



Written Evidence:

National Commission into women facing domestic and/or sexual violence and multiple disadvantage

February 2018

AVA and Agenda have established a new National Commission to take evidence on the issues experienced by women who have faced domestic and/or sexual violence and who have also faced multiple disadvantage. This includes: substance use and dependence; mental health; poverty; homelessness; involvement in prostitution; involvement in the criminal justice system; removal of children; disability.

For the purposes of the Commission, domestic and sexual violence are understood to encompass wider forms of violence against women, including: harms related to all forms of sexual violence; intimate partner violence (IPV); so called 'honour based' violence; forced marriage; trafficking; female genital mutilation.

As a national Muslim women's charity we are aware of the multiple and complex issues that can be faced by survivors of domestic and sexual violence and understand the need to provide support and advice which is specific to individual circumstances. As such, we felt it was necessary to provide Evidence to the National Commission, share our experiences and highlight our concerns in respect of the barriers and hurdles faced by women facing multiple disadvantage, particularly Muslim women.

Evidence was collected by way of an online survey, which MWNUK duly provided in the required format on 9th February 2018. As an open and transparent charity, we have made also made our responses available for your information. The Evidence provided by MWNUK is as follows:

What is currently working well for women facing domestic and/or sexual violence and multiple disadvantage? This could include particular policies, practices, services, funding models, or structures. Please give evidenced good practice examples if you have them (and provide links).

- Generally there does appear to be greater acknowledgement of the fact that women who have faced domestic and/or sexual violence may also be experiencing other

multiple disadvantages and that it is vital to address the collective issues at hand and adopt a multi-agency strategic approach. However, sadly this acknowledgement does not always equate to action or even actual understanding of the issues involved. There are of course unsung heroes across different organisations and sectors, but such positive examples are yet to be replicated on a larger scale. As a result, much has fallen on women's organisations (and where BME women are involved, specialist BME organisations) to provide the much needed holistic support and advice service.

- We at MWNUK for example, started our MWN Helpline to provide a faith and culturally sensitive service for those in need; whilst there are other helplines assisting women who have suffered domestic/sexual violence, many tend to be focused on a particular strand/issue. We realised that women (particularly Muslim & BME women) can have multiple and complex needs, and should not have to engage with multiple organisations for assistance with each different issue - doing so can be detrimental in itself. As a result the MWN Helpline deals with as many as 40 different issues including: divorce, child custody issues, disabilities, forced marriage, disclosures of child sexual abuse, financial matters, housing, accommodation, depression, self-harming, alcohol addictions, immigration issues and questions of faith and spirituality. Notably, two-thirds of MWN Helpline calls involve violence (including domestic violence, forced marriage and sexual exploitation) and calls relating to domestic abuse is our top issue (with one-third of calls relating to domestic violence). Seeing a clear need for and a gap of, we also set up a faith and culturally sensitive counselling service and have recently appointed two case workers; one will specifically assist those callers involved with the criminal justice system (in any way), and the other will provide assistance to callers on other matters.
- The necessity for services such as MWN Helpline is highlighted by its increased usage. Please see our Helpline reports for further information of the issues dealt with and the needs of our service users:
[http://www.mwnuk.co.uk/go_files/resources/821325-MWN%20Helpline%20Evaluation%20Report%20\(Jan-Dec%202015\).pdf](http://www.mwnuk.co.uk/go_files/resources/821325-MWN%20Helpline%20Evaluation%20Report%20(Jan-Dec%202015).pdf) (2015);
http://www.mwnuk.co.uk/go_files/resources/169284-MWN%20Helpline%20Evaluation%202016.pdf (2016)
- In 2015 (when the Helpline was launched), 814 contacts were made with 335 beneficiaries. In 2016 the number of contacts had more than doubled at 1807, with 583 beneficiaries. Our 2017 statistics show there were 2280 contacts made with 792 beneficiaries. For the purposes of this Consultation, it should be noted that in each year more than half of the cases involved more than one issue, and in turn highlights the multiple disadvantages faced by Muslim and BME women. In 2015, 51% of the cases involved two issues being discussed with the helpline and in 17% at least three issues were discussed. In 2016, 68% of the cases involved two issues being discussed and in 28% of cases at least three issues were discussed. In 2017, 75% of the cases involved two issues were discussed, with at least three issues discussed in 36% of cases.

- What is apparent from the work carried out by MWNUK is that holistic services and a multi-agency approach is needed across all the sectors to truly assist victims and survivors. With regard to Muslim and BME victims in particular, there may be specific cultural issues which need to be taken into account when considering safeguarding measures. A female victim of sexual violence for example may find that her marriage prospects have diminished and as a result, her family feel the only option is to take her abroad to get married (thus the victim becomes at risk of a forced marriage) or even to just remove her away from the public eye. On many occasions the family will take away complete support and the victims find themselves disowned, homeless and without any financial assistance. In other instances they may be in direct danger of honour based violence. It is unfortunate that such attitudes are prevalent in BME communities and must of course be challenged, but it is also important to understand the range of factors which may be at play so that appropriate assistance can be provided.
- Another example of best practice implemented by us at MWNUK is recognising firstly, that alcohol and drugs misuse can be a coping mechanism for Muslim and BME women just as much as non-Muslim and non-BME women. It appears that assumptions can be made that by virtue of their faith and culture, Muslim and BME women will not be using (or misusing) alcohol and drugs and as such, substance misuse as a factor can be ignored when dealing with Muslim and BME victims/survivors of violence. It would appear from anecdotal evidence available to us that alcohol may be the preferred substance due to easy access, but we ensure nevertheless to consider the possibility of any and all forms of substance misuse. Secondly, we understand the guilt and stigma that may be felt by Muslim and BME women (again, because of assumptions about what Muslim or BME women should or shouldn't do) and ensure that we operate in a confidential and non-judgmental manner, and approach conversations from a health and harm perspective. That is, our concern is with alcohol misuse and dependency, rather than use in itself. In our opinion it is not sufficient to merely 'spot the signs' but to also understand how to assist women who have developed a dependency to alcohol or other substances in a positive and productive manner. We hope others will follow our example and do the same.
- It is important for all professionals and organisations involved in assisting victims of domestic/sexual violence to understand that faith can be an integral part of a Muslim women's identity and personhood, and they may seek comfort and solace from their faith at times of hardship. At MWNUK we are able to use faith as a means by which to aid their path to 'recovery' and empowerment. It is therefore vital that those working with Muslim women take account of the individualities and provide them with appropriate support mechanisms, which for some may be faith and culturally sensitive counselling, access to a Muslim chaplain or other faith based resources. However, it is also vital to understand the diversity amongst Muslim women; whilst some may benefit from having elements of their faith acknowledged and included in proposed support mechanisms, it does not mean that everyone will.

- Finally, although we have annual independent helpline evaluations, these only provide an overview of demographic information and issue type. As the data from the helpline is likely to be of interest of practitioners and service providers, we wanted to create a tool that would allow further detailed analysis and aid research and understanding of key issues. We have therefore created a dashboard that will be useful for those interesting in problems faced by Muslim women and girls such as policy makers, public services, academics, media, students, funders and other third sector organisations. Please see the following link: <http://mw nuk.co.uk/muslim-women-helpline-dashboard.php>. You will be able to access the information once you have registered your details (Please note, it does not include any sensitive information or data; only statistics can be obtained from the dashboard).

What is not working well for this group of women? What are the challenges and barriers? Again, this could include current policies, practice, services, funding models or structures.

- An issue which continues to reoccur during our MWN Helpline calls as well as general discussions with our members and the wider community is that of problems faced at the hands of the criminal justice system; this is the case for both those women have experienced domestic and/or sexual violence and who come into contact with the criminal justice system as both a victim and as an offender. There appears to be ignorance and/or lack of understanding of the multi-faceted issues that can be involved, leading to the re-victimisation of individuals due to poor treatment and stereotypes (based on faith or ethnicity) at play.
- An example is that of an Helpline user (a BME Muslim woman) who had been a victim of rape and domestic abuse for many years at the hands of her partner and having one day struck him in self-defence, found herself arrested, charged, refused bail and kept in remand, and eventually given a prison sentence. She pleaded guilty in court due to threats from her family (she has also faced abuse at the hands of her father), who also told her to remain silent of the domestic and sexual violence she had suffered. It is saddening that even when in a UK court, a victim of domestic and sexual violence feels unable to speak of her ordeal due to fear of repercussions arising from notions of alleged honour and shame. We are also highly disappointed that she was not provided with the necessary support and advice to understand the consequences of her decision to remain silent (both for her and her daughter). We see this as a clear example of the failings of the criminal justice system – from the police to the lawyers involved, to the Home Office who have made a decision to deport her. MWNUK are now dealing with the case and providing assistance to her now that she has been released from prison and is awaiting a decision from the Home Office in respect of her immigration status.
- A further example is of a young woman who having found the courage to report her ex-partner to the police as he was stalking and threatening her (which has seriously affected her mental health and has also impacted her education and employment), felt

that instead of focusing on assisting her, the police were more concerned with whether the case was worth pursuing for the purposes of a trial and kept repeatedly asking whether she was sure that she was willing to give evidence in court. She felt that they assumed that because she is a Muslim and BME woman, she will not give evidence and it is therefore not worth helping her. This in itself affected her mental well-being further as she felt unsupported and disbelieved by the level of questioning (including asking why she didn't contact them when the stalking first started etc), and does not feel there is much point in approaching the criminal justice system. It is concerning to us that despite increased awareness and training in respect of domestic and sexual violence, we continue to receive calls complaining of insensitive and ignorant police officers. We must ask, what is the point of guidance and training if they will not be acted upon?

- Muslim Hands have launched a report which highlights the hurdles and barriers faced by Muslim women in prison, which we feel is also of relevance to the Commission's considerations. Please see the following link: [https://muslimhands.org.uk/ui/uploads/lk2ki4/\(In\)Visibility_Web.pdf](https://muslimhands.org.uk/ui/uploads/lk2ki4/(In)Visibility_Web.pdf). Please note in particular the concerns relating to the lack of support available for female Muslim offenders on release; being in prison can be a better situation for many than being 'free'.
- We also feel that whilst there are generally sufficient legislative measures available by which to prevent and tackle issues of domestic and sexual violence, the laws are not being effectively utilised due to a lack of training and resources. This naturally adds to the issues faced by victims of domestic and sexual violence who face multiple disadvantage, as of course if the criminal justice system is not equipped to deal with domestic and sexual violence cases in the first place, then how can assistance be provided in respect of the correlating issues involved?
- Our 2016 Helpline evaluation highlights a worrying increase in calls relating to domestic violence and mental health and it is noteworthy that only 21% of our callers contacted the MWN Helpline specifically in respect of a mental health issue; 79% contacted us for other reasons (such as divorce, domestic violence, rape and sexual violence, forced marriage, honour based violence, sexuality, isolation and homelessness) and we identified that issues of mental health were also involved as a factor. This is crucial to note for three reasons: 1) Mental health matters are a key issue for women facing multiple disadvantage; 2) Women may not recognise that mental health matters are a factor, or may not see it as a priority that needs to be dealt with; 3) There is a stigma associated with mental health issues particularly amongst Muslim and BME communities which stops some women from seeking appropriate help. In respect of the latter point, Muslim and BME women may instead be led to believe that they are suffering from black magic or supernatural possession and are encouraged or pressurised to seek assistance from alleged spiritual healers. Not only does this mean appropriate help is not received, it can exacerbate their symptoms and women may also be subject to financial and/or sexual abuse at the hands of these healers.

- We know the importance of good mental health and the impact it can have on an individual's quality of life and it is vital that appropriate assistance is provided in this respect. We have therefore adopted various strategies to create greater awareness of mental health matters and to encourage individuals to seek appropriate help. This has included a booklet created to challenge the stigma around mental health and allow informed choices to be made (please see our booklet: http://www.mwnuk.co.uk/go_files/factsheets/143970-Mental%20Health%20+%20MC%20Leaflet_WEBFINAL.pdf), and setting up a faith and culturally sensitive counselling service.

What changes could make the biggest difference to women facing these experiences? This could be an idea for policy change, legislative change, changes to practice, funding structures, etc. Please give evidenced examples and provide links if appropriate.

- As can be seen from our 2016 evaluation of our MWN Helpline, issues of housing and homelessness are one of the top five reasons for calls and this continues to be the case in 2017 (approximately 13% of calls received each of these years have involved homelessness/housing related queries). Most worrying for us is that fears of homelessness and inadequate housing can play a significant factor in victims of domestic and sexual violence deciding whether to stay in an abusive relationship or not. Where they do leave, inadequate and/or substandard housing can either lead to or exacerbate existing mental health conditions, lead to self-harming or substance misuse, and sometimes even lead to a return to the abusive situation. No one should have to choose between facing violence and having a roof over their heads, and for this reason we believe a key change required is a strategic focus on housing needs.
- We are pleased to see that some movement has already begun in addressing the issues. The Fit for Human Habitation Bill (if and when it becomes law) for example will strengthen tenant's rights and allow survivors of violence facing issues in their private rented accommodation to seek legal recourse if landlords do not provide a property that is fit for human habitation. This however does depend on whether suitable legal aid will be available to allow individuals to take matters to court, and it is therefore essential that we look at the practicalities so that proposed legislative changes are not merely symbolic. It would also assist to aid local authorities to take action more swiftly rather than place the onus on tenants. The Secure Tenancies (Victims of Domestic Abuse) Bill is also a welcome measure as it will protect lifetime tenancies for survivors of domestic abuse. We are also pleased that the government has been consulting on guidance for local authorities to assist victims of domestic abuse to access social housing.
- However, we must state that a practical and strategic approach needs to be taken if change is to be achieved. It does not make sense for example, to concentrate on developing guidance to assist survivors of violence out of the likes of refuges to permanent, social housing if there are not enough places at refuges or other forms of

temporary accommodation for them in the first place, and similarly if there is not enough social housing available. More needs to be done to support and increase availability of refuges, affordable and social housing, and affordable rent.

- A practice that has come to our attention which we are particularly concerned of is that some organisations (providing services to women who have faced domestic violence) are unwilling to accept referrals from other organisations also working with women survivors, and instead want women to self-refer themselves. This may be due to concerns over funding, whereby some organisations feel they must justify their existence by showing they are a first point of call or that they have a wide reach which encompasses BME women, or perhaps a shortage of funding available has developed a competitive nature. We can only guess at the reasons (and hope we are wrong as to why such a practice exists) and do understand the hurdles that are faced by mainstream organisations due to limited resources however, the needs of survivors must remain the priority. As such we feel it is essential to facilitate partnerships between local authorities and housing associations and specialist BME service providers rather than have likes of housing associations setting up an in-house service or partnering with only mainstream organisations. This will ensure that a wide range of survivors are able to access housing, without having to pursue a long-winded referral process or having to contact different organisations for different needs (e.g. MWNUK for counselling and support, another organisation for housing assistance etc). We would therefore like to see, as an example, changes made to funding and tendering criteria to encourage such partnership.
- Assistance in accessing education and employment is also a key issue for survivors of domestic and sexual violence. Many young victims for example, will have missed out on education, and many others may be unable to find the means to support themselves financially. Support should include providing victims with assistance in terms of obtaining education, entering employment and developing life skills; this will aid empowerment and social inclusion of said victims and allow them to begin rebuilding their lives.
- We have recently noted that Time To Change have been seeking to employ regional coordinators who have personal, lived experiences of mental health; we feel this is an excellent example of a positive means by which to both empower those with mental health issues (currently or previously) and assist others in need. It may be useful to pursue similar strategies with other organisations in respect of women who have faced domestic/sexual violence and multiple disadvantage, whereby they can use their experiences to effect change and empower others. However, organisations are likely to require dedicated funding in order to be able to do so.
- In this regard, we wish to raise our concerns in respect of women who are negatively impacted by prostitution-related offences, which can act as a barrier to accessing education, training and employment. Please see research made available from the NIA Project: <http://www.niaendingviolence.org.uk/perch/resources/im-no-criminal-final-report.pdf>. We are aware of cases in which women have been forced into prostitution due to exploitation or other circumstances, and we are also aware of cases where

victims of domestic/sexual violence have ended up being treated as the offenders by the criminal justice system. Our natural concern is therefore that women who are wishing to exit prostitution and seek education or employment elsewhere are unable to do so, and feel this needs to be addressed.

- We note that changes have recently been made increasing the provisions of free childcare from 15 to 30 hours per week for individuals with children of 3 to 4 years of age and who earn at least the minimum wage for 16 hours of work. It is worth noting however that maternity leave can last up to twelve months, yet free childcare only begins when a child is two years old and even then it is only available where certain benefits are being claimed by the parents. We are aware of a number of women for whom the costs of childcare would have been so high that almost all of their salary would have gone towards meeting said costs. The situation is naturally worse for women facing multiple disadvantage, including poverty. We would ask therefore that further changes be made so that parents of all children under the age of 4 are able to receive free childcare so as to allow them to pursue education or employment in a cost-effective manner.
- Childcare is also an issue for women who have faced domestic/sexual violence and requiring counselling; MWNUK for example have been making free counselling sessions available for victims/survivors but women have not been able to attend due to child care issues, and even when telephone and skype sessions have been arranged, such issues have either led to the session being disrupted or cancelled. Transport costs are also stopping some women from accessing counselling services particularly if their refuge/accommodation is at quite a distance. Sadly, organisations like MWNUK who are already limited in funds are unable to cover costs of childcare or travel and neither have the refuges been unable to help for the same reasons. Lack of funding and resources is clearly a key issue across the board which is ultimately negatively affecting women who have faced domestic/sexual violence and multiple disadvantage.

Are you aware of any ideas for improved early intervention and/or preventative interventions that would be particularly appropriate for women at risk of violence and/or multiple disadvantage? Please give evidenced examples and provide links if possible.

- We hope what is apparent from our Evidence is the level of detriment faced by survivors of violence as a result of a lack of dedicated funding and resources available for organisations. We are especially concerned that organisations focused on assisting BME women are being disregarded in favour of mainstream organisations. For example, we believe the revised grant criteria for the new Tampon Tax Funding launched in December 2017 disadvantages BME women's charities; the new criteria sets the minimum funding that can be applied for at £1 million and this amount must not be more than 50% of the applicant organisation's annual income. This would mean only charities with a minimum income of £2 million per annum are able to apply (or £1 million if the grant is to be spread over two years). As, to our knowledge,

charities serving the needs of BME women are unlikely to have such high annual incomes, the new criteria mean that even the larger ones serving BME women are excluded from applying for this funding in their own right. It does not appear that an Equality Impact Assessment was carried out, nor that due regard was given to the need to eliminate discrimination and advance equality of opportunity as per the government's Public Sector Equality duty.

- Whilst we do of course note and appreciate the vital work carried out by mainstream organisations working with women who have faced domestic/sexual violence and do not suggest that they not receive funding to continue their work, our concern is that by ignoring charities and other organisations who focus on specifically assisting BME women, the consequence ultimately becomes that BME women and the multiple disadvantages they face are all ignored – and they are unable to receive the relevant assistance they require. By way of an example, we wish to highlight that MWNUK have received a number of calls from BME and Muslim women in refuges run by what we refer to as mainstream organisations, complaining of discrimination and a lack of understanding of their issues and seeking assistance from us so that they can be relocated. Some of these women have faced domestic violence, forced marriage, rape, and sexual abuse as a child and are suffering from isolation from families (due to stigma and notions of honour) and poor mental health. They require an understanding of their specific issues and assistance which is tailored to their needs; simply employing staff who are BME or Muslim is not sufficient.
- We raise this as a concern in respect of discussing ideas for early intervention or preventative intervention because, quite frankly, unless we are first able to allocate appropriate funding and resources to where it is needed and aid survivors, we will not be able to intervene and assist those at risk. There are women remaining in abusive relationships because they feel help and support is not available for them; to tell them otherwise we need to first ensure that we can in fact provide them with the assistance that they require. To this effect, it is also vital that better partnership working is encouraged between different sector organisations, including police, NHS and domestic violence charities, as well as between mainstream organisations and specialist BME specific organisations. Perhaps one means of doing so is to require organisations to work in partnership with one another as a funding/tender criteria. Training on matters of diversity and multiple disadvantages (including for example, hurdles faced by women who have faced domestic violence in trying to obtain an Islamic divorce) should also be compulsory.
- A recurring issue in respect of women facing domestic/sexual violence is fears over an insecure immigration status and a key change which will act as a preventative intervention for a number of cases is to extend the Destitution Domestic Violence (DDV) concession to beyond those individuals who are in the UK on a temporary visa as a partner. By way of an example we share the case of a woman who arrived into the UK on a student visa and who embarked on a relationship with a fellow student at university. This angered her family members abroad especially as her partner was of a different faith and she was disowned by them. Two years into the relationship she

started facing physical and emotional abuse, and he would threaten her that if she left him then she would have to go back to her parents (who she feared would inflict honour based violence on her) as her studies were coming to an end. Whilst she was able to escape her abusive partner without the need to return to her country of origin, through further studies and employment, an extension of the DDV concession to an individual in her situation would allow an exit from the abusive situation much sooner. A similar example is of women who arrive on student visas but then get married and are subjected to domestic abuse.

- Additionally, the immigration status of the perpetrator is also a limitation, as DDV concession is only applicable where the perpetrator has a secure immigration status but this is not always the case. In one case for example, the perpetrator was a spouse in the UK on a work permit and the victim arrived with him; he would regularly beat her and refuse to feed her and her children. Social services became involved due to the children and she was able to obtain help because of them; however if she had not had children in need, it may have been much more difficult to help her, if at all.
- A further recurring issue is that of fear of homelessness and debts which may have been accrued by abusive partners; for example, one woman recounts how her husband (who would regularly emotionally and financially abuse her) spent all her savings and took out a loan for £10,000 in their joint names which he didn't pay. When eventually the relationship ended, she was left with no home, no money to pay for a deposit or rent, significant debt as she was jointly liable for the loan and a bad credit rating which meant she could not seek further assistance. Perhaps a means by which to assist women in such situations is to obtain cooperation from banks and other financial institutions so that some form of reprieve can be readily granted where evidence can be shown of such financial abuse; this could be as simple as freezing interest and charges. Moreover, whilst we are aware of the availability of budgeting loans and advances and other loan schemes which are operated by some charities, councils and housing associations, not all women who have faced domestic/sexual violence will be eligible. We propose having a separate and specific scheme for individuals who have faced violence so that they may obtain assistance in terms of securing private rented accommodation quickly.

What evidence, if any, would better help you with your work with women facing these issues? (For example research, statistics, information on a particular area, evidence that may help you with your work)

- Due to the number of issues and hurdles that have been faced by Muslim and BME women in respect of their involvement with the criminal justice system as both victims and offenders and which have come to our attention, MWN UK will be carrying out research in this respect ourselves. We welcome information, statistics and case studies from other individuals and organisations in this respect. It may be that further research will become necessary after this primary research has been undertaken and reported on.

- It would also be helpful for us to obtain statistics and information in respect of Muslim and BME women in refuges and other temporary accommodation across the UK, ascertain why and how they arrived at such refuges, gauge an understanding of their needs and experiences (both positive and negative) and understand what more can be done to assist (if anything). Leading on from this, we would like to see further evidence of the issues faced by Muslim and BME women in respect of housing generally; this could be in respect of hurdles faced in accessing social housing or discrimination. This will allow us to make relevant information available to Muslim and BME women in respect of their rights and options.
- We feel it would also be useful to undertake research which looks specifically at the links between mental health issues and abuse by spiritual healers; whilst MWNUK are very aware of the prevalence of such issues, having qualitative evidence available is likely to aid our awareness raising campaigns further and allow us to challenge attitudes to mental health generally.

On behalf of Muslim Women's Network UK
Nazmin Akthar-Sheikh
Vice-Chair
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54-57 Allison Street
Digbeth
Birmingham
B5 5TH