

Listening to survivors



24 FOCUS GROUPS – VAWG Consultation (300)

Black and minority ethnic women x 3

Asylum seekers x 2

Trafficked women

Lesbians

**Women with mental health/
substance abuse issues**

Young (13 -15) women

Traveller women

Older women

Rape survivors x 2

Rural women

**Women offenders on
community orders**

Women in prison

Disabled women

Street sex workers

Street homeless women

University students

Night shift workers

Bisexual women

Trans Women

FGM survivors

14 Focus Groups- DH taskforce (211)

- Women who have experienced domestic violence (x 3)**
- Women who have used statutory mental health services**
- Women who have experienced rape, sexual abuse and incest (x 2)**
- Women who have experienced incest**
- Women refugee and asylum seekers**
- Older women**
- Disabled women**
- Women from BAMER communities who have experienced domestic and sexual violence, including forced marriage and so-called ‘honour’-based violence (x 4)**

FOCUS GROUP FINDINGS

- **Women generally did not have high expectations of services**

“You hear about rape cases which demonise the woman, and you hear so much about low conviction rates... I don’t feel like if I went to the police I’d have a very good chance of getting any success, because you just hear so many horror stories about women who were treated badly or just aren’t getting the outcome from the case that you’d hope for.”

“My GP could have given me a leaflet or something, I told him my partner had done this to me, but he ignored it, like I wasn’t there. So even when you tell them directly, they don’t do anything, they don’t know what to say or how to respond. He made me feel like I was making it up.”

“Services make assumptions about what is needed; they don’t actually ask women what they need. Then if it doesn’t work the women are blamed for being difficult or anti social.”

- **Almost all women had very little trust and confidence in statutory services**

“In hospitals, when you are in labour, the midwife doesn’t try to communicate with you because of the language barrier, they just assume they know what is best for you...especially when a woman is circumcised, they need more attention. They should have more training because many health professionals don’t know how to deal with this...doctors call over other doctors to look at our genitalia, it’s very shameful... It would be a good idea to have someone who speaks Somali in the labour room, if there was someone there all the time it would stop the midwives being abusive to us.”

- Awareness of the availability of support services was surprisingly low

“At my GP in Nottingham there was no information, nothing about forced marriage, my doctor just told me to ring the Samaritans. I didn’t know what a refuge was, there was no information – I didn’t know there was anything I could do to change my situation. If I hadn’t gone to the housing agency I don’t know what I would have done.”

- Women valued women-only services where they existed.

“WAST [Women Asylum Seekers Together] is great because unlike other services you don’t feel you have to explain or justify yourself. It’s a safe place for women, where women understand what you’re going through. WAST needs more funding because it is struggling and it is vital for us. We get support, advice, help with our claims, food, it’s somewhere to come with your children, there are women here to talk to, it’s empowering, we support each other. I wouldn’t be here now without WAST.”

- Crisis support services are not enough; longer term support is needed

- Keen to see more investment in housing services that allowed women to stay safely in their own homes

“Accessing safe housing after being raped or sexually abused is very difficult, there is no training within housing services on this issue. One woman we worked with had been placed in a room with four men after fleeing her house because she was raped by her flatmate.”

- More outreach services in rural areas, including well-funded, accessible help-lines; accompanied by greater and more imaginative publicity to raise awareness of these services

“Advice about the help available needs to be even more subliminal than leaflets in a GP surgery, for some women. I couldn’t have been handed a leaflet without getting a beating when I got back... It needs to be on places like a lip balm or on a bus ticket or supermarket receipt.”

- **Lack of implementation and inconsistency of effective responses from the CJS with especial reference to bail conditions**

“My friend was raped by her boyfriend, she called the police and the first thing they said was ‘are you sure it was rape, are you sure you didn’t consent to it, you know how you women are’. This is the first contact she had with the CJS; no wonder nobody has any faith.”

- **Strong evidence that the non-abusive parent lacks support from social services**
- **Serious concerns about child contact between current or former partners**

- **Concerns about health services automatically sharing information**

“I hadn’t had an experience of abuse for two years. My midwife asked about abuse just after I’d had a C-section. I told the midwife about the historical abuse and said this isn’t going on now, so can it just be between you and me and she said yes. But then she contacted other agencies, social services became involved. Social services rang bells for me; I have an image of my children being taken away. I don’t understand why they chose that time, just after giving birth, to talk to me about it, but I felt violated, I had just had a C-section and they went and breached my confidentiality.”

“There are too many stories of information coming out of these health services that are supposed to be confidential but we know they’re not. Too many stories of families locating daughters and wives through their GPs or other health professionals. So getting help from my doctor, or any health service, is not the first thing that I would think to do when I experience violence.”

- **Inadequate responses to being stalked and harassed**

“When I finished with my ex I was harassed every day by phone calls, threatening letters, even a gun sent to me to get me to kill myself. I had my kids taken away to protect them but who was protecting me? Every time I called the police they said he hasn’t hit you, he hasn’t destroyed your property, yet I was getting continuous threatening phone calls, bricks through my window. Nothing was done about it. Eventually he got into my home and he raped me, and when it did go to court, he was let off – for not enough evidence! This man has moved on and my life has been destroyed, I lost my kids, I’ve lost my home. There was no justice for me.”

- Low support for a register of offenders but support for better information sharing across police forces

“Women come to us (Poppy Project) describing the same people and it’s us who have gone to the police and said these incidences are linked, women are reporting intelligence to different police forces but they’re not linked up, information is being missed. We need a centralised intelligence system to gather information on traffickers who are repeat offenders

- There was unanimous support for independent violence against women advocacy services to be available at the point of reporting violence and abuse, which was not dependent on the level of risk women are judged to be in nor on whether women reported to the criminal justice system

- **Women asylum seekers and trafficked women consulted felt they had no right to safety and protection because of their status**

“Consider us and what we have been through – my parents were killed in front of my eyes, I was genitally mutilated, I was trafficked into the UK and forced to work as a sex worker – I escaped and went to the Home Office for help ... and they imprisoned me.”

- **Lack of support available for women with no recourse to public funds**

“There are more and more young women with ‘no recourse’ that are trying to take their own life because there is no way out for them.”

- **Support for children experiencing or affected by violence was almost non-existent**

“A boy sexually abused me when I was young, my mum didn’t know, I didn’t tell anyone when I was 5. But the signs were there, I was stealing, misbehaving, attention seeking, no adult asked me or tried to find out what was going on. No-one asked me until I was 16, in a leaving-care review, which was too late.”

“I’ve got four children, I’m out of my relationship but he’s still controlling me through the children, I see my children now quite sad and quite confused, which upsets me, I’ve seen my children suffer, which makes me depressed. I’m in such a dilemma, do I keep them away from their dad who they love dearly or do I continue to watch him control them and me through the children, make them suffer? There need to be services out there for children. I sometimes wonder is there ever going to be help out there, there’s no help for the children.”

- **Women wanted mandatory training for statutory sector staff and felt this was more critical for health professionals than it was for criminal justice professionals and it should include receptionists**

“My receptionist asked me, after reading my notes on screen, ‘why are you trying to kill yourself? There are worse things than child sexual abuse’. She was not only belittling my notes she was belittling me.

“I was at the doctors and the receptionist had my personal details on her screen and was talking to me about them in a busy reception area. Why do receptionists need to have access to our personal details anyway? They are just booking an appointment. And why do they have to ask what it is about? It’s not any of their business!”

“One women in A&E asked for aesthetic when a doctor was sewing up her wound from self harm, and he said ‘you didn’t have an aesthetic when you were self harming so why do you need it now’. After lots of complaints about stuff like this from women who’d used A&E, the manager here tried to run training for health services on sexual violence and self harm, and none of the staff from A&E would go to it. They then made it compulsory for A&E staff to do the training – they still didn’t want to know.”

- **Women and girls felt strongly that schools should be required to take firm action against violence and abuse at school**

“I would like information in school about keeping safe and on relationships and what a bad one looks like, and where I can get help. It’s scary going through domestic violence. We don’t get anything on domestic violence, bullying or sexual harassment”

- **Women talked repeatedly about being excluded from statutory services and of the importance of independent specialised women’s services**
- **Overwhelming support for the idea of self-defence classes**

KEY THEMES FROM THE CONSULTATION

- Information sharing and confidentiality
- Specialist women only services
- Secure sustainable funding for the voluntary sector
- Inclusion of VAWG in the national curriculum
- Mandatory accredited training for all statutory sector staff
- Routine/selective enquiry across a range of public services
- Development of specialist VAWG services within healthcare settings and schools
- Increase in help and support for children affected by violence towards their mothers
- Enforcement of existing laws
- National media campaign to change attitudes
- Better publicity of services and funding to meet demand
- Challenges to the 'culture of disbelief'
- Strong support for a focus on prevention – to include more than schools
- Improved options for women with no recourse to public funds
- Strong support for self-defence
- Queries over the exclusion of prostitution from the strategy

