



*imkaan*

**VITAL  
STATISTICS  
2**

**KEY FINDINGS REPORT  
ON BLACK, MINORITY  
ETHNIC AND REFUGEE  
WOMEN'S AND  
CHILDREN'S  
EXPERIENCES OF  
GENDER-BASED  
VIOLENCE**

**Dr Ravi K. Thiara**  
University of Warwick  
**Sumanta Roy**  
Imkaan



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## INTRODUCTION

This report presents the key findings and case studies from the Imkaan toolkit project. Imkaan worked with member groups in 2010 to develop a monitoring framework to collate data on Black, Minority Ethnic and Refugee (BMER) women and their children accessing BMER specialist violence against women and girls (VAWG) provision. It also recorded women's interactions with mainstream voluntary and statutory services. The project was piloted over two three-month periods and aimed to identify the elements of support that BMER women found most valuable, their needs and any gaps in service responses in order to build more informed policy and practice on VAWG and BMER women and their children. A summary report was produced in 2010 following the first pilot. This report presents the findings from the second pilot.

The toolkit project also aimed to capture information that would help to build a better understanding among policy makers on the role and impact of BMER women's and girls' specialist services. The data generated would also assist Imkaan members with information on the development and sustainability of their individual services. Whilst the pilot cannot provide all the answers, it is a useful starting point in addressing some of the existing knowledge gaps on BMER women and children, and their experiences of gender-based violence.

## CONTEXT

BMER women and girls experiencing gender-based violence are likely to access support through a variety of routes. Informally, this may include speaking to friends, family members or work colleagues.

It may also take more formal routes such as accessing VAWG services, national helplines, social services, GPs, or the police. However, data collection which can help us to build a picture of the routes used by women and girls and the responses they receive tends to be variable. Some agencies still lack structured systems for recording referrals, assessments and interventions that address the various forms of violence that are perpetrated against women and girls. Where data is collated by individual agencies, it is often not publicly available or shared between agencies across the voluntary and statutory sector. Equally, the systems of evaluation that are developed by different funding bodies do not adequately capture the specialism of the BMER VAWG sector.

Few studies map prevalence, patterns of violence, and the support needs of BMER women and girls across the spectrum of VAWG. When BMER women's and girls' experiences of violence are nuanced by factors such as race, sexuality or disability, even less is recorded on how these factors may (individually or collectively) impact on their experiences of violence, patterns of disclosure or engagement with support services. Research and policy initiatives on BMER women and girls have largely been preoccupied with distinct forms of violence, such as forced marriage and 'honour-based' violence. As useful as this continues to be in developing understanding and better informed responses to specific forms of violence, it has also left a vacuum in a broader, systematic understanding of BMER women's and girls' experiences of violence. When BMER women and girls experiences are framed within the context of VAWG, policy and service responses are likely to be better informed, sensitive and appropriate to women's needs.



The picture around levels of reporting is a mixed one. The variances appear to relate to geography, service availability and the nature of violence experienced. However, research and experience indicates that when seeking support women and girls are more likely to approach and proactively engage with voluntary sector women's support services for longer periods of time compared to mainstream services. Specialist BMER VAWG services, therefore, provide an important site for collecting useful information on BMER women, girls, and their children.

For many women and girls, support and advice from a specialist BMER advocate or frontline service is often a critical component of the types of support they are likely to receive. Contrary to popular belief, language support is not always the primary presenting need. BMER women and girls are likely to value other aspects of provision. BMER VAWG services provide women and girls with the choice to access spaces they identify with, where they feel accepted, safe, and less isolated. Workers also have an expertise about the specific forms of violence that have a disproportionate impact on BMER women and girls as well as an in-depth understanding of discrimination, racism and gender dynamics within family and community structures which can directly shape women's experiences of violence and their opportunities for accessing appropriate support services.



The BMER VAWG sector has evolved over the years. Some services now specialise in addressing additional forms of violence such as sexual exploitation and trafficking, whilst others target services to women and girls from a broader range of BMER communities. However, gaps in understanding exist among some policy makers and commissioners on the need for, and impact of, targeted BMER VAWG services. BMER-led services are rarely evaluated or commissioned on the basis of their specialism and increasingly lack sustained investment.

A lack of recognition within areas of public policy, including Supporting People, Community Cohesion and Localism agendas, has created further instability for niche, specialist services in favour of more mainstream models of service delivery. With the current austerity measures, the full impact of the cuts is yet to be felt. It is likely that the move towards more generic provision will continue, and the BMER women's sector will increasingly face pressures to reduce or cut services. Yet, services that integrate BMER approaches across all strands of their service, from leadership structures and recruitment to service delivery, provide an approach that many BMER women and girls choose and continue to find necessary, effective and strengthening in moving forward from the impact and consequences of violence. This suggests that specialist BMER models of service delivery should not be viewed in a limited or constrained way due to their 'specialism'. Given that BMER services essentially deliver what would be expected from a mainstream VAWG provider in addition to specialist approaches, these services need to be readily acknowledged and understood as services that symbolise promising practice within VAWG commissioning and funding frameworks.

## PARTICIPANTS

Ten organisations participated in the toolkit project from across the UK. Nine of these were specialist BMER VAWG organisations and one was a mainstream VAWG organisation that provides a dedicated service to BMER women. All organisations provide a range of services including refuge provision, outreach and advice services. The organisations were:

- ♦ Apna Haq, Rotherham
- ♦ Asha Projects, Lambeth
- ♦ Ashiana, Sheffield
- ♦ Ashiana Network, Waltham Forest
- ♦ Humraaz, Blackburn
- ♦ Latin American Women's Aid, Islington
- ♦ Newham Asian Women's Project, Newham and Haringey
- ♦ Saheli, Manchester
- ♦ Shakti, Edinburgh
- ♦ Solace Women's Aid, Islington

## INTERPRETING THE DATA

Caution should be applied when interpreting some of the quantitative data in this report. Most of the services that participated were targeted at South Asian women and this limits the data on women from other BMER communities. At times, responses were not provided for all of the questions and this has to be borne in mind, though the findings do highlight where this might have been the case. As a small scale pilot project, these findings usefully highlight the issues that require further investigation and research.

## ACKNOWLEDGEMENTS

Imkaan would like to thank every woman that shared her experiences, and all of the case-workers from BMER women's services that gave their time and energy to the project, despite limited resources.

We thank Dr Ravi K. Thiara for her advice, expertise and analysis of the findings and on-going support to Imkaan, and David Owen and his team for their technical assistance with the data analysis. We would also like to thank Lia Latchford at Imkaan for her invaluable help throughout the project.

Finally, we thank Coco Edwards for the design of this publication.



## WOMEN'S JOURNEYS

The violence towards **HENNA** started after the day she was married. Her husband was physically, emotionally and sexually violent towards her throughout the relationship. When Henna became pregnant for the second time, it got worse. Pregnant, she and her young daughter were forced to leave their family home. With little money and no friends and family in the UK, Henna felt completely isolated. She thought that she was not entitled to any help.

Henna eventually managed to get to a refuge, where she needed intensive practical and emotional support. She received help with:

- ♦ Day-to-day practical tasks.
- ♦ Getting acquainted with local services.
- ♦ Accessing medical care through a GP, midwife and health visitor.
- ♦ Her immigration application.
- ♦ Liaising with the police and social services.

Henna gave birth to a healthy baby boy whilst at the refuge. She has settled well and has started to interact more with other women by taking part in outings organised by staff. She feels more independent and confident for the first time and continues to get support. However, financial support from social services of £50 per week is due to end and Henna's future remains uncertain. She is very dependent on the support of the refuge and the outcome of the Home Office application before she feels able to move on properly.

## KEY FINDINGS

### PROFILE OF BMER WOMEN AND THEIR CHILDREN

Large numbers of BMER women and their children continue to be supported by a range of specialist BMER VAWG services. Over a three month period, 183 women and 242 children accessed support from the ten organisations involved in this project, including refuge provision, outreach services, advocacy, counselling and advice services.

Data on the profile of the women and children revealed the following:

- ◆ Just under half of the women (n=88) were living in a BMER women's refuge.
- ◆ Women were also accommodated in private/rented accommodation (n=18) and 2 women were living in bed & breakfast accommodation.
- ◆ 11 women were living with the perpetrator, and the remainder were living with friends/family or in their own house without the perpetrator.
- ◆ Women were predominantly young. Two thirds were aged under 35 years and nearly a third between 19-25 years. A smaller number were aged between 16-18 years (n=7) and 51-64 years (n=7).
- ◆ Women's children were aged between a few months to over 18 years, however a large proportion of children were between 0 to 5 years old (n=72).
- ◆ Just over two-thirds of women were from South Asian communities.

- ◆ Just under a third of the women were from other BMER communities, including Black Caribbean and Black African (9%), North African/Middle Eastern (8%), South American (5%). Women from Polish, Thai, White/South African, and women with a dual heritage identity formed 6% whilst women from 'other Asian communities' were the smallest group (3%).
- ◆ Small numbers reported on the categories in relation to disability and sexuality.







## WOMEN'S JOURNEYS

**MARIA** is from Venezuela. During the 9 years of her marriage Maria suffered physical, emotional, financial and psychological violence. She was hospitalised on several occasions as a result of the violence and was also stopped from seeing friends and family.

Maria's self-esteem was gradually eroded to the point that she began to believe that she deserved the violence and should be grateful to her husband for marrying her. She was expected to pay all of the household bills and was told that if she gave her husband money he would stop hitting her. She started to pay him every week. Maria felt totally lost, isolated, scared and angry. There was another row and this time when he hit her she found the strength to defend herself. That day she decided she had to get help.

The refuge workers supported Maria with:

- ♦ Legal advice and representation.
- ♦ On-going emotional support and counselling with a Spanish-speaking therapist to help her deal with the years of violence.
- ♦ Education and training.
- ♦ Support to help her keep her job.

Maria is waiting to be re-housed and wants to start divorce proceedings. She has started a Child Care course and also volunteers for a local project. Her self-confidence and independence have improved and she feels happy to have the opportunity to get what she always wanted; a new career and a life without fear and violence.

## PART 1: THE VIOLENCE



### KEY FINDING:

**Women stated that the violence was frequent, often occurring on a daily basis.**

The frequency of violence was described by women as occurring:

On a daily basis	44%	n=77
2-3 times a week	35%	n=62
Weekly	17%	n=30
Monthly	2%	n=4



### KEY FINDING:

**Nearly all women reported psychological, emotional and verbal abuse (96%) alongside physical violence (72%) and attempted and/or threats of murder from the perpetrator(s) (30%)**

Women also experienced:

- ◆ Financial abuse (63%).
- ◆ Isolation from family and friends (43%).
- ◆ Entrapment was a significant feature of the violence particularly for younger women (57%).
- ◆ 26 women (14%) reported forced marriage.
- ◆ 38 reported sexual abuse (21%), 22 reported rape (12%) and a smaller number reported other forms of sexual exploitation e.g. prostitution.
- ◆ Nearly all of the women with immigration issues reported threats of deportation from the perpetrator (92%).
- ◆ More than a quarter of women in the older and younger age groups (28%) were also subject to pressures of a religious or cultural nature as part of the violence.

**KEY FINDING:**

**Children were most likely to experience emotional (22%) and verbal violence (24%).**

- ◆ Alongside emotional violence, children were subjected to direct and indirect forms of violence including slaps, kicks, and punches and witnessing violence towards their mother. There were some reports of sexual abuse and rape.
- ◆ Other types of neglect included disinterest from the father, isolation from peers, friends and family and deprivation of day to day necessities.

**KEY FINDING:**

**Women not living in a refuge service (43% n=75) were more susceptible to post-separation violence.**

This included:

- ◆ Stalking, threats and continued violence by the partner (35%).
- ◆ Pressure from the wider community (31%).
- ◆ Harassment and violence from the extended family (27%).
- ◆ Pressure to withdraw from a prosecution (7%).
- ◆ Attempted child abduction (7%).
- ◆ Racism from neighbours and/or the local community (3%).

**KEY FINDING:**

**A considerable number of women experienced violence for a long period of time before leaving.**

Women had been in the violent relationship for considerable periods, as follows:

10 years or more	26%	n=48
5 years or more	18%	n=33
1-4 years	42%	n=76
Less than a year	12%	n=21

**KEY FINDING:**

**Women experienced violence from multiple perpetrators.**

Violence was predominantly inflicted by the spouse/partner in over three-quarters of cases (77% n=142), however women also experienced violence from:

- ◆ Other family members (45% n=78) including parents-in-law, sisters and brothers-in-law, parents and siblings (especially brothers) and in a minority of cases the whole extended family and friends.
- ◆ Women and girls aged 25 and below (67% n=36) were more likely to report violence from other family members.



## KEY FINDING:

**Violence has a significant impact on women's emotional, mental and physical health.**

Women were most likely to report:

- ◆ Three quarters reported depression (75%).
- ◆ Nearly two thirds reported loss of self-esteem or confidence (62%).
- ◆ Over a third reported nightmares or flashbacks (34%).
- ◆ A fifth reported suicidal thoughts (20%).
- ◆ Attempted suicide (18%).
- ◆ Self-harm (13%).
- ◆ Eating disorder (19%).
- ◆ Where women reported attempted suicide, just under half had attempted suicide once, half had attempted suicide between 2-4 times and 2 women had attempted suicide 5 times or more.



## KEY FINDING:

**Violence has a significant impact on the emotional, mental and physical health of children.**

Children were most likely to experience:

- ◆ Problems at school (n=22).
- ◆ Aggression and anger towards adults and peers (n=19).
- ◆ Inability to make friends or being withdrawn (n=19).
- ◆ Nightmares and flashbacks (n=17).

There were also reports of children having a lack of interest in or enjoyment of activities, sleep disorders, high levels of anxiety and the risk of or actual school exclusion.





## WOMEN'S JOURNEYS

**EREM** fled her brother. Her brother had been emotionally and physically violent throughout her teenage years, often making threats to kill her, hitting her with a hammer, belts, boots and other objects. Her parents were unaware of what was going on. When she got a little older, she made the decision to move away to escape him.

However, her parents were getting older and were struggling to cope on their own so Erem reluctantly decided she had to move back. Her brother became violent again and the threats to take her abroad and force her into a marriage continued. It was so relentless that at one point he tried to abduct Erem. Erem lived with this daily fear and never renewed her passport as a way of protecting herself. One day her brother came home drunk and punched her in the face for talking back. She decided she could not take it any longer and called the police.

Erem eventually moved to a refuge where she received emotional support and help with finding housing. She has now moved into her own flat. Erem stills speaks to her case-worker even after leaving the refuge; it is helping her to gradually overcome everything she has been through and helps to keep her focused on her future.

Best of all, Erem is now studying and volunteering which she really enjoys. She is working towards a brighter future.

## PART 2: LEAVING THE VIOLENCE

### KEY FINDING:

**Women were most likely to initially talk to friends (54% n=99) and family members (45% n=83) about what was happening at home.**

- ◆ Women (15%) had also approached other agencies for help such as the police, teachers, health visitors, children's school, children's centre, and women's organisations.
- ◆ A smaller number of women spoke to work colleagues, neighbours, religious organisations and community elders.
- ◆ Overall, women found responses from friends (88%) and other agencies (89%) most helpful whilst reporting family responses as unhelpful (54%).
- ◆ 18 women had approached religious organisations and community elders and the majority found responses unhelpful.

### KEY FINDING:

**For over two thirds (68% n=110) of the women, this had been their first attempt to leave the violence.**

In under a third of cases, women had left but then returned due to pressure from the husband or family. Other reasons for returning included being abandoned in the country of origin, and concerns about immigration status.

When women made the decision to leave, this was motivated by a variety of factors which included:

- ◆ Escalating levels of violence including sexual violence and threats to kill.
- ◆ A combination of partner's alcohol and mental health issues and increasing levels of violence.
- ◆ Threats to kill and fear that this would be carried out.
- ◆ Birth of child leading to escalating violence.
- ◆ Being thrown out by partner/spouse or family member, sometimes after false accusations of abuse towards children.
- ◆ Fear of being sent back to country of origin and losing children.
- ◆ Spouse initiating divorce and remarrying.
- ◆ Fears of having children taken away.
- ◆ Increasing violence towards children.
- ◆ Facing pressure to stop education and get married.
- ◆ Violence impacting on women's mental and physical health.
- ◆ Being made aware of support services by police and/or social services.
- ◆ Being abducted by family and abandoned in country of origin.

## KEY FINDING:

**Prior to accessing a BMER specialist service, to get advice women were most likely to contact:**

**The Police (54%),  
Housing (29%),  
Social Services (28%),  
GP (25%)  
Women's Aid Refuge (20%)**

- ◆ Two-thirds of women had approached 1-2 agencies for help (n=120) and just over a tenth had approached between 3-5 agencies (n=20).
- ◆ Overall, women were less likely to approach Victim Support, A&E departments or non-specialist community groups for support.

## KEY FINDING:

**Women were most likely to self-refer to a BMER specialist service (26%) or were most likely to be referred by the police (13%), housing/social services (10%), a mainstream women's aid refuge (10%) or a friend (7%).**

- ◆ Other identified points for referral included the National Domestic Violence Helpline (4%), family members (2%), GP (0.5%), IDVA (0.5%) and MARAC (0.5%).
- ◆ 'Other' referral agencies (26%) included women's organisations, schools, health visitors and other community based advice agencies.





### KEY FINDING:

**41% (n=68) of women made a formal report to the police however women also expressed concerns about approaching the police.**

Where women did report to the police, overall they found the response helpful.

Women who did not report to the police gave a range of reasons. These included:

- ◆ Not knowing how to approach the police.
- ◆ Language difficulties.
- ◆ Feelings for the perpetrator.
- ◆ Not trusting the police because of negative past experiences.

- ◆ Not wanting any police involvement or any other form of legal action.
- ◆ Concerns about the impact of their immigration status on access to support.
- ◆ Needing to access a safe place before making a formal report.

Women also expressed fears about the potential impact of reporting in relation to wider family/community concerns.

For example:

- ◆ Concerns that the wider family/community would find out.
- ◆ That the family may get into trouble or arrested.
- ◆ Not wanting the family/community to think badly of her or for her actions to be seen as 'dishonourable' or stigmatise her family in any way.
- ◆ Being afraid of repercussions from the perpetrator.

### KEY FINDING:

**18% of women reported that they had experienced pressure to reconcile with the perpetrator through mediation.**

- ◆ The largest number (18%) of women had spoken to family members for purposes of mediation/reconciliation, followed by friends (9%) and religious organisations or religious leaders (3%).
- ◆ However, many of the women reported that family members had placed them under pressure to return to their partners.



## PART 3: WOMEN'S VIEWS OF SUPPORT

### KEY FINDING:

**Women rated the responses from other external agencies they sought help from. Local authority housing departments, social services and the benefits agency were most likely to be rated as unhelpful or very unhelpful.**

- ◆ 58% of women rated the local authority housing department as unhelpful.
- ◆ 37% of women rated social services as unhelpful.
- ◆ 35% of women rated the benefits agency as unhelpful.

### KEY FINDING:

**The majority of women (89% n=126) had a preference for receiving support from a BMER VAWG specialist service.**

A smaller number (11% n=16) did not feel that they necessarily wanted support from a BMER service because of their experiences of positive interaction with mainstream professionals.

- ◆ Women received different forms of support including being linked to other services, advocacy, access to training and education, access to culturally-specific counselling, and specific support to navigate the Criminal Justice System (CJS).
- ◆ Women most frequently cited being with other BMER women who have also experienced gender-based violence,

being able to communicate in their own language, and the specialist expertise of workers as being the most important aspects of the support they were receiving.

Specialist services had a positive impact on women's safety and emotional/mental health. For example:

- ◆ 99% said that the specialist BMER service made them feel safer and protected overall.
- ◆ 22 women (17%) were supporting a criminal prosecution. Nearly half stated that direct support from a BMER service was key to helping them feeling safe and protected during the legal process.
- ◆ The majority (89%) stated that their mental health had improved whilst accessing the service.



**KEY FINDING:**

**Women stated that improved access to training, help in finding work and childcare is key to support provision.**

Services were also asked if women had other support needs which either their service or partner agencies had been unable to provide. The responses included:

- ◆ Housing/accommodation.
- ◆ Child care which prevented women from accessing training.
- ◆ In-house specialist counselling for women.
- ◆ Funding for women with an insecure immigration status.
- ◆ In-court support with child contact issues.
- ◆ Training and back to work support.

**KEY FINDING:**

**Where child contact was in dispute, contact had been awarded in 13 cases and in the majority of these cases it placed the children at further risk.**

The father was involved in contact negotiations in 21 cases and the paternal grandparents were involved in 6 cases.

Where the issues of risk were highlighted in relation to contact, the reasons given included:

- ◆ Child does not want to see the father.
- ◆ Contact places mother at risk as the children are collected from her house.
- ◆ Child has displayed behavioural problems following contact with the father.
- ◆ Father is considered unstable and unreliable.
- ◆ Father was previously abusive to children and there are fears about the prospect of repeated violence and its impact on the children.

In some cases where formal contact arrangements were not in place, women reported forced separation from their children. For example, women were subject to counter-allegations from the perpetrator and accusations of child abuse, which meant that they were forced to leave their children with the perpetrator. A few women were abducted and abandoned in the country of origin without their children and were in the process of trying to get them back.



## KEY FINDING:

**Women supporting a prosecution rated a range of factors as most important to their feelings of safety during the process.**

Factors that contributed to women's feelings of safety included:

- ◆ Being informed by the police and Crown Prosecution Service (CPS).
- ◆ BMER advocacy and support.
- ◆ Separate waiting areas, entry and exit points to court.
- ◆ Being linked to an appropriate service by an IDVA.

17% (n=22) of women overall were proceeding with a prosecution. Where cases were dropped by the CPS this was most

likely to be linked to insufficient evidence. In other cases where women had withdrawn from prosecution, the reasons included:

- ◆ Pressure and intimidation from the family (n=6).
- ◆ Wanting to leave violence without prosecution (n=1).
- ◆ Fear of not getting financial support (n=1).

4 out of 19 women (21%) said CPS responses could have been better. They stated that the CPS needed a better understanding about the 'cultural' needs of women, should have achieved a better outcome in the case, or needed to be more helpful in intervening in relation to the perpetrator's on-going behaviour.

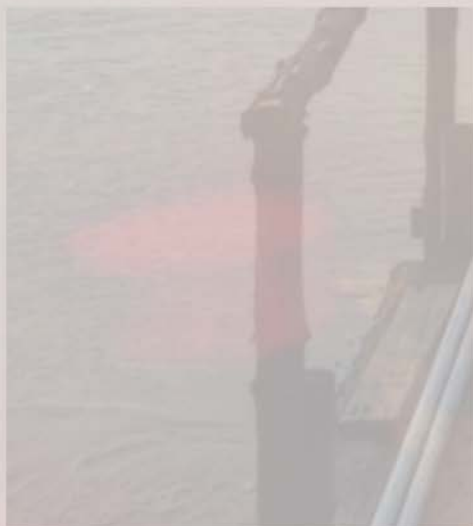


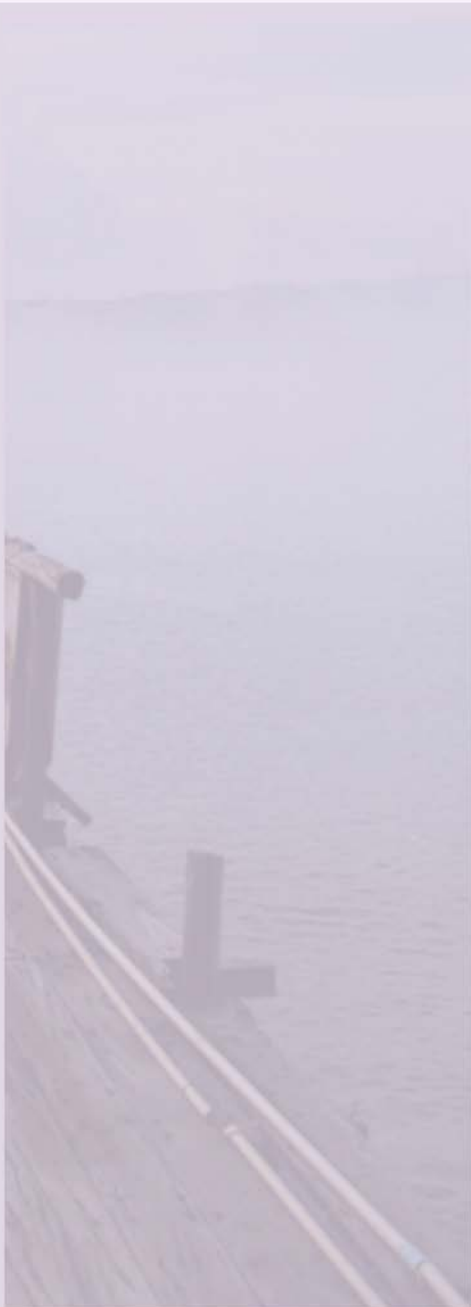
## PART 4: MOVING ON

### KEY FINDING:

**Out of 157 women, 22% had been rehoused, 55% were in the refuge or were waiting for accommodation and 3% had returned to the perpetrator.**

- ◆ Over a third (38%) of women were still in the refuge.
- ◆ 22% had been re-housed safely.
- ◆ In 20% of cases, women had been moved on to other refuges for safety reasons, were still living with the perpetrator but were more aware of their options, were still living with friends or family or were awaiting the outcome of their immigration case.
- ◆ 17% were waiting to be re-housed.
- ◆ 3% had returned to the perpetrator.





## WOMEN'S JOURNEYS

**SHIMA** suffered physical, emotional and verbal abuse from her husband. She had wanted to separate from her husband for a long time but was not sure how to go about it. She was finding it harder to stay in the situation particularly as her husband was becoming increasingly violent towards her son. She could not take it any longer and decided to try and find help.

She was put in touch with a refuge, where she found staff to be very understanding, giving her time to think about what she wanted to do. This went on for a couple of weeks but one day her husband came home in a bad mood. They began to argue and he put his hands around her throat. She rang the case-worker the next day whilst her husband was at work, in fear of what would happen next.

The case-worker immediately helped Shima with:

- ♦ On-going emotional and practical support.
- ♦ Making a statement to the police.
- ♦ Welfare benefits.
- ♦ Getting in touch with a solicitor to get an injunction.
- ♦ Additional security measures in the home including the changing of locks.
- ♦ Making a housing application to another area for safety reasons.
- ♦ Liaising with the child protection team at social services.

Shima sees her case-worker twice a week and is waiting for housing. She is feeling much stronger and hopeful about the future.



## SUMMARY AND RECOMMENDATIONS

Data from 183 BMER women illustrate the complex, traumatic and often harrowing impact of gender-based violence. Women experienced high levels and multiple forms of violence for long periods of time, and in many cases they had been living with the violence for over 10 years. Nearly all women reported emotional violence. Often this continued in the form of stalking, threats and violence from the spouse/partner, family or community members, particularly for women who were not living in a refuge.

A considerable number of women were also subject to threats of, or attempted, murder prior to accessing support. Smaller numbers of women reported rape, sexual violence and exploitation. Further work is required to understand specifically the prevalence and impact of sexual violence; to determine the existence of any barriers to disclosure and access to appropriate support.

In some cases, violence (sometimes at the hands of multiple perpetrators) continued after women had reported. In these situations, not only did women experience considerable levels of violence, they also had to withstand pressures to withdraw their statements to the police or from proceeding with a prosecution. Some women also had to deal with attempts to mediate, the stigma of reporting and the potential threat of repercussions from their perpetrator(s), including intimate partners, family members and wider community networks.

The consequence from persistent and multiple forms of violence from more than one perpetrator is likely to have a significant and detrimental impact on the emotional, physical, mental health and well-being of BMER women and children. A number of women reported depression, a loss of self-esteem, nightmares, flashbacks, suicidal thoughts and attempted suicide. For children, the violence often led to problems in education, isolation or anger towards their peers. Furthermore, these factors are likely to limit women's opportunities for safe and appropriate disclosure, access to and continued engagement with external support services. Therefore, not only is it critical to ensure that BMER women and children have access to more consistent levels of practical and emotional support in the form of advocacy,

housing, information, therapeutic, resettlement and outreach in terms of women's protection overall, such support should also be available at specific points of vulnerability.

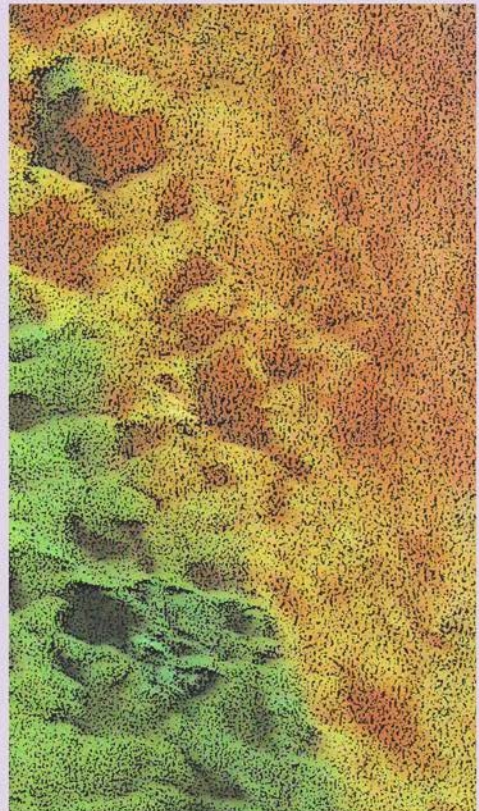
Women were more likely to disclose to friends and family members prior to approaching an external agency, although the responses of some family members were not considered to be helpful when compared to the responses from friends. Again, investment in early intervention and prevention approaches would assist women to access information and advice as early as possible rather than at the point of crisis.

However, it is encouraging to note that when women did leave, the majority did not return to the violence. Once they accessed a range of support through BMER VAWG services, most of the women regarded further service interventions as positive. Although some women regarded the responses of statutory agencies as less helpful (such as social services, housing, and the benefits agency), and women were less likely to approach some agencies including A&E departments. Agencies must develop appropriate and responsive service structures to mitigate against any factors that would discourage women from seeking help, especially since this was the first time many women had attempted to formally speak to anyone about the violence.

Women valued specific types of support, including being kept informed by the police and the CPS, the provision of separate waiting and entry points at court, and advocacy from BMER women specialist workers to assist with navigating the criminal justice process. Women also described the benefits of accessing BMER VAWG services which led to improvements

in their feelings of safety, emotional, and mental wellbeing, with 99% of women stating that BMER services as a whole made them feel safer. It is essential that women's views on the value and impact of BMER VAWG services are integrated within the commissioning and development of service responses on VAWG.

Although further work is required to fully understand the patterns of violence BMER women and children experience, Vital Statistics highlights key issues that are relevant to policy makers and commissioners about the needs of BMER women and their children.







## GOOD PRACTICE CHECKLIST FOR POLICY MAKERS AND COMMISSIONERS

### ✓ RESEARCH AND DATA ON BMER WOMEN AND CHILDREN

- Use of existing data and on-going research to identify new and emerging needs on the impact of multiple forms of violence against BMER women, girls and their children. For example, domestic and sexual violence within an intimate partner and/or multiple perpetrator setting.
- Further research to assess the patterns of violence and service needs of BMER women and girls who are less visible within existing data and research e.g. Black Caribbean and Black African, North African/Middle Eastern, South American, Chinese, and Tamil *women and girls*.
- Individual agencies should examine existing methods of data collection systems on VAWG to ensure that these systems respond to the specificity of BMER women's and girls' experiences but also to ensure that any disparities in access to statutory and voluntary sector services are monitored and addressed.

### ✓ DEVELOPMENT OF INCLUSIVE VAWG STRATEGIES

- Recognise BMER women's and girls' experiences of gender-based violence as a key local strategic priority across health and social care, housing and crime.
- Involve BMER VAWG specialists on Health & Wellbeing Boards from diverse ethnic backgrounds during the early stages of strategy development.
- Ensure that the views and voices of diverse groups of BMER women and girls are reflected within consultation and engagement processes and the use of gender-specific spaces to facilitate effective and safe methods of engagement.
- Ensure that strategies are equality impact assessed and monitored by working in partnership with key specialist equalities voluntary sector groups.



## ✓ COMMISSIONING AND FUNDING SPECIALIST PROVISION

- Ensure that local or regional approaches to commissioning VAWG services do not automatically opt for merger as the preferred option for the delivery of BMER specific services, but recognise the value and impact of BMER led services as central to an effective VAWG response.
- Promote the commissioning of BMER led VAWG services that demonstrate promising practice and specialist expertise in crisis-based, early intervention, prevention and therapeutic services.
- Strengthen joint approaches to widen access to specialist BMER expertise e.g. joint-commissioning existing BMER VAWG services to deliver peripatetic outreach services within health or other mainstream settings.
- Recognise the need for a more holistic model of service delivery which provides women and girls with access to more consistent levels of practical and emotional support at specific points of vulnerability e.g. before leaving, at the point leaving, reporting, contact or other legal proceedings, for women and girls who are living at home or with friends and family, temporary accommodation, foster care or once they have left a refuge service.
- Directly engage with national BMER VAWG services as experts to assist in shaping local and regional commissioning strategies and improving awareness on, and access to, BMER specialist services and support.
- Funders should review existing grants programmes on VAWG to explore the scope for supporting smaller specialist providers that address different strands of equality, to improve their capacity and sustainability in the current economic climate.





Imkaan

020 7250 3933 | [www.imkaan.org.uk](http://www.imkaan.org.uk) | [admin@imkaan.org.uk](mailto:admin@imkaan.org.uk)



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