COMMUNITY ENGAGEMENT PROJECT
(NIHME Mental Health programme)

Saheli
Making A Difference

Domestic Violence and Mental Health: Experiences of South Asian Women in Manchester

Report of the community–led research project on the mental health needs of South Asian women who are survivors of domestic violence

Executive Summary

by

SAHELI
ASIAN WOMEN'S PROJECT, MANCHESTER

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"The fights and the violence at home has had a big effect on my mental well being. I have never been so angry or felt so helpless in my life…I put on a lot of weight… I rate domestic violence as main cause of my mental state because my mind went almost out of control and I went into a depression after the incidents in my house. I am not happy at home because of all the arguments. I feel very low and lack confidence, I am always anxious... I feel I have not been able to live my life; my husband and his family are all controlling me and I now feel low and emotionally drained."

"I became deeply depressed and was referred to a counsellor by my GP. At the surgery, I picked up a leaflet about Hosla project. I received support from the South Asian Outreach Worker… I met other women through their group work - it felt better talking to women who understood my problems and their worker also met me on a regular basis… I could speak to her. It was very good that they had a Bengali worker."

"I went to my GP… there was a lot of pressure on me, my children were also affected (by the violence). I was very upset as I was not allowed to go outside and make any decisions… I used to cry all the time. I was prescribed sleeping tablets. After that, I felt as if my brain was sleeping all the time. I was really not satisfied because I did not feel that the medicine was working. I was still worried and depressed, and my children were still disturbed because of our situation. I was always stressed."

"I found out about the counsellor through a refuge I was in – this was the first time I had contacted them. When I phoned, they (voluntary sector mental health service) accepted me straightaway and are really helping me to reach my goals. I have received a lot of help. They understand my culture and religion and can see where I am coming from. It was easy for me to talk to them. I could sit down and just talk about what I had been through for the first time, and they would just listen and give me ideas to think about and tell me about the support they can give. It really helped my mental wellbeing."

Introduction

This research was conducted to gain an understanding of the mental health needs and service experiences of South Asian women who are survivors of domestic violence to inform better policy and practice and to improve the engagement of Saheli in shaping mental health services as highlighted in 'Delivering Race Equality'.

The Centre for Ethnicity and Health, University of Central Lancashire's (UCLan) model of community engagement guided this project which was managed by Saheli, which provides domestic violence services to South Asian women in Manchester. The researchers who conducted the interviews were self-selected service-users and volunteers of Saheli who were trained and supported through this process by staff at UCLan and Saheli. Semi-structured interviews were conducted in 2007 with a total of 72 South Asian women living in the Manchester city who had experienced domestic violence. The focus of the interview design was on women's understanding of domestic violence and mental well-being, their experiences within abusive relationships and their experience of contacting a range of services for help with domestic violence and/or their mental health needs.

Domestic violence & mental well being: definitions, prevalence, perceptions

The women interviewed for this research recounted experiencing a wide range of abusive behaviour. 50% of the women reported experiencing physical violence, from their husband and/or their in-laws and in some cases from their parental family in the context of forced marriage, while a range of controlling behaviour, isolation, verbal abuse, financial abuse was more commonly experienced by women in this sample. Thirty one women (43%) were still living within the abusive relationship.

South Asian survivors of domestic violence and particularly women currently experiencing domestic violence reported high rates of mental health problems including sleeping and eating difficulties, extreme fears, panic attacks, depression, self-harm, suicidal thoughts and suicide attempts. An overwhelming majority of these women articulated a direct and causal link between their experiences of domestic violence and their mental health problems.

Women's experience of help-seeking from formal sources of support and services

Contrary to popular perceptions, the South Asian women in our sample did access services, often repeatedly and with varying degrees of success, for help with the abuse they were facing and their mental health needs (often) arising from their experience of domestic violence. Each woman, on average, contacted 6.4 different services.

However, women's evaluation of service provision depended on whether they felt enabled to articulate their experience of domestic violence and problems relating to their mental health, whether they felt validated when they made disclosures, and whether the service was effective in recognising and meeting women's specific needs. Women expressed greatest satisfaction with specialist domestic violence services, obstetric services and voluntary sector mental health services; NHS mental health services, generic domestic violence services including refuges, police and complementary therapies received mixed reviews from the women; while women remained most dissatisfied with General Practitioners and Accident & Emergency services.

Women's experience of contacting services for help with mental health problems

General Practitioners (GPs)

Among formal services, GPs were the first port of call for a majority of women. Women's experiences indicate that GPs frequently engaged with the symptoms presented to them but not its causes; offered medication without simultaneously offering counselling; and were not consistent in offering advice and information and signposting South Asian women to relevant services for domestic violence. In some cases where such issues were addressed, women reported high levels of satisfaction with their GPs.

NHS mental health services

Women reported some positive experiences with individual practitioners. However, on the whole, women's experience of NHS mental health services were variable and inconsistent because of the inability of services to meet women's needs, including language needs, and the lack of understanding of the cultural context within which women were located.

Women's experience of contacting services for help with domestic violence

Specialist domestic violence services

Specialist services received the most positive feedbacks from South Asian women for providing effective, accessible, intensive and long term support that enabled many women to leave abusive relationships, and provided support where women continued to live within the abusive relationship. However, the need for support and services for South Asian women's mental health problems often continues long after the violence has ended; and specialist domestic violence services need to take this into account in service planning and provision.

Generic services – refuges, helplines and outreach services

These services received mixed reviews from the women. A few women who had stayed at generic refuges recounted initial relief at finding a place of safety, but reported encountering a range of difficulties including lack of emotional support from other residents, isolation and inability to recognise or meet South Asian women's specific needs such as language needs or the need for

advocacy. Some of these problems were also reported for domestic violence helplines and outreach services, particularly the absence of support for women who were not able to or did not wish to take the route of exit.

Accident & Emergency services (A&E)
Women uniformly reported dissatisfaction with A&E services for their failure to probe the causes of their injuries.

Obstetric services
Where language barriers had been overcome, women's experiences with health visitors and midwives were positive, and women reported pro-active questioning about domestic violence and where they disclosed domestic violence, they had been offered help and referral. Even when women had not been able to make full discloses or felt unable act on the advice they were given, they valued knowing that help and support was available. The knowledge of services gained through this process helped some women reassess their options at a later date.

Social services
Evaluations of social services were evenly divided between women who were enabled to leave the abusive relationships due to support from the social services, and other women who did not receive such help due to reasons including language barriers, lack of cultural competence on part of the service and the Local Authority policy towards women with insecure immigration status.

Police
Over a third of women reported positive experiences when they called the police for help with the violence they were facing, while just under two-thirds of the women remained dissatisfied because of reasons including the failure of the police to take any action against the perpetrator(s), take the woman's statement, use interpreters where needed and/or offer appropriate referrals or signposting to services.

Law centres and Citizens Advice Bureaus
Overall, women reported benefiting from these services, with women who had advocates reporting better experiences than those who did not.

Voluntary sector mental health services
The primary mode of referral to these services was through domestic violence services, and women made particularly positive assessments of The Roby, where specialist needs seemed to be recognised and addressed at the institutional level, and benefited from services provided at Neesa.

Community organisations and faith groups
Women who accessed these organisations reported benefits such as overcoming isolation and improving life skills through ESOL, computer classes etc where these were provided. However, most women did not find these services effective in enabling their disclosures of the abuse, validating their experiences or directing them to appropriate help with the domestic violence they were facing.

Women's experience of complementary therapies

Complementary therapies were widely used, particularly where they were provided by a community organisation or a domestic violence service. Women reported that alternate therapies like massage, homeopathy, reiki and use of fitness centres have provided a valuable forum for interaction, exchange of information (about other services) and a counter to isolation, particularly where women's access to other services was limited due to constraints imposed by their family. However, these services seldom managed to engage with their mental health problems or enable disclosure of domestic violence.

Recommendations

1. There is an urgent need to make more effective and efficient use of resources to address both short-term and long-term impact of domestic violence on South Asian women's mental health.

2. The inability of mainstream services to meet South Asian women's specific needs, including but not limited to language needs, impedes South Asian women's ability to access these services or receive effective help from them. Mainstream services need to address women's specific needs; there also remains an urgent need to secure specialist provision which has received most positive evaluations from women.

3. Other recommendations include promoting multi-agency working so that mental health and domestic violence services can benefit from each other's competencies, provide training to each other, and develop effective policy and practice guidelines to address the issues arising from the links between domestic violence and mental health.

4. There is a need for awareness raising, education and preventative work to address the shame and stigma associated with the disclosure of domestic violence and the experience of mental health problems, and particularly to provide information about service provision.

5. Given South Asian women's reliance on informal sources of support and service referrals from family and friends, peer support would open up more pathways into services.

6. Most women interviewed had primary responsibility for childcare; given this, there is a need to improve access to childcare facilities to enable women to benefit from services; agencies also need to evolve better ways of working with children in order to address the impact of witnessing domestic violence and their mother's mental health problems.

Conclusion

Given the overlap between domestic violence and mental health problems, services in both these sectors need to develop better protocols to tackle co-existing problems and to avoid both underutilisation and duplication of services. For women accessing mental health services because of the impact of the abuse they have faced, lack of engagement with the underlying causes often leads to poor outcomes and temporary management of the problems which are likely to recur without a change in their material circumstances. For women who are accessing domestic violence services, support around their mental health needs is crucial to overcome the emotional and mental impact of abuse. While complementary therapies play a crucial role in providing symptomatic relief and 'holding' women into services, their long term effectiveness depends on their ability to understand and develop effective responses to domestic violence and mental health problems. South Asian survivors of domestic violence report best outcomes where services work together across sectors and share their expertise. While examples of good practice exist, a lot remains to be done to improve services such that they can enable South Asian women to leave abusive relationships and to overcome the impact of the domestic violence on their mental health.

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