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 – Second Oral Hearing

Wednesday 8th September 2021, 10am-12pm
Virtual meeting
Chair: Apsana Begum MP

The first hearing of the APPG on Domestic Violence and Abuse's inquiry into mental health examined 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 hearing heard from two experts by experience as well as other professionals from the VAWG sector and health sector.

This second hearing focused on the recommendations for change and best practice for survivors seeking support for their mental health. The meeting enabled the APPG to hear about what the violence against women and girls (VAWG) sector can do to meet the needs of the survivors seeking support for their mental health and what resources the sector needs to meet survivor's needs. The meeting was chaired by Apsana Begum MP, and the other parliamentarians in attendance were Jess Philips MP and Baroness Karen Brady.

APPG Secretariat

The APPG secretariat welcomed the speakers and attendees and thanked them all for sharing their expertise today. The secretariat summarised the inquiry and the first meeting on the barriers that many survivors face when accessing support for their mental health.

Individual Hearings

Paulette, Expert by Experience

Paulette introduced herself as an 'overcomer': someone who has overcome domestic violence. Paulette described her experiences as a Black female child living in a violent household witnessing her mother and other women in the household experience physical, mental, psychological and spiritual abuse. These experiences put her and her siblings at a disadvantage. She went on to explain that when her mother was unable to cope with the abuse she left the house with Paulette and her siblings in the early morning and walked two miles to a police station where she was referred to a 'battered wives home'. Her experiences at this refuge were extremely traumatising as they were exposed to abusive partners coming to the refuge and demanding to have their 'wives and children' back at all times of the day. This was further compounded by the lack of empathy and lack of understanding for her family's cultural needs and how this affected

their access to support and facilities. Paulette stated that now at the age of 57 years old she is also a survivor of physical and mental abuse from an ex-partner.

Paulette went on to speak of her experiences with the Women and Girls Network (WAGN) when she was sexually assaulted outside the music venue, the London Palladium and how as a Black woman she was not afforded the same protections as a white woman as no one came to her aid. She was supported by WAGN who made her feel safe and supported her in a holistic way as they focus on the mental, the spiritual and physical aspects of abuse.

Paulette is concerned that the Government does not place an importance on support for women to ensure their safety. She wants the Government to protect women and their children as the impact of abuse is lifelong, she remarked that she is a former shadow of who she could have been. As a mother of two sons and a foster daughter they were all affected by the legacy of her experiences of domestic abuse. She wanted to implore the Government to tackle violence against women and girls with earnest.

Paulette explained that domestic abuse comes in many forms and as a Black woman, who was born in the UK, she has suffered at the hands of men in so many different ways and in every aspect of her life: in her home; in the streets; in the workplace; and sadly by the Government. She went on to say that she received a lot of strength from the support from WAGN and Women's Aid, and asked women to come together and stand up for themselves and fight.

Apsana Begum MP

Apsana thanked Paulette for her powerful contribution and introduced herself. She highlighted how important it was to support women not just in the initial stages but further down the line as the process of recovery is lifelong.

Nicole Jacobs, Domestic Abuse Commissioner

Nicole started by thanking Paulette for her contribution to the session.

Nicole wanted to use this session to focus on the key things that the Domestic Abuse Commissioner's office can do and work on around mental health and domestic abuse. Nicole highlighted that the kind of support we need for survivors is lacking in mainstream mental health services and this is true of both children and adolescent mental health services (CAMHS) and adult mental health services. It is one of the most underdeveloped areas of work in terms of the coordinated response to domestic abuse.

Nicole noted the importance of seeing the links between the informal support that many VAWG organisations provide for survivors through their trauma-informed approach in the way they interact with survivors daily. There is a huge raft of mental health support that is part of the community approach to domestic abuse that is not properly and sustainably funded, even though 70% of survivors will access these services. The funding for these services needs to be a priority going forward.

From October 2021 the Domestic Abuse Commissioner's (DAC) office will the power to seek information from other public bodies such as NHS England, Public Health England and the Care Quality Commission (CQC). This will allow her office to push for progress and make recommendations to these public bodies which will have to be responded to within 56 days. The DAC office are also setting up an oversight mechanism for domestic homicides, suicides and other related reviews around mental health, such as serious case reviews and coroner reports. This will enable them to have greater oversight and accountability around any recommendations made during these reviews and how they relate to how mental health services are being delivered for survivors. Nicole urged for greater focus on what core service delivery looks like, highlighting that the upcoming Victims Bill provides an opportunity to secure adequate funding for community-based services for VAWG, which includes counselling and support for survivor's mental health.

Nicole ended by setting out the opportunities around the Women's Health Strategy and how it can be used to address mental health and the links to domestic abuse. Nicole wants to see a much clearer and proactive expectation from Government around domestic abuse and mental health.

Apsana Begum MP

Apsana remarked that the data around mental health and domestic abuse hasn't been there so that organisations can respond effectively and support survivors. As well as the Government not providing organisations with clear information about what they're doing to respond.

Panel Discussion – VAWG and Health Partnerships

Gudrun Burnet, CEO – Standing Together

Gudrun explained that Standing Together work within the co-ordinated community response which means working within systems to see how they can change them to improve the responses to survivors and hold perpetrators to account. Their coordinators are based in a local Hospital Trust in order to work alongside them to improve systems and how they respond to survivors. Gudrun highlighted the need for VAWG organisations to be integrated into systems to prevent people falling through the gaps.

Gudrun explained that Standing Together is also part of Pathfinder alongside Imkaan, Safelives, AVA and IRISi. She noted that having a coordinator within the pathfinder programme allows them to understand the processes with Trusts in order to change the entire culture. She added that whilst ad hoc intervention does work for some individuals there needs to be a whole systems response for all survivors to benefit. Through pathfinder, Standing Together have also set up local steering groups as they often found that there would be one or two very passionate individuals within a Trust but they could not rely on these individuals to make the raft of changes needed.

Furthermore, this would not create sustainable and embedded change for survivors as these processes need to have buy in from the whole system/organisation.

Standing Together's biggest takeaways from this work is the impact of domestic abuse on staff within these Trusts. Trusts have a responsibility for their staff's mental health as domestic abuse and suicide impacts the people who they work with.

Donna Covey, Director - AVA

Donna explained that between 60-70% of women who use mental health services have experienced domestic abuse. Donna highlighted research AVA undertook into Trusts which looked at the barriers that prevented mental health professionals inquiring about domestic abuse, these included lack of confidence and more concerning some stated that it simply wasn't their job to ask about domestic abuse. This presents a huge problem if professionals do not think it's their job to ask about trauma.

AVA was commissioned by the Department of Health and Social Care for a project called PRIMH (Promoting Recovery in Mental Health), this involved working with two Mental Health Trusts to develop a Trust-wide approach to identifying and responding to domestic and sexual abuse, which didn't introduce new ways of working but highlighted the resources and commitment needed that is often lacking. Within this project, AVA implemented steering groups, staff training, e-learning and whole organisational policies which included policies on individual staff disclosing abuse. One of the reasons that health practitioners don't ask about abuse is due to their own experiences and the impacts that the disclosure may have on their own mental health. Mentors and champions were also implemented amongst team managers and senior practitioners. The project was able to forge stronger relationships with local VAWG services as not knowing where to refer women to, was a barrier to practitioners asking about abuse, this led to improved referral and care pathways both internally and externally.

The impact of this work meant that Trusts had a set of new policies, training increased staff knowledge as well as increased understanding on why women do not disclose abuse. Staff were also trained on understanding what questions to ask to encourage disclosure and what not to say when disclosure occurs. The project also created champion networks in both Trusts, one of which still has this network six to seven years later.

Apsana Begum MP

Apsana commented on the importance of the project's finding on mental health practitioners' personal experience impacting the support provided to other women who have disclosed abuse if they themselves have been affected by domestic abuse.

Meril Eshun-Parker, Director - London Black Women's Project

Meril set out that London Black Women's Project (LBWP) were commissioned by Newham NHS and the East London Foundation Trust to provide a bespoke counselling

service for Black and minoritised women who were survivors of domestic abuse and VAWG. LBWP specifically targeted counsellors who were from Black and minoritised communities and spoke an additional language that was common to the area, in acknowledgement that it is often very difficult for women to access services that address intersectionality and services which were 'trans-cultural' in their delivery. Meril argued that you could not create a sense of equality with a counselling session if you did not take into account people's race, language, religion, culture and other factors. It is also important to have counsellors speak an additional language as it is important for a survivor with mental health needs to be able to articulate traumatic experiences in a language they are most comfortable with. This partnership has allowed women to tell their full story so they felt heard and understood.

Meril highlighted that LBWP found that services delivering counselling failed to acknowledge every woman's narrative and her journey. Due to this omission they wanted to challenge Universities and academics on how they bring intersectionality into their courses so that Black and minoritised women can experience an equal service.

Meril concluded by celebrating Newham and the East London Foundation Trust because they were making an effort by investing in the third sector to bring in services that could meet the diverse needs of their populations. Newham is made up of a large Black and minoritised population and they really committed to the LBWP in order to prevent the escalation of mental health problems amongst services users particularly women experiencing domestic abuse.

Apsana Begum MP

Apsana thought it was helpful to hear from a pilot programme that had made an impact on women and the difference it can make when the relationship between the health system and VAWG organisations are strong as well as the expertise and resources being put behind a programme.

Medina Johnson, Director - IRISi

Medina explained IRISI's evidence-based practice which they implemented through two programmes – IRIS, identification referral to improve safety and ADVISE, assessing domestic violence and abuse in sexual health environments. IRISi's flagship work is in General Practice surgeries (GPs) which they have done for the last 15 years, throughout this time they have heard repeatedly that survivor's mental health needs are being missed or worse dismissed. Medina highlighted data from their annual report collected in March 2020 showed that 59% of the 13,300 women they supported reported experiencing mental ill health with many experiencing anxiety and depression. She remarked that they know this is under-reported as many women fear the stigma of mental health particularly as it can used against them by perpetrators.

Medina highlighted that women tell IRISi that they know when they are talking to someone who understands the dynamics of domestic abuse as they have a tailored,

trauma-informed, patient centred response where the onus of the experience is not based on them. Medina reiterates that this response should not be 'magical' but should be a standard for survivors, which is providing trauma-informed support that works and is delivered in a pace and a time that works for women and that is not short-term or crisis only.

Medina concluded by looking at what steps need to be taken next – every part of the health system needs to recognise the impact of domestic abuse on mental health, effectively collect data on survivors, analyse and use it to inform policy, review training for medical students and health care professionals on domestic abuse and lobby for long-term commissioning to meet all the needs of survivors and their unique and intersecting identities.

Carolyn Ball, IDVA Training and Consultation - West Mercia Women's Aid

Carolyn explained that West Mercia Women's Aid covers three counties – Herefordshire, Worcestershire and Telford and Shropshire across West Mercia and in these they offer immediate support in all hospitals. At each hospital they have an Independent Domestic Violence Advisor, their roles is to provide immediate support to survivors and this is key to the mental health needs of survivors as they are able to access support in a safe and confidential environment within the hospital. They also provide training for hospital staff on domestic abuse to raise awareness both around domestic abuse and the services they provide to support their staff, in particular within A&E, Safeguarding, Maternity and Mental Health services. One key aspect of their work is crisis work which they are able to do in an A&E in Herefordshire (pre-covid). This service allows them to have access to a survivor and have the time to do a safety plan with them as this immediate support is really important to a survivor's mental health.

Discussion

Apsana –highlighted that The Five Year Forward View plan said all victims of sexual abuse should have lifelong access to NHS and this is needed as this is nearly always part of domestic abuse along with coercive control. This has been significantly watered down in subsequent plans, and that this needs addressing.

Nicole stated that some of this work starts with the leaders in the health system having the political will and leadership to do this. Domestic abuse should be seen as core business for women's mental health services as a lot of women accessing these services have experiences of domestic abuse.

Donna responded by stating that the Five Year Forward Plan was already problematic in its inception as it focussed only on sexual assault which meant that different types of VAWG have been split up and this has been translated across health systems which is a fundamental problem with the strategy. Donna also highlighted the lack of trauma-informed health support in the NHS and many women are having to access this support from the voluntary sector or privately.

Donna highlighted the Health and Care Bill is an opportunity for the VAWG sector to engage with the new partnerships that the Bill is proposing to ensure that health services understand that they are an important entrance point for disclosure and support.

Panel Discussion - What more can the VAWG sector offer?

Gisela Valle, Director - Latin American Women's Right's Service

Gisela started by saying that it is well documented that domestic abuse negatively impacts the mental health of survivors and in the case of marginalised women these effects are worsened by structural inequalities and the failure to respond to particular mental health needs. For migrant women their access to mental health support are often shaped by racism, discriminatory treatment and hostile immigration policies. She stated that evidence from Latin American Women's Rights Service (LAWRS) highlights that migrant women who access their services usually experience abuse both from the perpetrator and institutions including mental health services. Gisela noted that 'by and for' services are often the only option for women who are marginalised as these services provide culturally specific support and are trauma-informed. These services are also important for migrant women as they experience a specific form of psychological violence linked to the manipulation of immigration from intimate partners.

Gisela set out the funding challenges that specialist 'by and for' services face providing support for Black and minoritised women. These challenges affect their ability to provide holistic services that are tailored to the needs to the survivor, instead of on-target based standards that do not respond to survivors needs. There needs to ring-fenced funding for specialist services to retain the knowledge that these services have gained over the years working with survivors. There is the need at all levels to ensure that specialist 'by and for' services are represented in policy and funding spaces to ensure that the response to Black and minoritised survivors, particularly migrant women are based on the realities of their lives, bring a broader and better understanding various forms of support and the effects intersecting form of discrimination have on marginalised survivors.

Ruth Bashall, Policy and Projects Advisor - Stay Safe East

Ruth highlighted that Stay Safe East is the only service run by and for disabled survivors as well as running a service for Deaf survivors. Ruth noted that institutionalised inequality has meant that disabled women have less access to life opportunities, poverty, daily discrimination and marginalisation are major factors which contribute to poor mental health. Ruth emphasised that poor mental health is not due to their disabilities but the circumstances that they live in as disabled women. There are high rates of domestic abuse for disabled women and this has been worsened by Covid-19. As the only service for disabled survivors their challenge is 'where do we start first?'

The lack of understanding within the mental health system of the needs of disabled women is chronic: often they are simply not believed or survivors may express trauma in different ways and they are misdiagnosed. Survivors with complex trauma are often diagnosed with Borderline Personality Disorder or similar diagnoses and this can lead to them being labelled as difficult and may result in survivors being excluded and not supported. Survivors with learning difficulties are the least likely to get a mental health diagnosis and have no access to confidential support. Stay Safe East's approach is to meet survivor's practical needs before supporting their mental health needs. This also allows them to give survivors long-term, personalised support and allows them to foster an environment of safety.

Ruth explained that most mental health and trauma services are completely inaccessible to a number of disabled women. Many disabled survivors were being turned away by services as they were deemed unreliable because they may have to cancel appointments due to health or being unable to get childcare. In response to this Stay Safe East set up their own service through messaging and phonecalls which is holistic, intersectional and accessible. These innovative projects led by small 'by and for' specialist services are important for setting good practice for others.

Ruth went on to explain that 'by and for' specialist services are uniquely placed to enhance the mental health and self-worth of survivors as they offer the words and the space to describe their experiences on their own terms. They offer a positive identity for women as disabled women and their other proud identities – this important for their mental wellbeing as it shows them that you have a value and rights.

Ruth finished by saying that there should be 'nothing about us without us' – if you are trying to be inclusive in your policy and practice that you have to include disabled women not just talk to them and use their expertise as everything is done about them but not with them.

Rehaila Sharif, Head of Membership - Women's Aid Federation of England

Rehaila quoted a survivor who told Women's Aid "*mental health services are groomed to silence victims of domestic abuse by labelling us with a mental illness, I am not depressed as stated by my doctor, I am recovering from trauma*."

Women's Aid's members are experts in meeting the needs of survivors and supporting them to recovery and freedom. They understand that no two survivor's journey will be the same, which is intrinsic to the way that specialist domestic abuse services work. These services provide support at all points of a woman's journey and therapeutic services including counselling and peer-support play a vital role in meeting survivor's mental health needs in the long-term.

Rehaila went on to explain that specialist services are absolutely critical to a woman's recovery and result in significant cost savings to the health system. The Government estimates that domestic abuse costs the health service £2.3 billion annually and a

significant proportion of this is around mental health support. Unfortunately, the current funding landscape completely fails to recognise this. The combination of austerity, a commissioning landscape which prioritises cost above quality and a drive toward a narrative of a risk-based model around domestic abuse has created a crisis in the funding for the sector as a whole. This is particularly acute when you look at the provision of long-term therapeutic support for women and their children. Women's Aid data shows that in 2019-20 just 15% of refuges and 10% of community-based services had specific mental health workers and as a result women are being turned away daily and many refuges are unable to support women with mental health needs. This means that many women have nowhere to turn to for mental health and trauma support. In this context many of Women's Aid's members move mountains in order to deliver the mental health support that women need, 43% were running therapeutic services without any dedicated funding at all. The Covid-19 pandemic has also had a profound impact on this landscape with a significant impact on survivor's experiences of abuse and mental wellbeing. The VAWG sector will be feeling the impacts of the pandemic for years to come and there needs to be dedicated funding to manage this.

Rehaila emphasised that the Women's Health Strategy needs to be clear about the impacts of domestic abuse on women's mental health and a set and clear mandate for health commissioners to fund women led specialist domestic abuse services. Secondly, the new Health and Care Bill must embed the role of health commissioners in funding this form of support, there also needs to be investment in salaries and the wellbeing for frontline workers as well as training and development to ensure that services can deliver truly informed responses. Finally, there needs to be a comprehensive spending review that delivers a sustainable funding future for the whole VAWG sector.

Sara Kirkpatrick, CEO - Welsh Women's Aid

Sara started by thanking Paulette for sharing her story as it is vital to hear and truly listen to the voices of survivors and centre their experiences rather than expecting individuals to conform to pre-defined systems and processes. Sara remarked that when services create a system where we expect survivors to fit into this it can facilitate further harm.

Sara explained that connectivity is vital not just in Wales but across the UK. She hears a lot about partnership working but this is sometimes not the reality and is different to connected relationships where different agencies trust, understand and value each other's expertise. When they work together to support survivors and their journeys beyond abuse they are more effective.

In Wales they have Violence against Women and Girls, Domestic Abuse and Sexual Violence (VAWDASV) legislation, which recognises that this is a single issue with multiple symptoms so cannot separate VAWG from domestic abuse. A key component of the legislation is the 'ask and act' training requirement which requires all public sector professionals including mental health professionals and other part of the health sector

to have comprehensive training on VAWG, domestic abuse and sexual violence. This training is delivered via a partnership agreement by specialist service which has cultivated connectivity between these services. 'Ask and act' has empowered mental health practitioners to understand the complexities of coercive control, sexual violence and domestic abuse.

Welsh Women's Aid uses the 'Change that Lasts' approach which is a trauma-informed, needs led, strengths-based approach that recognises that if they take a prevention approach, early intervention is likely to reduce the long-term impacts and harm on individuals who have experienced abuse of are likely to experience abuse. A trauma-informed approach is vital to a survivor and it must recognise the wider structural and socio-political influences in women's lives and not just the harm from a single abuser. Sara finished by stating that when talking about mental health and the impact of abusive behaviour on individuals that we do not pathologise the impact and cause further harm. Survivors need appropriate responses and support and to do this specialist services need to be truly connected with health services.

Individual Hearing

Dr Rosena Allin-Khan MP, Shadow Minister for Mental Health

Dr Rosena highlighted the importance of understanding and prioritising the impact of domestic abuse on children and young people. It is not only damaging for a mother or father experiencing domestic abuse from a partner but years or decades of children growing up in this environment can lead to them having difficult lives and any mental health support needs to take this history into account.

Rosena spoke about how in her capacity as the Shadow Minister and as a woman she believes that prevention is better than the cure. Part of her role is to hold the Government to account on how they understand the many layers and dimensions of domestic abuse as she understands the complexities and issues around domestic abuse and mental health. She stated that for too long there has been a lack of coordination between different agencies and this has resulted in a lack of specialist tailored support to help survivors. Rosena concluded that it is vital to ensure specialist services for survivors are accessible and joined up with agencies such a mental health services to ensure a more holistic approach is provided.

Discussion

Ruth highlighted the institutional bias within the child protection and court system that certain groups of women are bad mothers and it is something that needs to be addressed. She stressed that it is important to listen to the voices of mothers who have gone through the court system and lost their children. She goes on to say that this is also true of the mental health system.

Gisela urged for a better understanding of intersectional discrimination and how this affects survivors of domestic abuse. The Health and Care Bill is an opportunity for the

VAWG sector to participate in designing health services and this is something the sector should really push through as it can bring in the experience of marginalised survivors to the forefront to ensure that services are designed for survivors and that they can reach the most marginalised women without re-traumatising them.

Sara finished the session by exploring some points around pathologisation of mental health. She noted that for survivors they may already have a pre-existing mental health condition which is often a targeted vulnerability for the perpetrator but it is also important to note that mental health can be a result of domestic abuse. In either case it is often weaponised in the court system so in a criminal court a survivor may be deemed unreliable so may not get equal justice to others and in civil courts it can be used as evidence of inadequate parental competence. A diagnosis of mental health therefore can be problematic for a survivor. The impacts of trauma on a survivor's behaviour can also mean that survivors are deemed too difficult to engage with services or they are not offered the right needs led trauma informed support which harmful to a survivor. She concluded by stressing that whilst some perpetrators have mental health problems it is wrong to assume that mental health and abuse go hand in hand and it is deeply problematic when these two things are linked as it ignores structural oppression of women and the patriarchy but also puts the onus on the individual rather than looking at the problem structurally.