All-Party Parliamentary Group on Domestic Violence and Abuse

women's aid
until women & children are safe

Minutes of the APPG on Domestic Violence and Abuse Meeting

Mental Health Inquiry – First Oral Hearing

Wednesday 7th July 2021, 10am-12pm
Virtual meeting
Chair: Apsana Begum MP

Over the past decade mental health has seen increased attention both by the Government and the public. Despite this, and the knowledge that domestic abuse can have a severe and life-long impact on a survivor's mental health, survivors continue to struggle to access the support they need. The COVID 19 pandemic has worsened many people's mental health, particularly survivors who experienced escalating domestic abuse and barriers to support, or whose previous experience of domestic abuse was triggered by lockdown measures.

The APPG on Domestic Violence and Abuse's inquiry will focus on the barriers and issues currently faced by survivors in respect of seeking support for their mental health, alongside expert recommendations from professionals about how to address these. This meeting enabled the APPG to hear from two experts by experience as well as other professionals from the VAWG sector and health sector. The meeting was chaired by Apsana Begum MP, and the other parliamentarian in attendance was Kim Johnson MP.

Apsana Begum MP

Apsana welcomed the speakers and attendees and thanked them all for sharing their expertise today. Apsana opened the meeting by discussing the barriers that survivors of domestic abuse and VAWG survivors may face whilst trying to access mental health support.

Helen*, Expert by Experience

*pseudonym

Helen explained that after leaving an abusive relationship, she faced many barriers from various professionals. Helen described how she was re-traumatised by psychologists and therapists - being asked questions such as 'what percentage do you blame yourself for being attacked', having to replay the abuse over and over, and being told she was too 'sensitive' after having an emotional response. Helen highlighted that NHS staff made victim-blaming assumptions about her, including suggesting she sought out relationships where she was treated badly. She also experienced barriers from local domestic abuse services, working with staff who did not take a trauma-informed approach, and having to wait three years for trauma informed therapy as she could not afford private treatment.

Helen described how she was wrongly diagnosed when she first received support, a diagnosis which subsequently followed her, meaning often she was not believed and decisions were made without her. This compounded her trauma as her experiences were met with responses such as “someone with your diagnosis would think like that…”. Helen stated that pathologising her experiences to a mental health diagnosis did not help her work through her trauma. Helen highlighted that the medical model perpetuates abuse within the system, with power being held over service users, and many professionals having a poor understanding of the dynamics of domestic abuse and the interplay with mental health. Helen explained that there is a failure to realise how important client led services are and the importance of building a trusting relationship when supporting survivors.

Helen described how life as a survivor is exhausting, as she has had to struggle to survive, being moved from one service to the next whilst trying to put your life back together. Helen explained what she thinks need to happen to improve support for survivors, including: specific advocates who can support survivors in multiple areas of their lives as well as specific services for minority groups to help alleviate isolation; safe homes for survivors which are integral for a survivor's mental health; a joined-up approach between services; and genuine engagement with service users to make meaningful changes rather than tokenistic gestures. Helen also emphasised the need for independent bodies to investigate complaints made by survivors about service provision across all sectors. Helen highlighted that often service providers and regulators such as the NHS, the British Association of Counselling (BACP), and specialist VAWG services, investigate themselves, which makes it exceptionally difficult to be heard and effect meaningful change.

Apsana Begum MP

Apsana thanked Helen for speaking and stated that it should not be up to the survivors to navigate the system to get the support they need.

Jessi, Expert by Experience

Jessi shared her experiences as a survivor of rape and the impact this has had on her mental health, including feeling suicidal due to the anxiety and trauma from her experiences. Jessi stated that the perpetrator had caused the trauma and had made the decision to rape her because of power and control. This was compounded by negative experiences and feeling unsafe with the police, being interviewed by a male officer and then being alone in his car for many hours to gather forensic evidence. Jessie highlighted that she felt like a case number rather than a person. Jessi called for more training for police, tougher sentencing for rape as survivors lives are changed against their will, and engagement with survivors in safe spaces to keep them updated on their cases.

Jessi explained the social impact abuse has on survivors, creating another barrier to support as she felt unable to talk to her family and this impacted her relationships with them, as well as finding it difficult to make new friends due to trust. Jessi stated that

survivors have to continue to fight but it's exhausting, and we must recognise the lifelong impact of domestic abuse on survivors' mental health. Jessi stated she faced many barriers due to lack of knowledge and effective support from members of staff from different institutions. Jess highlighted how retraumatising explaining gaps in work history can be, and shared challenges she had with university staff as they were not prepared to support survivors nor to consider mental health problems.

Jessi highlighted the importance of trauma-informed counselling, specifically tailored for victims of rape and domestic abuse to address the specifics of trauma and PTSD, particularly as one in three women will experience this in their lifetime. Jessi explained that although many organisations claim to be trauma-informed, they often do not take into account survivors' feelings. Jessi had to retell her story many times which was re-traumatising, and then was told she had to wait a year for counselling, feeling like she had to deal with her mental health problems alone. Jessi highlighted that the power imbalances with staff meant decisions were often made for her, feeling like the abuse was happening again. Jessi called for organisations to be accountable to survivors.

Apsana Begum MP

Apsana thanked Jessi for sharing her experience, and noted her concern about the waiting times for mental health support and the lack of support during these periods.

Dr Philippa Greenfield, Consultant Psychiatrist and Domestic Abuse Lead - The Royal College of Psychiatrists

Dr Philippa explained that she is an elected member of the women's mental health group at The Royal College of Psychiatrists (RCP), which aims to reduce stigma, improve access to support, and contribute to solutions through positive social cultural change in the UK and elsewhere. She highlighted that over the last year the group, alongside third sector partners and experts by experience, have come together to identify best practice recommendations to improving the response to domestic and sexual abuse in mental healthcare. She explained that the RCP has made a commitment to developing a formal strategy for domestic abuse.

Dr Philippa highlighted the importance of training and developing expertise for practitioners as domestic abuse and VAWG can have a profound impact on survivor's mental health, with strong links between self-harm and suicide in survivors. Dr Philippa explained that health care professionals are in a unique position as they often have first contact with survivors, however best practice around disclosure and routine inquiry is not consistently implemented across mental health services. Dr Philippa called for more training, including mandatory training for all healthcare professionals around sensitive routine inquiry about harm, embedding training into medical school and psychiatry training, alongside teaching about trauma-informed approaches.

Dr Philippa explained that the RCP has endorsed a working group, which Dr Philippa is chairing, where she is looking at developing consensus guidance on healthcare responses to perpetrators of domestic abuse, with the aim of developing training and guidance. Dr Philippa also highlighted that the RCP has launched a joint campaign with

the Royal College of Obstetricians and Gynaecologists, aimed at the women they may miss, and encouraging healthcare professionals to work collaboratively to tackle domestic abuse. Dr Philippa called for the development and roll out of the national sexual safety standards which are recommended in all mental health patient settings, which promotes practice in trauma-informed approaches and environments that support disclosures.

Rosie Lewis, Head of Policy - Imkaan

Rosie highlighted that over the last few decades, members of Imkaan have increasingly taken on the work of statutory mental health care, such as counselling and advocacy, with up to 25% of referrals come from the health sector, despite many not receiving health related funding. Rosie explained that this is due to Black and minoritised women being excluded from the health sector. Specialist services are often relied upon to provide this support, which is a holistic approach to mental health, as the impact of trauma is often misunderstood by wider health systems.

Rosie highlighted the impact that structural inequalities have on women's access to mental health support, as VAWG interlocks with diminished health care outcomes, socio-economic marginalisation and exclusion. Rosie explained that hostile immigration policies are having an impact on women's access to mental health support and there continues to be entrenched institutional racism which exacerbates the issues around health exclusion, misdiagnosis and appropriate responses. Rosie called for a rights-based approach to address concerns around support for Black and minoritised women through the Equality Act and other international conventions which reiterate the right for all women to have access to mental health support. She also emphasised when looking at the VAWG strategy and the long-term plan for mental health, that there needs to be a funding commitment to Black and minoritised specialist services.

Apsana Begum MP

Apsana echoed that there needs to be further funding for specialist services as the health sector is struggling and these services are doing this despite having no help from statutory services.

Steph Keeble, Director (CEO) - Birmingham LGBT+

Steph discussed the barriers impacting LGBT+ survivors of domestic abuse, the most dominant being the discourse being heteronormative, resulting in LGBT+ survivor's experiences being hidden and not being able to access the support they need. Steph highlighted that this often results in many LGBT+ people in abusive relationships not recognising what abuse looks like, and therefore do not seek support or know where to seek support. Steph explained that when LGBT+ survivors do seek support, they are often diagnosed with personality disorders rather than complex PTSD, which can be detrimental. Steph explained that this is why it is vital that practitioners are trained in a trauma-informed way.

Steph highlighted that the LGBT+ community already carries a high burden of mental health problems as they face discrimination and micro-aggressions on a daily basis.

Steph pointed out that 80-90% of LGBT+ people are not accessing mainstream services, meaning often domestic abuse within the LGBT+ community is hidden, despite one in four LGBT+ people experiencing abuse. Steph explained that often their service will have survivors who have been through mainstream services and they then have to unpick the damage done due to a lack of cultural competency and training on working with LGBT+ survivors. Steph described how due to heteronormativity around domestic abuse, survivors can be subjected to coming out multiple times impacting their mental health. Steph called for a ban on conversion therapy and a need for professionals who are appropriately trained and can recognise the signs of abuse within LGBT+ relationships.

Apsana Begum MP

Apsana echoed many of Steph's comments and noted that as LGBT+ survivors are often invisible and this is very clear from the data we have on domestic abuse.

Lizzie McCarthy, Senior Policy and Research Officer - Women's Aid Federation of England

Lizzie introduced a joint project between Women's Aid and the Centre for Gender and Violence Research at the University of Bristol, setting out how sexism and misogyny impacts experiences of domestic abuse. Lizzie highlighted that survivors told them the label of mental health had long-lasting negative implications, being seen as problematic people rather than the abuse and violence perpetrated against them being the problem. She also explained that being identified as mentally ill or showing signs of emotional distress were linked to wider stereotypes about women being unstable, over-emotional or hysterical, and these discourses served to disempower, infantilise and objectify women. Lizzie highlighted that these stereotypes are a barrier to accessing support and justice, overshadowing the responses from services such as the courts, police and their children's school, with women's parenting ability often called into question as was their credibility.

Lizzie explained that there was a counter-discourse around mental health and a different emphasis on mental health being a response to trauma. She stated that this discourse sometimes came through experiences of empowering domestic abuse support work. Lizzies highlighted that this reframing of domestic abuse as a consequence was absent from other services other than specialist domestic abuse services. Lizzie explained that the research showed that the courts are extremely sexist and that angry, loud women are labelled as 'crazy' and abusive men are 'charming' to professionals, and perpetrators used these labels in their abuse and to bolster their position.

Huda Jawad, Co-Founder - Faith and VAWG Coalition

Huda highlighted that survivors from faith backgrounds are often left out of the conversation and literature around domestic abuse and mental health. Huda explained that this was concerning, as in the context of the medical model, faith can be viewed as a manifestation of mental health problems and are pathologised rather seen as than a coping mechanism of trauma. Huda pointed out that faith abuse is not recognised by

the Domestic Abuse Act, in health strategies or in generic/white-led services meaning that the support many survivors of faith receive is not holistic or appropriate. She also pointed out that faith is often racialised and specific women are stereotyped around assumed faith, particularly Muslim women.

Huda explained that the way that faith is often invisible and misunderstood means that services do not fully understand how other factors play out in a survivor's level of risk or safety, particularly if your identity intersects with race, sexuality or disability. Huda called for funders to understand the importance of specialist 'by and for' services, who truly understand how faith can affect experiences of domestic abuse and mental health. Huda concludes by saying that until we understand how spiritual abuse takes place and how it is used to harm women, we cannot have a holistic view of how domestic abuse impacts survivors' mental health.

Apsana Begum MP
Apsana stated how crucial it is to acknowledge the intersectionality of race and faith. She also spoke about the limitations of secular support and how this limits a survivor's ability to emancipate themselves.

Abigail Gorman, Policy and Public Affairs Manager - Sign Health
Abigail highlighted that Deaf people have many barriers, including the lack of access to sign languages and often services only having information in written English rather than in British Sign Language (BSL). Abigail explained that Deaf people are often excluded from society, and Deaf survivors often have a reading age of an eight-year-old due to the standard of education for Deaf people and how inaccessible it is. Abigail discussed how Deaf survivors also do not recognise the signs of abuse due to lack of education and Abigail called for more accessible information and education for Deaf survivors' around domestic abuse.

Abigail explained that once a survivor is referred to mental health services there are further barriers, including long waiting lists and the need for professionals that understand Deaf culture and who can communicate in BSL. Abigail discussed how access to refuge for Deaf survivors is often hard, having to rely on video communication which most refuges do not have. Abigail highlighted that COVID 19 has made it much worse for Deaf survivors as there was a lack of access to information as much of it is not in BSL. She also discussed how the move to remote services served as another barrier as services moved to telephones. Abigail concluded by stating that Deaf people have many of the barriers other marginalised groups experience, with the added barrier of not having access to the appropriate resources and information in BSL.

Apsana Begum MP
Apsana remarked that Deaf communities face barriers that are further compounded by domestic abuse and there are perceptions around who a domestic abuse victim may be and how this can prevent mental health services from reaching these people.

Maithreyi Rajeshkumar, Policy Manager - Agenda

Maithreyi described the impact of domestic abuse on survivors mental health, including over a third of survivors will make a suicide attempt or self-harm. Maithreyi explained the significant barriers to delivering trauma-informed support, including a lack of holistic joined up support that addresses women and girls mental health needs, leading to women being bounced around services and being labelled as 'hard to reach' or unengaged. Maithreyi explained that often women are forced to fit into services rather than services adapting to fit around the reality of a woman's life and understanding their trauma.

Maithreyi highlighted that Black and minoritised survivors experience structural and racial inequalities, and survivors report that often Western models of therapy fail to connect their experiences of oppression with mental ill health they face. She explained that services often characterise reactions which are products of racism as a sign or symptom of mental illness meaning that ongoing experiences of discrimination are not addressed. Maithreyi discussed how this is all happening in the context of a stretched VAWG sector, and research showed the voluntary sector delivers 43% of women's mental health services due to lack of funding. Maithreyi called for a strategic prioritisation of mental health of women and girls, focusing on the inequalities and access to and experiences of mental health care.

Discussion

- The group discussed how the Domestic Abuse Act does not recognise the needs of Black and migrant women, or so-called 'honour-based' abuse. It was highlighted that if these forms of violence are not recognised by mental health professionals under 'domestic abuse' then women will not be able to access this support or not recognise the need for specific support, which leads to further punitive measures against Black and minoritised women.
- It was queried how engaging those with lived experience of domestic abuse can improve training of professionals in the NHS and specialist services. It was emphasised how essential it is that people with lived experience are involved in designing, developing and delivering training.
- A question was asked about how survivors with mental health needs can receive support from solicitors and barristers when going through the court system. It was highlighted that there is a real need for culture change within the family courts and specialist training for solicitors on domestic abuse and coercive control.
- The group discussed the need to ensure survivors receive trauma-informed support when trying to access a refuge. The importance of sustainable funding was stressed alongside the need for statutory services to refer to specialist rather than generic services.