Women's Aid's Deserve To Be Heard Campaign
Briefing on new reports on mental health and domestic abuse

This briefing sets out the key arguments and recommendations from Women's Aid's two Literature Reviews for the #DeserveToBeHeard campaign: one written by Women's Aid and the other by Professor Ravi K. Thiara and Professor Christine Harrison, of the University of Warwick. **For further information, or to arrange a meeting, please contact: Sophie Francis-Cansfield, Campaigns & Policy Manager at Women's Aid** - s.francis-cansfield@womensaid.org.uk.

Context

Domestic abuse has severe and long-lasting impacts on the mental health of survivors and their children. Statistics from Women's Aid show that **almost half of the women in refuges (45.6%) say they have experienced depression or had suicidal thoughts**. These figures are likely to be the tip of the iceberg; due to the fear and stigma surrounding mental health, many women won't disclose problems. We believe that all women have the right to access the support that they need to heal and rebuild their lives. But in reality, women face huge barriers in accessing services – from long waiting times, victim-blaming and communication barriers, to the stigmatisation of mental health, and a lack of trauma-informed responses and services – support is hugely inadequate.

These literature reviews were commissioned in order to better understand existing evidence on how survivors engage with mental health services, and to ensure that the Deserve To Be Heard campaign calls for provisions which ensure that survivors get the mental health support that they need. The campaign aims to highlight the devastating impact of domestic abuse on the mental health of women and their children.

Summary of recommendations

- Tackling domestic abuse must be **explicitly recognised as a public health priority**, with greater emphasis on the mental health impacts of domestic abuse in healthcare policy and funding. The upcoming Women's Health Strategy is a key opportunity to set this out as a national priority. Services and professionals responding to survivors' mental health must work in a trauma-informed[1] way that avoids pathologising survivors' reactions to domestic abuse. This includes **learning lessons from dedicated 'by and for' services[2] about what is valued by survivors**, so that this can feed into reframing mainstream provision.

[1] Trauma informed means understanding the widespread and enduring negative impacts of abuse on the mental health of individuals and communities. Services should therefore recognise the compounding impact of intersectional inequalities, and work in a needs-led way and with the understanding of how survivors adapt their behaviour to cope when experiencing abuse – asking "what has happened to you?" rather than "what is wrong with you?". Providers should build safety around a survivor's needs focusing on trust, whilst being collaborative and transparent.

[2] When talking about 'by and for' services, we use Imkaan's (2018b) definition: "We define women only VAWG specialist organisations as the by and for expert sector (sometimes written as by and for expert services or organisations). This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led by and for

- **There needs to be greater partnership work between health services and specialist domestic abuse services** to achieve the mental health support that survivors need, for example, having a IDVA (Independent Domestic Abuse Advocate) based in a GPs or hospitals[3].
- The intersecting forms of structural oppression that survivors face should be considered in any policy or strategy relating to women's health. Further, consideration is required for survivors who are deemed to have no recourse to public funds.
- Investment in mental health services must be accompanied by direct investment in specialist domestic abuse support services, including **ring-fenced funding for specialist services led by and for Black and minoritised women**, Deaf and disabled women and LGBTQ+ survivors.
- Professionals responding to domestic abuse (including healthcare professionals, police, legal professionals) need **specialist domestic abuse training** that strengthens their understanding of perpetrator tactics in weaponising mental ill health. The impacts of domestic abuse and intersecting abuse on Black and minoritised survivors' mental health and wellbeing should be made a focus in professional learning, continuing development and inter-agency training programmes.
- **Further national and local research is required on issues which reflect the lived experiences of diverse groups of Black and minoritised women** and is directed towards improvements in service responses. Furthermore, there is a need to evaluate interventions that already exist to generate evidence of promising practice in meeting the needs of Black and minoritised survivors.

Key Messages

- Domestic abuse and violence against women and girls (VAWG) are closely linked to post-traumatic stress disorder (PTSD), depression, suicidal behaviour, sleep and eating-related health issues, social dysfunction, the exacerbation of psychotic symptoms and use of alcohol and drugs.
- The literature concluded that **"any strategy to reduce the burden of women's mental health problems should include efforts to identify, prevent or reduce violence against women**"[4].
- Professor Thiara's literature review points out how experiences of racism further compounds the impact of domestic abuse on the mental health of Black and minoritised survivors. This is also true of other marginalised women including

Black and minoritised women, disabled women, LGBT women, etc. In the context of VAWG we refer to women only VAWG services as manifesting specific expertise designed and developed to address VAWG."

[3] Examples of partnership working - *PATH: Psychological Advocacy Towards Healing, IRIS: Identification and Referral to Improve Safety and Health Pathfinder*

[4] Howard et al., (2010) 'Domestic violence and mental health', International Review of Psychiatry 22 (5):527

Deaf and disabled women, LGBTQ+ survivors and survivors who face multiple forms of disadvantage.

What barriers do survivors face in accessing effective mental health support?

- Survivors often are exposed to victim-blaming attitudes from health professionals and this poses a significant barrier to disclosing abuse and seeking related mental health support[5]. This is compounded when there is a disproportionate onus on survivors to disclose abuse or seek help when professionals could be safely and sensitively asking the right questions[6].
- Mental ill health is still stigmatised by society and this can have negative implications for survivors, as it may undermine their credibility and overshadow responses to domestic abuse. **This stigma around mental ill health is often an effective tool used by perpetrators to silence survivors**, discredit stories of abuse and bolster their position as the person in control[7].
- Survivors are also faced with accessibility barriers, particularly those who are: Deaf and hard of hearing; speakers of languages other than English; blind or visually impaired; have communication impairments (such as being non-verbal); are neurodiverse; have learning difficulties; and have basic or no access to literacy[8]. **Survivors with insecure immigration status face accessibility issues due to the fear that health agencies will share their data with immigration services** or may not have access to free services due to their no recourse to public funds.
- For Black and minoritised survivors these barriers to accessing support are further compounded as they face added complexities from cultural and structural barriers. The assumptions that can be made about survivors can result in inappropriate support being offered[9], and Black and minoritised survivors are more likely to receive psychiatric medication than a referral for talking therapies[10]. Due to the additional barriers Black and minoritised survivors face, they may delay getting support adding to the distress and further traumatising them.
- Another barrier facing survivors is professionals not enquiring about abuse. The main reasons suggested by the literature are gaps in knowledge about potential signs of domestic abuse, lack of knowledge about the link between mental ill

[5] Humphreys, C. and Thiara, R. (2003) 'Mental health and domestic violence: "I call it symptoms of abuse"', British Journal of Social Work, 33
[6] Hailes et al., (2018) Hand in Hand: Survivors of multiple disadvantage discuss service and support. Agenda, AVA and the Lloyds Bank Foundation
[7] Women's Aid, Hester, M., Walker, S-J., and Williamson, E. (2021) Gendered experiences of justice and domestic abuse. Evidence for policy and practice. Bristol: Women's Aid
[8] VAWG Sector Working Group. (2021) Draft definition of communication barriers. (unpublished)
[9] Kalathil *et al.*, (2011) Recovery and Resilience: African, African Caribbean and South Asian Women's Narratives of Recovering from Mental Distress, London: Mental Health Foundation.
[10] Abel, K.M. and Newbigging, K. (2018) Addressing Unmet Needs in Women's Mental Health, London: British Medical Association; AVA. (2021) Race, Trauma, and Violence Against Women and Girls, Ascent and AVA, London. https://www.wrc.org.uk/race-trauma-and-violence-against-women-and-girls-ava; Hussain F.A. and Cochrane R. (2002) 'Depression in South Asian women: Asian women's beliefs on causes and cures', Mental Health Religion Culture, 5 (3), 285-311.

health and trauma, and a lack of clarity about whose role it is to enquire about potential domestic abuse.

- For survivors who do decide to disclose, they may still face barriers to accessing mental health support including long waiting lists and short-term therapy, inappropriate interventions and lack of trauma-informed approaches in health services, stretched mental health services and inconsistent service response across the country.
- Lastly, under-funding of specialist domestic abuse services can be detrimental to survivors' mental health needs.

What support is needed by domestic abuse survivors?

- Specialist domestic abuse services are well placed to meet many of the mental health needs of survivors due to their gendered and intersectional understanding of survivors' experiences, their ability to build trusting and empowering relationships, and progress in trauma-informed[11] support within the sector[12]. 'By and for' specialist services are particularly important to survivors' recovery as they have the understanding of the social realities of the lives of Black and minoritised survivors without essentialising their experiences. They also offer holistic, wrap-around services, including intersectional advocacy and access to help and support is a process based on trust.
- The domestic abuse sector is facing high demand and many funding challenges[13]. This is felt more acutely by 'by and for' services. **Women's Aid estimates that at least £409 million is needed to run the specialist domestic abuse services across England, including ring-fenced funding for specialist 'by and for' services[14].**
- A key part of meeting survivors' mental health needs are partnerships between health and domestic abuse as survivors are highly likely to be misdiagnosed and offered medicalisation by statutory services, due to inadequate recognition and understanding about the impacts of abuse as well as the existence of discriminatory stereotypes about Black and minoritised survivors. There are various partnerships such as *PATH: Psychological Advocacy Towards Healing, IRIS: Identification and Referral to Improve Safety and Health Pathfinder* evaluations of these partnerships

[11] Trauma informed means understanding the widespread and enduring negative impacts of abuse on the mental health of individuals and communities. Services should therefore recognise the compounding impact of intersectional inequalities, and work in a needs-led way and with the understanding of how survivors adapt their behaviour to cope when experiencing abuse – asking "what has happened to you?" rather than "what is wrong with you?". Providers should build safety around a survivor's needs focusing on trust, whilst being collaborative and transparent.

[12] Bailey, K. (2017) *Taking a forward view on women and mental health: Key messages for government.* Published online: Women's Health and Equality Consortium; Women's Aid. (2021b) The Domestic Abuse Report 2021: The Annual Audit. Bristol: Women's Aid

[13] Women's Aid. (2021b) The Domestic Abuse Report 2021: The Annual Audit. Bristol: Women's Aid

[14] Women's Aid. (2021f) Funding specialist support for domestic abuse survivors: revised estimates August 2021. Bristol: Women's Aid

have highlighted that they are successful in providing good mental health and trauma support for survivors.

- The emerging evidence indicates that when specialist domestic abuse services are funded and supported to provide mental health and trauma support for survivors (including important partnership work with health services), they are successful.

About Women's Aid

Women's Aid is the national charity working to end domestic abuse against women and children. We are a federation of over 170 organisations who provide just under 300 local lifesaving services to women and children across the country. Over the past 47 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic abuse through practice, research and policy.