for failing to protect her children - it is the abuser's violence that puts them at risk. The most effective form of child protection is to empower and support the mother to make herself and her children safe.

4.3 The impact of domestic violence on Asian women's health

The impact of domestic violence on Asian women is just as long term, and devastating as it is for non-Asian women.⁶⁵ A woman experiencing domestic violence may need health care in at least three ways⁶⁶:

- For traumatic injuries following assault;

'As part of the (South) Asian community I know that people are afraid to go outside the community to get help. They have real fears about the charge being removed from the family and outsiders not understanding Asian cultures, religions and languages... Most people choose to deal with the problem themselves by telling a member of the child's family or speaking to the child... rather than getting the authorities involved... The problem is that individuals or families who delay getting help early can risk further harm to a child and furthermore protect the perpetrator, making the situation much worse. Best practice advice and help on these issues is available to professionals through the Asian Child protection helpline (0808 096 7719). Professionals can talk to staff with specialist knowledge and experience over the phone free of charge about Asian families they work with, so they can help families manage these issues without compromising their children's safety.'

NSPCC manager

- For chronic symptoms consequent on living with abuse, and
- For psychological problems secondary to the abuse.

Physical harm

Asian women present with bruises, broken bones, retinal detachments and pain, weight gain or loss, sleep problems and headaches.⁶⁷ In an east London study, their lifetime injury rate was 21%. Common symptoms of chronic ill health include headaches, chronic pain, pelvic pain, minor infectious illnesses, neurological symptoms (fainting and fits), gastrointestinal symptoms and chronic IBS, raised blood pressure and coronary

artery disease.^{68,69} The most consistent, long-lasting and largest health difference between women who have been abused and those who have not are gynaecological problems: abused women are three times more likely to experience STIs, vaginal bleeding, dyspareunia, chronic pelvic pain and recurrent UTIs. Acute injury and chronic symptoms in turn can affect a woman's mental health. For example, there is a strong stigma towards Asian women who suffer from sexually transmitted diseases.⁷⁰

Psychological harm

Domestic violence does not just cause physical injury but psychological harm.

Many women spontaneously refer to the effects of domestic violence on their mental or emotional well-being. For example, 60% of women across England who separated from violent partners left because of 'fears for their mental health'⁷¹ and 31% of women in a British Crime Survey describing the worst incident of domestic violence said that it caused mental or emotional problems.⁷²

Domestic violence and mental health

After separation, women most often stress the long term impacts of domestic violence on their mental health, self-esteem, self-worth and security.⁷³ More than 50% of women in contact with mental health services have experienced abuse at some point over their lives, and up to 20% are experiencing current abuse.⁷⁴

A meta-analysis of 41 international studies⁷⁵ showed:

- A large association between domestic violence and mental distress (depression, post traumatic stress, self-harm and substance use)
- This association holds over different settings, people and times
- Mental health symptoms occur after the domestic violence starts
- The more severe or frequent the violence, the greater the risk of mental health problems.

'One of the most devastating life events that can impact on women's mental health is experiences of violence and abuse'

*Dept. of Health*⁷⁶

The more types of abuse (physical, sexual, emotional, financial) the more devastating the effect on Asian women's self-esteem and higher the levels of depression and anxiety.⁷⁷ Of women attending general practices in east London,⁷⁸ those who experienced domestic violence were more than three times likely than non-abused women to be diagnosed with depression, anxiety and PTSD and more than twice as likely to attempt suicide, use illegal drugs and misuse alcohol. Domestic violence may be the single most important cause of female suicide, particularly among black and pregnant women.⁷⁹ Asian adolescent girls are more at risk of suicide, self harm and eating disorders.⁸⁰

Consequences of domestic violence for Asian women and their children on their health

Domestic violence related mental health problems

Across the world, the most common mental health problems resulting from domestic violence are depression and post-traumatic stress disorder.^{81 82} A review of 43 studies⁸³ found rates of PTSD in up to 84% of women who experienced domestic violence. Within UK primary care services, over 60% of women who experienced domestic abuse reported some form of mental health problem, particularly symptoms of panic (53%) and depression (40%); 64-75% of these women attributed their mental health symptoms to the domestic abuse.⁸⁴

Coping with mental health problems by Asian women

In a study of 88 Asian women attending a voluntary organisation in England, the majority reported symptoms of psychological distress including feeling constantly tired, low and tense. Their most typical strategy for coping with worries were to "Talk to someone" and "Learn to cope with it", although two women said they would see a doctor. In contrast, the majority who reported experiencing 'aches and pains for no reason' said that they would consult a doctor - although the over 50s group said that they ignored aches and pains. Alternative coping responses included crying, trying to relax and medication. 32% attributed the aches and pains to stress and unhappiness but the majority

said that they did not know the cause. When asked to whom they would talk about mental health symptoms, the most frequent response was a friend or family member; 11% would talk to the women's centre and only 6% would talk to a GP or health visitor. 14% said they would keep it to themselves. Only one of six women who were suffering from an eating disorder had received help from statutory health services. Only 5 of 18 Asian women reporting marital difficulties knew where to seek help.

Blame, guilt and shame are also reported by many Asian survivors,

'Women are always blamed. They say she is headstrong, or bossy, or she is over educated. It is always the woman who is to blame. They are always excusing the man even if they know he is good for nothing. They know that the woman suffers but it is a sign that she is strong if she stays.'

Pukaar service user

Section five

The consequences of domestic violence for Asian women's mental health

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5.1 Asian women's experiences of mental distress and domestic violence

The most common causes of mental distress amongst Asian women in England are family difficulties, including forced marriage and difficult relationships with in-laws (particularly abusive mother in-laws).^{85 86} Isolation, lack of education and employment opportunities and living arrangements are additional pressures. Women with insecure immigration status and no access to benefits, amounting to destitution⁸⁷, are especially vulnerable. Several studies identify racism and racial harassment as a major cause of distress for Asian people.⁸⁸

The impact of living with perpetrators of domestic violence, who systematically control her behaviour and distort a woman's beliefs about herself and her world, will have a profound effect on her mental health, including the way she thinks, feels and behaves, and the distress that she experiences. The effect of the abuser's behaviour can be compounded by the attitudes and behaviour of others, including family, community, professionals and the wider society. This process of secondary victimisation can further traumatise and entrap a client.

This section explores some of the dynamics for Asian women presenting with mental health symptoms. It does not cover all the issues associated with Asian women's experiences of domestic violence and subsequent psychological distress, but looks at specific diagnoses to illustrate some factors.

The consequences of domestic violence for Asian women's mental health

5.2 Anxiety

Asian women living with domestic violence experience fears and anxieties of several types:

- Fear in response to the real danger, threats, harassment and violence
- Fear triggered during flashbacks and intrusive memories
- Symptoms of arousal or hyper-vigilance
- Anxieties about the future including risks of further abuse, managing alone and coping with changed circumstances.
- Fear of the wider community

If anyone lives with domestic violence, it is normal and healthy to feel fear, even though they may have had to ignore or hide the signs. If a woman has been afraid for a long time, it may be that her body's emergency response to danger never shuts down. Even after leaving the abuser, fear may remain or get triggered easily by ordinary situations. It can be a challenge to separate fear of danger, which should be respected as natural and appropriate, from past fear or unnecessary anxiety, which she can bring under control. It is not easy to decide at what point domestic violence is 'past' and that a woman is safe. Professionals should be aware that ending a relationship often increases the risk of violence. Many women fear their abuser's threats indefinitely. Only she can decide if her reaction is valid, or something which she can safely change.

Fear of the abuser(s)

'They bully me, insult me; his father tells me I am a bloody Indian. They frighten me and beat me. They did bad things to my family. I am terrified of these people. It's affected my health. Every single day, I am scared. I have panic attacks four times a week and it's very painful, because of him.'

'I ran away from my husband because he was abusing me and I thought I was going to a more protective place. That was the most protective place in the world for me. Things went wrong to such an extent, it was life-threatening. I was given a small room with flammable things in it. I was scared to go out of my room, to open my door or answer the phone. The walls were already broken by them. My brother used to kick the door every day. My mother, brother and sister would order a meal for themselves but not offer me anything to eat. Mum made me wash toilets with acid, with my bare hands to scrub them. They called me names. I brought disgrace to the family. (I am) someone like a curse on the family... they would say I was a prostitute. I was called a demon.'

Flashbacks, nightmares and intrusive memories

'The anger and the horror inside me comes back, because of the dream. It makes all my senses rise up, like I'm on alert all the time... any danger...'

Symptoms of arousal

'Staying asleep is very hard as I am thinking and get scared thinking how to get away. People shouting scares me; it's unpredictable.'

Anxieties about the reaction of the community

'They will talk about it. They won't give me a place to rent. After they know we don't have a family, they will say bad words to my son. The neighbours will call me names. They will say to my son, "Is your father coming back? Sending you money? Pity on you. Shame on you'

'I have no contact with anyone (from the temple). I am too scared because it's hard to find which people are his, because he gives lots of donations. I'm scared of these people. His friends, his group, they bully me and scare me...'

Fear of the dominant society, including racism

Poverty, racism and sexism in the context of isolation have emerged as major contributing factors to Asian women's experiences of fear and anxiety⁸⁹.

'For women who feel distress in the home because they are having problems with their families, and then they feel afraid of going outside because they are scared of crime, like when you wear your Asian clothes, or you're by yourself, it's even harder. You've got no one.'

5.3 Depression

Depression is a frequent reaction to domestic violence⁹⁰ and about 60% of women suffering from Major Depression report histories of domestic violence.⁹¹ Every one of 33 South Asian women living in Kent⁹² who disclosed domestic violence identified depression as a direct result of that abuse. Reviews show that women experiencing domestic violence are four times more likely to experience depression than women who were not abused, especially if the abuse was recent or ongoing, and the more severe or long-lasting the violence, the more severe and chronic the depression.^{93 94}

Domestic violence can cause low mood or depression through:

- Psychological abuse, criticism and insults that damage self esteem
- Sadness as a natural reaction to what is happening
- Being prevented from activity (work, college, socially or at home)

'My own mother taught me once married, you have to go and stay there. A spiritual master is like a God; I trusted him. He knew what was happening. He didn't help me. He said, 'This is your Karma (Fate); don't blame me'. Everybody cheated me and I am sitting here alone. No one cares.'

It wasn't physical but a lot of mental abuse, not just from my husband but from my children. They told me I'm useless, I'm no good. My husband gives a good impression to everyone. He told me to be grateful that he gave me a life, that he made me something. He kept bringing up the past when I was sexually abused and mentally abused me. My children caught on and they too make me feel so useless. The mental torture was so much that I took an overdose. I was depressed and when I went to the GP, he said I was making it up. I was not imagining it; it was real. In the EACH group, my counsellor told me you are not mad; you are not crazy; you are a person. Today I feel much stronger. Now I recognise I did my part, looking after the children, looking after my husband's father.'

Pukaar service user

- Exploiting izzat and sharam to induce guilt, shame or self-blame
- The failure of the wider community to protect a woman at risk

Depression and socio-economic factors

Black and ethnic minority women are more likely than Caucasian women to face socio-economic risk factors for depression, including racial discrimination, lower educational and income levels, low status jobs or unemployment, poor health, larger family sizes, young children, physiological changes (e.g. around childbirth) isolation and immigration issues.⁹⁵ Most of these are increased by domestic violence. In contrast, factors that protect mental health include experiences of positive parenting, good family support, good social networks and good housing. Most of these are disrupted by domestic violence. Depression in South Asian women is associated with difficulties

The consequences of domestic violence for Asian women's mental health

"If I got upset about how my husband was treating me, the family thought it was a weakness. They tell me 'We don't believe in divorce. You should never divorce. Whatever happens, it's our destiny. We cannot get away from it.' I was the first one to divorce in my family. My Nan says 'You're the first one to make trouble.'

My depression was because I had brought my family shame but I had no choice. My husband was sleeping with my aunty; he was always drunk and abusing me. He used to pretend to go to the temple and go to see her instead, even when I was pregnant. I hoped a child might help, but I realised he used me. He told me to go to the doctor and say I got mental attacks and could not look after my child.

A friend said my husband was trying to get the house and my child and then he would kick me out. My ex and my father-in-law took all my money off me -everything I earned.

I ran away twice; I even packed in my job. My ex phoned and told my family I had run away. He made it look like my fault. They made me go back. I was going to jump into the river at Southall Bridge, but I wanted my child to be safe.

I took her to my aunt's and begged my aunt to let me go. She sent for my parents. For two weeks I could not talk to anyone.

My husband was phoning every minute, saying he loved me and he was sorry.

My family kept asking, 'What will India say? What will the community say? What will be said in the temple? The in-laws will say that you did this and then the community will believe them.'"

Pukaar service user

in coping, anxiety, stress, isolation, negative body image, low self-esteem and feelings of guilt, pressure and isolation.⁹⁶

However, Asian women usually have to contend with challenges that compound their experiences of abuse. These include:

- Racism and sexism
- Family strain
- Isolation
- Shame/honour
- Practical barriers, including language

Racism

In a survey of 88 first and second generation Asian women living in the UK⁹⁷, 65% had experienced racial harassment and 35% reported sexual discrimination; over a third reported marital or sexual difficulties. Discrimination can undermine women's resilience.⁹⁸

'We are different, we're treated differently by our own because we are women, we're treated differently outside because we're Asian'
(17 year old Asian woman)

Family strain

The number of two generation households is high and limited space is a strain on families.⁹⁹

Isolation

Older Asian women are often isolated because they lack social networks; are less likely to speak English and likely to be financially and practically dependent because they are not entitled to claim benefits.¹⁰⁰ Younger women are more likely to struggle with bicultural dilemmas and the pressures of living a double life, assuming traditional behaviours at home but trying to assimilate mainstream culture outside, by succeeding in

academic fields and by behaving in a way beyond reproach to maintain the status and prestige of the family.

'You've got to be good, don't want to disgrace the family - how would we seem to others?'
(19 year old Asian woman)

Shame

Many of 100 Asian women¹⁰¹ who were severely depressed and at risk from domestic violence remained isolated for fear of bringing shame to the family. Another study explored differences in shame-focused attitudes to mental health problems in Asian students. External shame (beliefs that others will look down on you if you have mental health problems) can be differentiated from internal shame (negative self-evaluation) and reflected shame (believing that one can bring shame to the family or community) Asian students have higher external shame and reflected shame, but not internal shame.¹⁰²

'I felt I don't have a parent to protect me or put up with me. I have been raped and I feel (of) less value than other people because I carry a stigma.'

Depression and physical symptoms

Somatisation may be important to recognise because of the stigma associated with mental illness in Asian cultures.¹⁰³ Somatic symptoms of depression in Asian adults include headaches, stomach aches and weakness.¹⁰⁴ Many Asian women report feeling constantly tired, low and tense, or "aches and pains"¹⁰⁵. A review of GPs medical notes¹⁰⁶ found all of the 44 chronically

depressed Pakistani patients presented somatic symptoms; only one mentioned depression and another a sleep problem, although the finding is not universal; another study of Punjabi people found they reported poor concentration, memory and depressive ideas more than English people.¹⁰⁷ This trend is not to imply that Asian patients would prefer medication; in an Internet survey of about 75,000 Americans, ethnic minorities were two to three times more likely than whites to say they'd rather be treated with psychotherapy than with drugs for depression.

5.4 Eating disorders

There is emerging recognition of the prevalence of eating disorders in already slim young Asian women who are striving for control, attractiveness and success in a patriarchal society.¹⁰⁸

Some studies have found lower levels of eating disorders in Asian women than in Caucasian women¹⁰⁹ and assumed that their ethnic culture protects them against negative body image because it does not overvalue thinness.¹¹⁰ However, Asian women report less self-esteem and also dissatisfaction with racially defined body parts, such as eyes and facial features.¹¹¹ Others identify higher prevalence of eating disorders amongst Asian women¹¹² attributed to women's experiences of racism and sexism which undermines their self-esteem and creates a poor body image. Other factors might compound women's eating behaviours; for example Asian women in higher

The consequences of domestic violence for Asian women's mental health

socio-economic groups may experience more pressure to be thin than those with lower status.¹¹³ Factors associated with racism or gender inequality might increase vulnerability to eating disorders; women's control of their eating patterns and their body being symptomatic of their underlying distress and feelings of pressure to look or act as "perfect" to gain acceptance.¹¹⁴

An Asian woman experiencing domestic violence may have to deal with psychological abuse, which can include insults about her body or appearance, criticism of her weight. An abuser or the family might control her eating habits, including where, when, what and how much she is permitted to eat. This control can deprive a woman of food or coerce her into eating more than she would choose. She may control the amount that she eats in efforts to prevent further physical violence or feel alienated from her body because of the sexual abuse that she is suffering. She may take measures including vomiting and purging when alone to regain her sense of control.

The psychological impacts of domestic violence can result in depression, anxiety or post-traumatic stress, all of which are associated with changes in appetite and eating behaviours. One Asian woman who had been sexually abused by her brother and beaten by her mother said that the only pleasure that she had in her life came from food. In contrast, other women are not allowed to eat with their families and loss of weight might be better understood as enforced starvation.

5.5 Post-traumatic stress

The effects of domestic violence are very similar to those of casualties of war, torture or captivity. Many abused women report all the components of torture described by Amnesty International and in effect are held hostage at home.¹¹⁵ Up to 84% of

abused women have PTSD symptoms¹¹⁶ (compared to 2% of car crash survivors¹¹⁷). A meta-analysis¹¹⁸ found 64% abused women suffered PTSD, compared to less than 12% of women in general.

PTSD can be a helpful framework to Asian victims struggling with shame that they have failed to maintain the family honour, by acknowledging their symptoms are normal reactions to traumatic experiences.¹¹⁹

Women typically describe the three characteristic features of PTSD:

Intrusive events

Repeated memories, dreams or flashbacks to past assaults

Avoidance

Of places, people, memories, feelings or conversations associated with the abuse or general numbing (loss of interest in life).

Arousal

Including: sleeping difficulty, irritability, difficulty concentrating; hyper-vigilance (being overly watchful); startled easily (jumpy); anxious

'I get flashbacks all the time. I feel I am not normal I am going crazy. I see billboards or hear of names and it triggers the flashback. I am so scared now that I don't go out anywhere I lock myself in my room and have stopped meeting family and friends now.'

5.6 Self harm and domestic violence*

Self harm and Asian women

Asian women under 35 are at least twice as likely to self-harm as white women.^{120 121} Self-harm can be deliberate injury rather than a suicide attempt but some young Asian women report intending to die.¹²² Self harm covers a range of behaviours like

*This section has been informed by the clinical work, training material and research publications of Newham Asian Womens' Project www.nawp.org

cutting, burning, self-poisoning (drinking bleach or rat poison) and use of harmful objects. Women might also punch themselves, hit their heads or bodies against something, scratch their skin until it bleeds or pull out their hair.

Why women self-harm

Understanding reasons why a woman self-harms is the first stage of support.¹²³ Most women who repeatedly self-harm have histories of multiple deprivation or violence as a child or adult. Many refer to domestic violence and feel trapped in abusive homes, under pressure to protect the standing of the family, to be 'perfect' in various roles and terrified of being stigmatised by the community.^{124 125} A private expression of their pain can be a safe means to release those feelings. As one 18 year old said about her self-harm, 'What else can we do?'¹²⁶ Self-harm has been described as testimony to social conditioning which teaches women to suppress emotion but retain socially acceptable decorum.¹²⁷

Why Asian women self-harm

Descriptions by young Asian women across London of why they self-harm generally fall into five categories:^{128 129}

- Relief/release of negative feelings or emotional pain
- Taking control over at least one aspect of their life
- Communication of distress e.g. about being locked in
- Punishment of oneself

- Living/an alternative to suicide

However, Asian women report that their issues of self-harm are often treated simplistically as 'cultural clash' and as outside the remit of health care.¹³⁰

While the wishes and expectations of many young women do clash with conservative parental values and traditions including arranged marriage, simplistic reference to 'cultural conflict' can mask issues of child abuse, domestic violence, forced marriage, patriarchy in which women are policed and oppressed, the failure of immigration policies as well as other experiences of racism. Many of these factors culminate in self-harm.¹³¹

5.7 Suicide attempts and domestic violence

Asian women and suicide

Black and Asian women are considerably more at risk of attempting suicide, with prevalence ratios 1.6 times that of white women and 2.5 times that of Asian men.^{132 133} Young Asian women (under 30) are 2.5 times more likely to attempt suicide than white women and seven times more likely than Asian men.^{134 135} Domestic violence, including forced marriage, has been identified as a major factor in 49% of suicide attempts made by black women compared to 22% of suicide attempts by white women.^{136 137 138} Women experiencing domestic violence, who also have post-traumatic stress symptoms, are up to 15 times more likely

The consequences of domestic violence for Asian women's mental health

to attempt suicide than women in the general population.^{139 140} Medical records show up to 40% abused women attempt suicide¹⁴¹ while 25% women experiencing moderate to severe violence report regular suicidal thoughts, compared to 4% women in general.¹⁴²

Highly dangerous suicide methods such as self-burning are more common amongst young Asian women¹⁴³, connected to the traditional practice of Hindu widows burning themselves on their husband's funeral pyre, known as "suttee". Beliefs about death and spirituality may impact on suicide behaviours. Muslims, for whom committing suicide is strictly forbidden,¹⁴⁴ had relatively lower rates of suicide than Hindus, who believe in reincarnation or rebirth.¹⁴⁵ However, a clinician should always talk with a patient about her personal beliefs about suicide rather than make assumptions on the basis of her religion.¹⁴⁶

In a west London study¹⁴⁷ Bhugra et al (1999) found that many of the Asian women attending a GP surgery who attempted suicide had made a previous attempt and previously had been diagnosed with medical or psychiatric illness. 31% wrote a suicide note before their attempt and 13% of them had written wills.

Patel of Southall Black Sisters wrote about the reasons for the increased risk of suicide in Asian women (p.175):

'The challenge to religion and culture is not easy .The choice for many women who dare to break out of the very narrow confines of the roles prescribed by religion and culture is stark; either they remain within the parameters of permissible behaviour, or they transgress and risk becoming pariahs within their own community. Many women cannot even conceive of a life of isolation and loneliness, preferring instead to risk

*their health, sanity and even their lives. Suicide rates among Asian women between the ages of 16 and 35 are up to three times the national average.'*¹⁴⁸

Stresses associated with suicide in Asian women include loneliness, rejection, marital conflicts, inter-generational conflicts, love failure and exam failure.¹⁴⁹ Some were isolated by forced marriage and disenchanted with services based on past experience of or anticipated discrimination, while being under pressure to maintain family integrity whatever the personal costs. In America, older Asian women have the highest suicide rate of all women over age 65.¹⁵⁰

The following is an extract from the diary of an Indian woman who committed suicide after years of domestic violence perpetrated by her husband:

'... you torture me, you kicked me in the head and in my back and on my face. You said things So you hit me. You can. You are stronger than me. I don't care any more...so I will kill myself. Why should I live this kind of life? You hit me when you are drunk. How many more years? I can't go on any more.'

Pukaar's experience of Asian women feeling suicidal

Our own experience of women experiencing domestic violence who feel suicidal is that they contend with one or more of the following issues:

- Loss of hope that the abuse will stop , the abuser will change
- Fear of the violence or of other repercussions
- Guilt or shame in the context of the abuser(s)' or family's blame
- Practicalities: lack of economic or practical independence
- Lack of support, lack of knowledge about legal, welfare or housing rights

- Fear of being alone: Asian single women are likely to be harassed
- Religious conviction: faith that proscribes leaving their husband
- Social pressure: socialisation, threat of ostracism from family¹⁵¹
- Separation from children or family of origin
- Fear of deportation and danger on return to country of origin.

Mental health services and suicide

Health professionals have an important role in preventing suicide. Of all suicides, 24% were in contact with mental health services in the year before - and half of these in the week prior to - their death. Only 16 per cent were psychiatric inpatients, and in 85% of cases immediate risk of suicide was estimated to be low or absent. In a third of community suicides who had lost contact with services, no further action was taken; in other cases, the action was to offer an appointment by letter rather than a home visit.¹⁵²

Preventing suicide¹⁵³

- Encourage client to talk about what triggered their attempt
- Discuss options e.g. offer information; build suicide prevention plans
- Help build support networks
- Work on safety plans to promote protection from further abuse
- Follow up people recently discharged from hospital, or who have made a suicide attempt, by assertive outreach

- Offer psychological interventions as well as medication

'I feel it sometimes; I feel everything is too much. Life is very hard. It's in limbo. I can't do anything. How can I survive? I feel sick – there is no peace. I feel as if I'm in prison... I am really a very strong person but I lost my health, my family, myself. Everything is gone. I can't go on or back to India. The first (reason) is the danger. The second is the society, the culture. I have had enough. I don't need this type of life any more.'

(quote from Newham Asian Women's Project)

5.8 Substance misuse

Domestic violence and substance misuse

Domestic violence results in higher rates of alcohol misuse,¹⁵⁴ rather than vice versa; women are more likely to drink after an attack, rather than

The consequences of domestic violence for Asian women's mental health

beforehand.¹⁵⁵ On average, 19% abused women have problematic alcohol use and 9% issues of drug misuse, compared to up to 8% and 6% lifetime prevalence within the general population, respectively. Overall, women experiencing domestic violence are up to six times more likely to misuse alcohol or drugs, sometimes forced or coerced by the perpetrator to increase their dependency¹⁵⁶. Others become addicted to prescribed medication.¹⁵⁷

Asian women and substance misuse

Asian women typically live in a community which shows scant tolerance of substance use. Few Muslims drink because the Koran prohibits use of alcohol altogether, with higher rates of alcohol use amongst the Sikh and white populations.¹⁵⁸ Research suggests that four in five Hindu women, three quarters of Sikh women, nine in ten Pakistani women and five in six Bengali women do not drink any alcohol.¹⁵⁹ Since many women are expected to be abstinent, pressure to maintain family honour can exacerbate feelings of shame and self-blame in those women who do drink or use drugs in secret to manage emotional or physical pain.

Effects of co-morbidity

Co-morbidity can have severe impacts on health, social functioning and quality of life¹⁶⁰ and can increase the risk of harm, both physical and psychological, to adults and their children.¹⁶¹ Substance use can have acute and chronic physical effects (through intoxication), social effects (including financial, social and criminal implications and risks to safety from self or others) and associated mental health problems (including PTSD, depression and anxiety).

Responding to dual issues of domestic violence and substance misuse

However, women may be unable to engage in a recovery process until they are safe and a 'sobriety first' approach is doomed to fail.¹⁶² Women with drug and alcohol dependencies can be trapped in abusive homes if refuges refuse admission but women-only community services which acknowledge the role of domestic violence are hard to find. Chemical dependency treatment does not end domestic violence and usually is best addressed once a woman is safe. In the interim, the role of proper support within the community can be even more critical. The Stella Project has produced a useful tool-kit on domestic violence and substance use which can be downloaded from www.gldvp.org.uk. The Home Office recommend specialist provision of women-only services and provision for ethnic minority women who will find it particularly difficult to access services.

'My sister-in-law grew up in an abusive family. She turned to drugs and the whole family turned against her. Her own sister put her down and turned her back. She says herself she's a bad daughter and does not know what to do. Nobody recognises it's an illness caused by the family. You don't talk about these things.'

Pukaar service user

Section six

Asian women's experiences of health care

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6.1 Experiences of primary health care

Asian women surveyed in the UK suffering symptoms associated with anxiety and depression reported these occurred in the context of domestic violence and experiences of racial and sexual discrimination.¹⁶³ Most women did not know where to seek help for mental health problems but wanted a confidential space to talk, complementary therapies provided by Asian staff, and health education in their own language.

In general, evidence¹⁶⁴ shows that women find services helpful when they actively ask about and work to help recovery from experiences of abuse. In contrast, unhelpful practices identified by service users include lack of recognition of trauma and the offer of medication instead of counselling support.

Research on 60 Asian women found:

- 55% experienced domestic abuse: 46 from their husbands and 10 also from their mother-in-law
- All women with experience of domestic abuse identified impacts on their mental health,

particularly depression, anxiety and suicidal thoughts

- 73% were unaware of services available to support Asian women
- 83% felt language barriers prevented Asian women seeking help
- Immigration status and fear of deportation impacted upon help seeking.

Experiences of seeking help from GPs

A study of Asian women in Kent¹⁶⁵ who experienced domestic violence found that of those who sought help from their GP, many were prescribed anti-depressants or offered counselling but not all took the help offered. Part of the problems were related to the specific intervention suggested.

'No, I was not satisfied with GP, lack of options and understanding.'

'Counselling (offered) was not culturally appropriate.'

'Anti-depressants were offered but declined. I was referred to an organisation but they did not understand me or want to help me.'

Kind of help preferred by Asian women

When asked what kind of help they would have liked, Asian women said:

- help from family and friends
- counselling or therapy
- help from others in same position and/or
- information.

Asian women's experiences of health care

'In health services, it seems like there is always someone passing the buck, from CAMHS to the GP to the counsellor to the health visitor. Apparently everyone expects it to be somebody else's problem. You feel like hitting your head against the wall. I wanted to say please don't make me have to explain myself again. I had to repeat it again and again and I hate talking about it - why don't they talk to each other?'

Pukaar service user

6.2 Asian women's access to mental health care

A review of 38 studies¹⁶⁶ showed variations in access to specialist mental health care across ethnic groups in that:

- Black people have more complex pathways, seeing at least three professionals before a specialist
- They are less likely to be referred to mental health services by their GPs
- Black people are less likely to see a GP before presenting to A&E
- Asian people are under-represented within in-patient facilities.

Ethnicity and admission rates

The first national census on mental health and ethnicity, 'Count me in',¹⁶⁷ showed that of over 33,800 inpatients, 3% were Asian and of these, one third were women. Rates of admission of women from Indian and Pakistani groups were lower than average and the rate of their referral by a GP to hospital was lower than for white British people.

Black patients, including Asian women, were more likely to be detained under the Mental Health Act 1983 compared to the average. Factors like diagnosis, living circumstances, unemployment and the way people approach services contribute to, but do not fully explain, patterns of referral.

Social isolation and lack of knowledge about mental health services might account for higher contact with emergency services amongst black people. More Asian inpatients had their first language that was not English, compared to other ethnic groups. Perceived or actual discrimination within the health service, and social and economic disadvantages, each with their own negative impact on mental health, may compound this, increasing fear of accessing services or dissatisfaction with services and leading to excess use of compulsory admission.

In contrast, Asian women usually report that referral to specialist services and access to services in their own language are beneficial.

Section seven

Good practice guidelines for health professionals

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• Routine enquiry	
• Respond to a disclosure	
• Make a record	
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7.1 Why domestic violence is an issue for health professionals¹⁶⁸

Health professionals are in a unique position to help Asian women who are experiencing domestic violence as they will come into contact with them at some point through the services they provide. By providing a safe environment in which Asian women feel they can disclose, information and support can be made available which could

potentially save their lives and certainly make a difference to them and their children.

First point of contact

Health professionals are often a first point of contact for women and they deal with the after-effects of domestic abuse on an everyday basis.

Women who have experienced abuse use health services frequently and require wide-ranging medical services. They are likely to be admitted to hospital more often than non-abused women and are issued more prescriptions

Lack of contact with other professionals

Women at risk might not come into contact with any other professionals. Thus, because Asian women experiencing domestic violence are typically isolated from sources of support, their interaction with health professionals may be a critical window of opportunity.¹⁶⁹

Health records can be crucial

A woman's health records can be crucial in legal proceedings. They can help a woman access her housing and welfare rights as well as influence the outcome of criminal and civil cases and immigration decisions.

Women want us to take the initiative

Women say they want us to take the initiative. Time and again survivors of domestic abuse have said they wish somebody had asked them if they were experiencing problems in their personal relationships.

Good practice guidelines for health professionals

7.2 Health policy frameworks

There are a number of policy documents that make a strong case for action to improve both the experience and outcomes for Asian people with mental health problems. Inside Outside (NIMHE, 2003) set the context for recommendations in Delivering Race Equality (Department of Health, 2003a) and Mainstreaming Gender and Women's Mental Health (Department of Health, 2003b) addresses some of the specific needs of Asian women.

Key issues include a higher risk of suicide, attempted suicide and self harm, in the context of women's reluctance to disclose distress within their own community, because of a perceived stigma attached to any form of mental distress. To eliminate ethnic inequality and develop the cultural capability of health services, recommendations include engaging community development workers.

'Is there any way health professionals could intervene sooner or take the opportunity to help? It's so scary to think that people commit suicide because no one helps in time.'

'If you're depressed, Lustral is just not the answer. If someone is mentally abusing you, you need something else.'

Pukaar service users

7.3 An overview of good practice when working with Asian women with mental health problems¹⁷⁰

- Display information about support services in a range of languages
- Recognise the ways in which Asian women might communicate distress
- Ask questions if it is safe and no-one can overhear
- Be alert to the fact that an Asian woman might not approach you until she has reached a crisis point and therefore needs a rapid response
- Validate women's experience. Link domestic violence and poor health
- Keep detailed, accurate records (safely)
- Emphasise confidentiality but share information for effective support
- Refer to appropriate services. Provide resources (e.g. a telephone, interpreter, computer) for her to access support.
- Monitor, evaluate and review interpreter provision. Provide first language services where possible
- Attend to all the woman's needs rather than presenting symptom
- Talk through risk assessment and safety planning e.g. advise not to travel abroad
- Follow up, including safe means to assess and check dna's or cancellations

7.4 Specific Actions

Display information about domestic violence in the practice

"Healthcare services may be the first and only point of contact for some women from ethnic minority groups who experience domestic violence.... Fairer access to services and fair treatment will only be possible if doctors and nurses have access to translators (other than the immediate family member) and patient advocates who have knowledge about domestic

violence. ... Perhaps the best a GP can do is to have material available in the surgery in appropriate languages detailing relevant local resources - for example, refuges for Asian women - and to use advocates when these are available."

British Medical Association, 1998

Health services can provide support even if women do not want to talk to them about domestic violence. In any health setting, women at risk should be able to find information in their first language about local or national services.

Women need to get access safely and discretely to information leaflets. Posters on domestic violence services should be displayed in appropriate places and in discrete areas such as changing rooms or in women's toilets.

If general information is given to patients, this could be an opportunity to include leaflets on domestic violence services. However, no-one should ever be persuaded to accept information. It may be unsafe to take it outside.

Posters and leaflets about domestic violence can be obtained from

Women's Aid

PO Box 391 Bristol BS99 7WS tel. **0117 944 4411**
www.womensaid.org.uk

Women's Aid make a small charge (less than 50 p for each leaflet or poster). On the Women's Aid website there is:

The Hideout Poster (PDF) about the Hideout website, a website designed to support children or young people who are living with domestic violence.

The Survivor's Handbook poster (PDF)

The poster explains the advice found in the Survivor's Handbook, which is available in Arabic, Bengali, Chinese, Gujarati, Punjabi, Somali and Urdu

"You don't have to live in Fear" is an A5 open-out leaflet on domestic violence, with a push-out small card with several useful numbers including the National Domestic Violence Helpline. It is available in English and a number of languages. You can order leaflets and posters from the Home Office Publications Order Line 0870 241 4680 or through www.crimereduction.gov.uk/publicity_catalogue

The video Mann ki Baat funded by the Department of Health gives information about mental distress and coping strategies with practical advice about seeking help and talking about mental health problems. The accompanying booklet offers information in Bengali, Gujarati, Hindi Punjabi and Urdu.
www.mhmedia.com

Forced Marriage

Leaflets available from Forced Marriage Unit
020 7008 0151

No recourse to public funds

For information contact Southall Black Sisters
www.southallblacksisters.org.uk

Good practice guidelines for health professionals

Recognise the Indicators¹⁷¹

No sign is proof that abuse has occurred but the following might alert you to the possibility of domestic violence and to ask questions (when it is safe).

Physical signs of domestic violence

- Unexplained burns or bruises
- Bruising patterns indicating abuse (black eyes, bi-lateral bruising, finger marks)
- Area of erythema consistent with slaps
- Multiple injuries or chronic injuries in various stages of healing
- Injuries in areas of the body inconsistent with falls or other explanation
- Injury to breast, chest, abdomen (abused women 13x more often injured here)
- Injuries to the face, head or neck
- Perforated eardrums, detached retinas
- Evidence of sexual abuse or frequent gynaecological problems
- Miscarriage, termination, preterm labour, low birth weight
- Damage to sutures following operation or delivery

Indicators in the behaviour of the victim

- Covering the body to hide marks (long sleeves, trousers or scarves)
- Attending late or frequently missing appointments
- Frequent visits with vague complaints or symptoms
- Seeming anxious, fearful or passive (particularly in presence of others)
- Giving inconsistent explanations for injuries or is evasive or embarrassed
- Frequent use of pain medication or tranquillisers
- Suicide attempts
- Repeated episodes of depression, anxiety or self harm

- Alcohol or drug misuse
- Not wanting letters or contact at home

Indicators in the behaviour of the perpetrator(s)

- may cancel appointments on the woman's behalf
- always attends with her and never leaves her side
- seems bullying or aggressive or conversely, over-protective
- evasive or conversely, adamant about the cause of injury
- over-vehement denial of violence or minimises its severity
- critical, judgmental or insulting about the woman
- frequently talks on behalf of the woman and does not consult her

A young Asian woman came to the health centre complaining of chest pain. During the medical examination, the clinician noted a large bruise on her chest. The patient wanted the clinician to treat the injury but focused on the chest pain rather than its cause. The clinician made enquiries about domestic violence and offered the option of referring her. He also provided information about domestic violence services. The patient subsequently obtained a divorce.¹⁷²

Routine enquiry - Ask questions

Routine enquiry means asking all unaccompanied women, whether or not they show signs of being at risk, if they are experiencing domestic abuse. A good time to ask might be when taking a history or a well woman check. The Department of Health in Responding to Domestic Abuse advises (p.40):

In response to the evidence, all Trusts should be working towards routine enquiry and providing all women with information on domestic abuse support services.

Research shows that the majority of women find questions about domestic violence acceptable, providing the issue is handled effectively.¹⁷³ Routine enquiry must be safe; that is, the client is unaccompanied and you cannot be overheard except by an interpreter who is unknown to the client. Someone known to the family can 'edit' conversations and present the family view.¹⁷⁴ Failure to provide an independent interpreter can put women at risk.

When doctors ask a single question regarding experience of abuse, women benefit in several ways¹⁷⁵:

- Documentation of the abuse supported some women to take legal action
- Women were more likely to take action to improve their safety
- Doctors made referrals to help women improve their safety¹⁷⁶

It may help to introduce the question with a phrase such as:

'We know many people using our service have experienced violence. This affects physical and emotional health and the services that are best for us to offer.'

Your client may not realise or acknowledge to herself that she is experiencing domestic violence. Asking direct questions can be easier to understand. You could ask one of the following:

- 'We know that 1 in 4 women experience domestic violence at some time in their lives. Has anyone hurt or frightened you?'
- 'How safe or afraid do you feel at home?'

Explaining and adopting a non-judgmental approach may help the client disclose, either at the time or in the future when they are ready. Mentioning the frequency of domestic violence helps convey that you would not be shocked by disclosure.

Your aim is to have a supportive conversation rather than to force a disclosure.

'Women with mental health issues should be asked direct questions about domestic violence. They need to be asked why are they on anti-depressants, why did they try and commit suicide? If nobody asks, they won't report'

Good practice guidelines for health professionals

Good practice with ethnic minority patients¹⁷⁷

Ask questions using non-psychological terms

- What do you call your troubles?
- What do you fear most about your illness?
- When did your troubles begin?
- What or who makes things worse?
- What would be of most help to you?

Use the LEARN model to improve cross-cultural communication

- Listen to the patient's perspective
- Explain and share your own view
- Acknowledge differences and similarities between the two views
- Recommend a specialist immigration support service (see contacts)
- Never accept culture as an excuse for domestic violence. Everyone deserves the right to be safe in their own home.

Use professionally trained interpreters¹⁷⁸

- Never use a woman's partner, child, family member or 'friends'
- Try to get a female interpreter where possible
- Ask your interpreter to sign a confidentiality agreement
- An advocate from a specialist organisation might be an alternative
- Agree the agenda with the interpreter and that they will not 'edit' what the patient says
- Be alert to any discomfort between the interpreter and patient
- Look at your patient and speak directly to them not the interpreter
- Have information available in an appropriate language

An alternative is to show The Power and Control Wheel developed by the Duluth Abuse Intervention Project in Minnesota and constructed by women survivors of domestic violence. You can download the wheel from www.duluth-model.org.

The wheel is available in all major Asian languages.

Respond to a disclosure

What you say in response to a disclosure can have a profound impact on an Asian woman, who may have told no one else about her experience of violence.

Helping women to recognize their experience as domestic violence can lift the self-blame and isolation. Asian women are under considerable pressure to cover up their experiences of abuse and any related mental health problems. They are frightened of being stigmatised by their communities in which both abuse and mental illness are regarded as weaknesses which might reflect on the family and bring shame and dishonour.

Asian women who have been supported in primary care place high value on the support they attain through external validation and acknowledgement of their experience, whether or not any other action is taken.

'One good thing my doctor said was "I don't blame you. If I was going through that I'd feel exactly the same." It was so good to hear. It made me realise we are both human beings.'

Pukaar service user

Key features of your conversation could include reassurance about confidentiality, willingness to offer another appointment with a reason that she can explain to the family and the offer of information. While her safety in her own home is a priority and a health issue, she is the expert on what she needs and what should happen next. However, you can empower her by ensuring that she is aware that help is available.

'Asian women often place a lot of respect and confidence in their GP and the impact of their advice can be huge.'

Pukaar counsellor

'For the first time in my life, I thought that someone knows exactly what I feel. Somebody knows I am right. In the past, my customs and culture tell me that I am the guilty person. For the first time, someone says, "No, you are right, that was wrong." That's how I knew that.'

Gurdip¹⁷⁹

What you should not do

- Speak to the woman in front of anyone else
- Approach her family without her express consent; it may endanger her

Make a record

Writing down what the client told you about domestic violence is an important aspect of treatment,¹⁸⁰ in that

- It shows that you believe her and take violence seriously
- Your records may be critical in helping her access legal rights
- Your duty of care may be examined after a domestic homicide review, required by the Domestic Violence, Crime and Victims Act 2004
- Your notes may play a crucial role in meeting her housing needs. Many housing agencies will accept a woman's application to be re-housed in a safe area if she can produce evidence from a health professional
- You may help her access welfare rights, particularly if she has not yet secured immigration status.

Records would ideally:

- Always be made in an interview with the woman alone
- Include name, date of birth, ethnicity, children, pregnancy, friend or kin
- Include response to questions
- Use the woman's own words when possible
- Briefly describe types or nature of abuse, injuries sustained
- Include a detailed physical record, including sketches of injury sites on a body map or photographs if possible
- Record, and if possible, keep, any damaged, torn or stained clothing
- Include dates and times of incidents, if known
- Describe the client's psychological state, without interpretation/ judgments

Good practice guidelines for health professionals

- Document behaviour of spouse, including spontaneous disclosures that may indicate abuse (but do not interview him)
- Be legible, or write notes on computer
- Note facts (including observations) rather than assumptions
- Record your action (e.g. information provided, referral to EACH)
- Sign and date your record. Print your name and role.

Refer to specialist domestic violence services

Asian women have reported getting the most useful help from Asian women's organisations.¹⁸¹

A systematic review of controlled studies¹⁸² has shown evidence that advocacy interventions reduce abuse, increase social support and quality of life, and lead to increased safety behaviours and access to community resources. The report recommends health professionals build effective links with domestic violence services and that referral to counselling or other psychological interventions should never take priority over advocacy for women living at risk, although they may be helpful for women once they have reached safety.

A multi-agency intervention is the best way to approach domestic abuse and mental health issues. A woman experiencing domestic violence is likely to have complex needs and may need information about legal, welfare and housing rights. Advocates can guide her through the system while offering emotional and practical support. Your referral should depend on the client's needs and preferences and could entail the offer of information about specialist agencies, the use of the telephone to call the helpline or a referral on her behalf.

The main forms of domestic violence service provision are refuges, advocacy, outreach and counselling services. The free national 24-hour domestic violence help-line can offer direct support to professionals and service users or refer women to refuge spaces and local domestic violence services across the UK.

Free 24 hour National Domestic Violence Help-line 0808 2000 247

Refuges and safe accommodation

There are some specialist refuges working with women from black and ethnic minority communities and a few who offer support to women with mental health or substance use issues. In London, there are specialist refuges for South Asian women that can support women to share their culture, language and background, although because they believe it may promote confidentiality and anonymity, some Asian women prefer to enter a general refuge that accepts all women at risk from domestic violence. In a survey of women in refuges across England and Wales¹⁸³, 13% of the refuge population were Asian.

If your patient needs a safe place to escape domestic violence, she can contact the Free phone 24-hour National Domestic Violence Helpline on 0808 200 247. The Helpline worker will assess the women's needs and if appropriate will contact a refuge on her behalf. The time it takes to find a refuge place can vary.

If you cannot find a refuge space there are a number of options:

- The local Homeless Person's Unit. Your client could be eligible if she is in priority need as a function of being made homeless due to

domestic violence, or threats of violence and or due to her mental health issues.

- Shelter (0808 8004444 www.shelter.org.uk) for help to find accommodation
- Social Services, who can offer temporary accommodation, such as a bed and breakfast or a hostel.
- HHELP is a service specifically for single homeless people with mental health problems, based in Tower Hamlets (0207 702 9202).

It can be difficult for refugees to secure funds to support women who have “no recourse to public funds” because of their immigration status. Social services may have a duty of care if there are children or there is another special need, including mental health needs. Some funds may be available through the Children Act 1989, the Local Government Act 1999 or the National Assistance Act 1948.

You could contact the Joint Council for the Welfare of Immigrants (020 7251 8708), Asylum Aid’s Refugee Women’s Resource Project (020 7377 5123) or contacts listed at the back of this toolkit.

Supporting women in the community

If a woman does not want to leave her home, she may benefit from access to advocacy and outreach services. Outreach services include:

- Telephone help lines
- Drop-in centres
- Survivors’ support groups
- Floating support: housing-related support services offered to tenants to prevent them having to enter institutional care or emergency housing

Advocacy services are housed in various settings such as the voluntary sector, police stations or hospitals. They provide information to survivors of domestic violence about options to improve their safety. An advocate is trained in risk assessment and management, who can help in a crisis or over a longer term. The advocate advises on remedies available from the civil and criminal justice systems and liaises with other agencies. Outcome is measured in terms of improved safety, reduction in further offences, fewer withdrawals of witness statements and increased reports of children at risk of harm from domestic violence.

Home visits and telephone counselling at EACH

We check with the client to see if it is safe for us to have a session at home

If a client lives with a violent man, she can still access telephone counselling at a safe time

It is easier for a client to be able to organise childcare for her own time

Our home visiting service reaches clients who have no money or means of travel

One client was agoraphobic and would not otherwise have had any support. She needed individual help before she could come out and later join a group

Pukaar staff team

Section eight

Outlines

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8.1 Risk assessment

There are factors which you might want to consider with your patient which are known to increase the risk of homicide or serious injury. If the patient experiences any of these issues, you may want to talk through a safety plan. You might also refer her to specialist organisations like EACH or ask her if she would like to use a telephone to call a helpline.

Risk Factor	Y/N	Notes / Details
Has the woman separated from her husband or family or told them she is considering it?		
Is the woman pregnant or recently given birth?		
Has the family planned a trip abroad?		
Is she having problems over access or other child contact issues?		
Has the violence got more frequent or more severe?		
Is the client particularly isolated from support? What are barriers to accessing services e.g. fluency in English? Access to money?		
Do the perpetrator(s) stalk her or monitor/control her movements? Is she free to leave the house?		
Does the violence include sexual abuse?		
Do the perpetrator(s) abuse children?		
What threats have been made (threats to kill)?		
Do the perpetrator(s) have access to weapons?		
Is the patient suicidal or self-harming?		
Are there drug/alcohol/mental health problems?		
Has the patient a relationship which is secret from her family?		
Have older siblings been forced into marriages?		

8.2 Safety planning: What should a safety plan cover?¹⁸⁴

A victim is always the best judge of risk and her own expert on safety. You might ask her to consider the following (but not advise her)

Safety in the relationship

- Places in the house or outside to avoid
- People to turn to for help or to inform about the danger
- Asking neighbours to call 999 if they hear sounds of disturbance
- Places to hide important phone numbers, such as helpline numbers
- How to keep the children safe when abuse starts
- Teaching the children to get help, perhaps by dialling 999
- Keeping important documents in one place so that they can be taken in a hurry
- Letting you record the abuse in case it can be of help in the future

Leaving in an emergency

- Packing an emergency bag and hiding it in a safe place
- Plans for who to call and where to go (such as a domestic violence refuge)
- Things to remember to take: documents, medication, keys
- Access to a phone
- Access to money or credit/debit cards that a woman may have put aside
- Plans for transport
- Plans for taking clothes, toiletries and toys for the children
- Taking any proof of the abuse, such as photos, notes or names of witnesses.

Safety when a relationship is over

- Contact details for professionals who can advise or give vital support
- Changing landline and mobile phone numbers
- How to keep her location secret from her abusers (e.g. not going to same temple)
- Applying for a non-molestation order
- Talking to children about the importance of staying safe
- Asking an employer for help with safety while at work.

Building a long-term future

- Sessions with counsellors who communicate in the first language
- Access to community based services
- Social support including new groups of friends
- Educational or work opportunities to secure financial independence
- Help with budgeting and understanding social systems
- Follow up from known and trusted professionals
- Re-establishing contact with any safe members of the family

Outlines

8.3 Statutory responsibilities

Human Rights Act

The Human Rights Act (HRA)¹⁸⁵ has implications for service providers, who must show that they are inclusive and equipped to work with a variety of clients including those from minority ethnic communities, disabled women, and those with substance misuse and mental health issues. Articles III and VIII of this Act state that it is necessary for statutory services to act to prevent, or protect against, violent treatment. The responsibility of providing safety to vulnerable people is of critical importance under the HRA.

Crime and Disorder Act 1998

Health workers must also meet their obligations by working with local Crime and Disorder Reduction Partnerships. The Crime and Disorder Act 1998 gave PCTs a statutory duty to reduce local crime, including domestic violence.

Public Sector Gender Equality Duty

Under the Public Sector Gender Equality Duty¹⁸⁶ which came into force in 2007, the NHS has a duty to take steps to proactively promote equality of opportunity between women and men. Since women have faced systemic disadvantages, the law is intended to ensure that professionals offering services to women 'take into account their different needs' including 'improved access to services' and that you 'focus on the needs of service users'. A gender equality duty on the Greater London Assembly has proved effective since 2000 in helping to improve services for women and reduce murders. A key strand of the gender equality scheme has been to address domestic violence and sexual offences.

Commission for Racial Equality Code of Practice

Your duty to act or provide services could come into question in the future. As an individual acting on behalf of your agency, you must be able to demonstrate that you acted legally in providing services for as wide a range of clients as possible.

Following the murder of Stephen Lawrence, the law was changed to place a duty on public bodies to promote race equality and to prevent discrimination. The Commission for Racial Equality¹⁸⁷ has issued a code of practice, which has legal force, as well as guidance for the health sector.

Domestic Violence Crime and Victims Act (2004)

The Domestic Violence Crime and Victims Act was passed by Parliament in 2004, though some sections have not yet been implemented. The number of criminal courts which specialise in domestic violence proceedings are increasing. If at all possible, the client should try to get help from a solicitor and barrister experienced in family law and domestic violence.

If you are traumatised you do not want to have to go to court, fill out forms. Resources are already stretched if you have moved out of the family home. You would not pay £2000 for any order that may protect you or may not. If there is no recourse because of the immigration laws in this country then you are not eligible to be safe and to be helped. The two year rule means staying with the perpetrator for two years before you get access to justice and safety. Women are already traumatised by the countries they are fleeing and it is outrageous¹⁸⁸

Section nine

Specialist help and support agencies

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Why specialist help for Asian women experiencing domestic violence or mental health problems?

'Being able to talk to a Gujarati speaking counsellor has made it easier to explain my problems and believe I am understood "completely".

Pukaar service user

'I feel that, like, I was walking in a haze before, but now I have gone through to the other side. I can hear the birds singing, see the moon and stars; they were always there, but I just didn't notice them. I feel alive again.'

16 year old Pukaar client

'Thank you for writing down where I had to go - all the services I could use. I went to all of them! I would have forgotten otherwise. Without Pukaar, I would have been lost.'

Pukaar service user

'Pukaar is unique because we offer help within a context of advocacy and we make counselling accessible through language, home visits, telephone counselling and a drop-in therapeutic group.'

A Pukaar counsellor

9.1 Specialist help for Asian women

AISAAS - Asian Counselling Service

54, Ormiston Road, London SE10 0LN

Tel: 020 8853 1735

Amardeep

Support for South Asian people with mental health problems

South Asian Mental Health Services

132 Brixton Road, London SW9 7AA

Tel: 020 3228 6940 or 020 3228 6977

Ashiana Project

Outreach and refuge services for Asian women; self referrals and professional referrals accepted

Tel: 020 8539 9656

Asian Women's Advisory Service (Hackney)

Mental health and counselling project

161 Mare St, Hackney, London E8 3RH

Tel: 020 8533 5796

Asian Women's Resource Centre (Brent)

Providing advocacy and support to BMER women experiencing domestic violence and abuse

108, Craven Park, Harlesden, London NW10 8QE

Advice Line: 020 8838 3462

Tel: 020 8961 6549

Dosti Project

Advice, support and counselling for Asian Women

Hillingdon Mind, Aston House, Redford Way,

Uxbridge, Middlesex UB8 1SZ

Tel: 01895 271559

Specialist help and support agencies

EACH

Specialist domestic violence counselling and advocacy service in West London
729 London Road, Hounslow, Middlesex TW3 1SE
Tel: 020 8577 6059

Karma Nirvana (Honour Network Helpline) **Tel: 0800 5999247**

Kiran Asian Women's Aid

Advice and support for Asian women experiencing domestic violence.
806 High Road, Leyton E10 6AE
Tel: 020 8558 1986

Muslim women's helpline

1st Floor, Unit 3GEC Estate, East Lane, Wembley, Middlesex HE9 7PX
Tel: 020 8908 3205

Newham Asian Women's Project

Newham Asian Women's Project (NAWP) offers safe housing and range of services including counselling in South Asian languages, support groups, training and legal advice.
Tel: 020 8552 5524

NSPCC Asian Child protection helpline:

English 0800 096 7719
Bengali 0800 096 7714
Gujurati 0800 096 7715
Hindi 0800 096 7716
Punjabi 0800 096 7717
Urdu 0800 096 7718

Free service that offers professionals advice on tackling child abuse in British South Asian communities. Counsellors can take calls from adults and children in various Asian languages as well as English to give advice and support to anyone concerned about the child at risk of ill treatment and about keeping children safe.

The Qalb Centre

Counselling for BME communities experiencing domestic violence and mental health issues.
26 Low Hall Lane, Walthamstow, London E17 8BE
Tel: 020 8521 5223

Refugee Action

Enabling refugees to build new lives in the UK; practical emergency support for asylum seekers. Free multi-lingual video called Women, don't suffer in silence and free CD on Refugee women's right to safety www.refugee-action.org.uk
Tel: 020 7735 5361

Southall Black Sisters

A resource centre in West London offering a service to women experiencing violence and abuse.
52 Norwood Road, Southall, Middlesex UB2 4DW
Tel: 020 8571 9595

9.2 General sources of help for victims of domestic violence

Free 24 Hour National Domestic Violence Helpline 0808 2000 247

Action on Elder Abuse

www.elderabuse.org.uk
Free helpline for anyone concerned about the abuse of older people
Tel: 0808 808 8141

Broken Rainbow

www.broken-rainbow.org.uk
Helpline for lesbian, gay, bisexual and transgender people who are experiencing domestic violence
0845 2604460

Men's Advice Line

www.mensadviceline.org.uk

Support for male victims, information & counselling for men experiencing domestic violence (victims and perpetrators) **Helpline 0808 801 0327**

Mind

www.mind.org.uk

Mind information line **0845 766 0163**

Lists local mind services; leaflets that can be downloaded or purchased

Refuge

www.refuge.org.uk

Refuge also provides accommodation, outreach projects, individual and group counselling and children's services for those fleeing domestic violence

Respect

www.respect.uk.net

Helpline **0845 122 8609** Mon & Fri 10-1 and 2-5; Tues & Wed 10-1 and 2-8

Promotes best practice for domestic violence perpetrator programmes and associated support services. Directory of perpetrator programmes in London.

Stella Project

www.gldvp.org.uk

Addressing drug and alcohol related domestic violence and abuse across London.

c/o Greater London Domestic Violence Project
Downstream Building, 1 London Bridge
London SE1 9BG

Tel: 020 7785 3860/1/2/3/4

Women's Aid Federation of England

www.womensaid.org.uk

Freephone 24 Hour National Domestic Violence Helpline **0808 2000 247**

A national charity working to end domestic violence against women and children. Women's Aid co-ordinates an England-wide network of over 500 local services and offer support, advice and information on all aspects of domestic violence

For children

<http://www.thehideout.org.uk>

For children and young people, to help them identify whether domestic violence is happening in their home and to provide support.

Section ten

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