# 

# North East Hampshire Domestic Abuse Forum

## Practitioners Guide for Tailoring Domestic Abuse Support Services for Diverse Communities

March 2016

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Diverse communities covered in this guide

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#### **Introduction**

Domestic abuse affects around 1 in 4 women and 1 in 6 men during their lifetimes (British Crime Survey) with 7% of women and 5% of men estimated to have experienced some form of domestic abuse in the last year (Crime Survey England and Wales 2011/12).

Both men and women with a long term illness or disability were more likely to be victims of any form of domestic abuse in the last year (12.8% female, 7.3% male) compared to those without a long term illness or disability (6.1% and 4.6% respectively). Additionally, women with a long term illness or disability were more likely to be victims of stalking (6.5%) than those without (3.7%).

Domestic abuse can affect anyone and each individual will have unique factors which affect their ability to access help and support. This guide has been produced so that the appropriate support can be put in place for individuals in order to reduce harm and safeguard those affected by domestic abuse.

Support should be offered to all those affected by domestic abuse but it is important to try and identify and respond to any barriers people may face. Sensitive support and being aware of not making assumptions can make a real difference and encourage support and access to services. Not all disabled people need special protection and it will not always be obvious that someone is a disabled person or someone with additional needs.

Perpetrators aim to disempower and increase the vulnerability of the person they abuse, and so all people affected by domestic abuse may feel vulnerable at times, not just the groups we discuss in this booklet. Perpetrators are likely to focus on existing stereotypes and may disable people by their actions and by creating vulnerability.

Comments / feedback on this booklet should be sent to:  
[Karen.evans.44335@hampshire.pnn.police.uk](mailto:Karen.evans.44335@hampshire.pnn.police.uk) or telephone 02380 478547

**Definition of domestic abuse:**

The Government defines domestic violence and abuse as:

*“Any incident or pattern of incidents of controlling, coercive or threatening behaviour,  violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological, physical, sexual, financial, emotional”*

**General Principles for Supporting People affected by domestic abuse**

**Do:**

* Treat all information sensitively and be aware of your confidentiality and information sharing policies
* Act sensitively and recognise that people may have experienced discrimination in the past
* Learn and use correct and current language and ask for help if uncertain
* Take advantage of ongoing training in diversity
* Ask if people want to access specialist refuges and never make assumptions about preference
* Ask people about special dietary, religious or cultural requirements before seeking alternative forms of accommodation
* Make sure that you have access to a correct and current list of specialist refuges and services, where they exist
* Advocate for equal access to services and expect a good quality response
* Be aware that someone may have more than one additional need, eg be deaf and in a wheelchair etc.

**Don’t:**

* Assume that People from minority groups are always more oppressed by their partners or family members than others
* Assume that arranged marriages are always involuntary and oppressive
* Assume that any one community experiences more domestic abuse than any other
* Assume that people will want to be supported by someone from their own community; they may worry that they may know them or are known to the perpetrator
* Assume that people have told their families about the abuse
* Assume that the perpetrator is from the same community as the person affected by the domestic abuse
* Generalise about people from minority ethnic backgrounds: perpetrator of abuse cut across all cultural and religious groups
* Make assumptions about an individual’s preferences, sexual orientation, religion or culture, and always ask if you are unsure about anything

(Information kindly provided by Victim Support)

**Lesbian, Gay, Bi-Sexual & Transgender (LGB&T)**

**Introduction:**

The Crime Survey of England and Wales estimates that 1 in 4 LGB&T relationships will be abusive. Stonewall research indicates that four in five (78%) of gay and bisexual men and 81% of lesbian and bisexual women who have experienced domestic abuse have never reported incidents to the police.

**Common Barriers to Accessing Support and Help:**

* Fear of being ‘outed’ and consequently about stigma, prejudice and abuse from family members, work colleagues and friends
* Isolation due to homophobia and silence about domestic abuse in the LGBT community
* Concerns about losing friends and support network in the LGBT community
* Fear of abuse from family if they come out
* Fear around responses from practitioners including the police and support agencies
* Don’t want to challenge the myth of community non-abuse because of fear of further oppression
* Perpetrators may use known vulnerabilities, for example homophobia, to manipulate and control victims
* Perpetrators may use threats about losing custody of children, or outing people to children, to manipulate and control victims
* Perpetrators may use threats about losing custody of children, or outing people to children, to control and intimidate
* Few refuge places exist for gay men

**Suggestions for Providing Support:**

**Do:**

* Treat people in a non-judgemental way and respect their sexual orientation and identity
* Ask for and use the client’s own preferred pronoun
* Act sensitively and recognise that people may have experienced discrimination before
* Learn and use correct and current language, and ask for help if uncertain
* Check that it is relevant to discuss a person’s sexuality and / or sexual orientation when contacting other agencies

**Don’t:**

* Assume that a person has come out to their friends, family and others

**When supporting trans people be aware that:**

* Their partners may be criticising them for not being a “real” woman / man
* They may fear transphobia amongst agencies and this may be reinforced by a perpetrator
* Surgically or altered body parts may be targeted by a perpetrator
* A perpetrator may ridicule their gender identity or sexual performance
* A perpetrator may destroy required medication or withhold / spend money that is being saved for transition
* A perpetrator may blame hormones or medication for their own behaviour or blame the hormones / medication of the victim for it
* Women only refuges may be restricted to trans women who are under a clinician or who have a gender recognition certificate

**Do:**

* Ask how they would like to be addressed, if you are unsure

**Don’t:**

* Ask what his or her “real” sex or gender is

**Key Support Services:**

Police LAGLOs (Lesbian and Gay Liaison Officers)

Broken Rainbow

**Men**

**Introduction:**

The Crime Survey for England and Wales estimates that 1 in 6 men will be victims of domestic abuse during their lifetime, however this is not reflected in police recorded incidents.

**Common Barriers to Accessing Support and Help:**

* Fear of not being believed
* Minimise the impact or harm from the abuse
* Gender stereotyping of a ‘typical’ victim can lead men to believe that services are not available to them or that they are not ‘worthy’ victims
* Concerns about how they will be viewed and that people will think a male victim must be weak.
* May have experienced disbelief from others in the past
* Fear of ridicule
* Shame
* Guilt
* Want to help their partner
* Want to keep the family together
* Are worried about losing access to their children
* Have financial concerns, particularly around being able to adequately support children in another household
* Feel embarrassed to talk about their experiences
* Isolation
* Feel that they are the only one in this situation (partly due to the lack of male victims who are willing to speak about their experiences)
* Lack of research about male victims has led to fewer services being available
* Lack of research around female perpetrators
* Lack of support from family and friends
* Lack of refuge places available for men, particularly those fleeing with their children

**Suggestions for Providing Support:**

**Do:**

* Treat the person with respect and believe them
* Ensure that the same level of support is provided as to a female victim

**Don’t:**

* Judge the person or their masculinity
* Underestimate how strong a man has to be to remain within an abusive relationship

**Key Support Services:**

Mankind Initiative

Male Advice Line

**Older People**

**Introduction:**

Both older men and women can be at risk of being abused. The Prevalence Study of 2007 indicated that 4% of older people experienced abuse in their own homes.

**Common Barriers to Accessing Support and Help:**

* Worries about being able to access medical help, equipment, physical care need issues
* Don’t realise that things have changed with regards to responses to domestic abuse and may feel that no-one is able to help them
* May not recognise the abuse as such
* Physical injuries may take longer to recover from
* May have put up with the abuse for many years and feel they are too old to leave now
* Self-blame and shame
* Want to protect other family members from discovering what has been happening
* Concern about how the abuser will manage without them
* Access to suitable accommodation
* Financial worries and concerns
* The abuse may be from any family member
* Dependence on other people
* Reduced mobility
* Lack of confidence in ability to manage alone
* Isolation
* Scared
* Belief that they must put up with the abuse as ‘marriage is for life’
* Fear of being rejected by their children

**Suggestions for Providing Support:**

**Do:**

* Ensure that the person is allowed to speak for themselves
* Ensure that you speak to the person on their own
* Be aware that family members may blame the elder person (eg accusing them that incontinence is a deliberate act)
* Look at the environment within the home to establish whether a person may be being neglected or harmed. (eg can they reach a telephone? Are items placed out of their reach)

**Don’t:**

* Assume that an older person needs Adult Services intervention on the basis of ‘vulnerability’ at the expense of overlooking the domestic abuse

**Key Support Services**

Action on Elder Abuse

**People with Dementia / other Illness Related Issues**

**Introduction:**

Where someone is suffering from these illnesses, they can be more vulnerable to domestic abuse both as a victim or a perpetrator of the abuse. Whilst it is recognised that suffering from these illnesses wouldn’t cause someone to be abusive or controlling in itself, where someone has a pre-disposition to being abusive or controlling, behaviour can become more visible.

**Common Barriers to Accessing Support and Help:**

* Capacity on understanding abuse and reporting it
* Communication problems
* Admission of dementia
* Some dementia sufferers are the perpetrators
* Remembering information
* Fear of not being believed
* Carer undermining testimony

**Specific Safeguarding Issues:**

* Capacity on reporting issues
* Never the victim reporting
* Understanding equipment and remembering to use it
* If dementia sufferer is the perpetrator, ensuring that people around know they don’t have to put up with it – there may be options in some cases around sectioning
* Can be victims too – as well as perpetrators (without knowing or understanding)
* Is the victim able to get upstairs or to a safe location?

**Suggestions for Providing Support:**

**Do:**

* Think about alarms and prompts
* Be aware that often there will be past relationship issues and may have been a history of domestic abuse prior to diagnosis. The abuse now is often the way the marriage has always been and the dementia is an emotional response to what is happening
* Provide trained carers with knowledge of signs of domestic abuse and how to report / get help
* Suggest day centres, where appropriate to reduce isolation and minimise the chances for the abuse to occur
* Consider dementia friendly towns and cities
* Check if there is an official diagnosis of the illness
* Recognise that for the victim what they are dealing with is ‘normal’ behaviour for that person and they will know ‘how things work’
* Recognise that lashing out isn’t a symptom – it’s a response

**Don’t:**

* Let the victim think there are no options available to them
* Minimise the abuse as a result of the illness

**Key Contacts:**

Alzheimer’s Society

Andover Mind service for Rushmoor and Hart

Volunteer services / Mind to do assessments

**People who have Physical Difficulties**

**Introduction:**

The Crime Survey for England and Wales indicated that domestic violence was reported around 7% more in disabled versus non-disabled victims. Those with one or more disabilities were more likely to be a victim of violence in the past year when compared with the non-disabled population. Overall, disabled people were more likely to experience mental health problems following violence, especially those with pre-existing mental illness.

**Common Barriers to Accessing Support and Help:**

* Difficulty in getting out to report
* If hurt, are less able to move, get access to panic alarm
* Difficulty in accessing communication means (for example if perpetrator moves the telephone out of reach)
* Might not recognise they are being abused
* May be threatened / blackmailed ‘there is no one else to care for you’
* May not have access to communication aids (eg computer, writing materials)
* Carers can be the perpetrator
* The perpetrator may restrict a person’s movements
* Worry that by reporting the abuse they may have to go into a care home
* Refuges may not always have suitable facilities or wheelchair access
* Isolation
* Reliance on medical equipment or medication
* Think it is the fault of their illness that the perpetrator loses their temper with them or controls them
* Feel that supporters will not be able to see past their disability
* Low self esteem
* If they don’t do as the perpetrator wants, they may be denied access to assistance, medication, communication means
* Believe that they have misinterpreted an incident due to their mental health or a learning difficulty
* May have been threatened that others will be told they are unable to care for themselves
* May have specially adapted homes
* Have no access to money where the perpetrator controls benefits

**Suggestions for Providing Support:**

**Do:**

* Ask about person’s experiences if you suspect abuse may be occurring
* Act sensitively, and be aware that disabled people may have experienced prejudice before in their lives
* Recognise that perpetrators may use disability as a very specific form of abuse
* Speak directly to the person and not to their personal assistant or sign-interpreter, if they have one
* Ask all people if they have any specific needs; disabilities or impairment is not always obvious
* Check whether your service is accessible and inclusive, and that staff are flexible and informed enough to meet individual need
* Ask service users if they would like to access a disability advocate: some services are run by disabled people for disabled people
* Keep a record of agencies that offer accommodation with adaptations
* Be aware that some perpetrators may withhold medication or place equipment out of reach in order to control or ‘punish’ the victim

**DON’T**

* Assume that disabled people are less likely to have fulfilling and intimate relationships
* Make assumptions about a person’s ability, and always ask if uncertain about anything
* Assume that the person is lucky to have someone who will look after them and overlook abuse

**Key Support Agencies:**

Adult Services

Housing officers

Young carers groups / respite centres

GPs

Scooter companies

Social media options

**People who are Blind or have Sight Issues**

**Introduction:**

Over 2 million people have sight issues and may find it difficult to access information and support where they are suffering domestic abuse. As with other disabilities they may be reliant on the perpetrator to assist with day-to-day living.

**Common Barriers to Accessing Support and Help:**

* Access to appropriate information (ie Braille and audio)
* Perpetrator could also be the carer
* Lack of awareness of what ‘abuse’ is
* Financial concerns
* It can be very difficult to run away or raise the alarm that an incident is taking place
* Can be a lack of trust in visitors and / or helpers
* Perpetrators may move communication and other aids
* Reliance on perpetrator for support
* Concerns about how they could manage if they had to leave their familiar environment
* Lack of confidence

**Suggestions for Providing Support:**

**Do:**

* Consider the appropriateness of safeguarding equipment and safety planning tips – use vibrating personal and window alarms, specialist fire alarms etc.
* Consider whether your leaflets and information are accessible
* Use independent interpreters and don’t rely on family members or the deaf community
* Try to use the same key worker to visit regularly and build trust
* Raise awareness with professionals of the specific issues faced by those who are blind or have sight issues
* Consider the use of ‘talking books’
* Ensure safety planning guidance is appropriate

**Don’t:**

* Make contact in writing unless you are sure this won’t be intercepted and is in an accessible format (ie large print, Braille)

**Key Support Agencies:**

Blind Society  
Help the Blind

Adult Services

**People who are Deaf or have Hearing Difficulties**

**Introduction:**

Around 1 in 7 people have some form of deafness. DeafHope estimate that 75-80% of deaf clients who access support from them are abused by deaf men.

**Common Barriers to Accessing Support and Help:**

* Communication issues
* Lack of awareness of what ‘abuse’ is
* Cultural issues – the deaf community is a very ‘close’ community
* English is often a second language for deaf people and so leaflets and internet information can be difficult to access or understand
* The deaf community is very close knit and there could be concerns about other members of the community stigmatising or casting aside the victim, leading to isolation
* Difficulty with communication could lead to others not understanding how injuries have been caused
* The perpetrator may ‘talk’ for the victim and isolate them from support
* Reluctance to engage with services
* Worry that children will be removed from a deaf victim
* The risk comes from the deaf community as well as the perpetrator – consider the cultural aspect rather than thinking of deaf people under the ‘disability banner’
* A hearing child may hear an argument and stay in a place of safety, whereas a deaf child may walk into a dangerous domestic incident situation
* Difficulty in communicating with emergency services
* A perpetrator may be able to intercept text messages, compromising the victims’ safety or ability to communicate
* There are often issues with neighbours
* It has been known for an emergency bag to be left with a neighbour but through communication issues, the neighbour has returned this to the perpetrator

**Suggestions for Providing Support:**

**Do:**

* Encourage the person to register as deaf with the police so that texts can be used and appropriate support provided linked to 999 calls
* Agree 2 words for safe contact via text – one word to indicate it is safe to communicate, the other as a danger signal
* Be aware it is easy to increase the risk level for deaf victims through not thinking through the implications of actions – eg not taking an interpreter, making contact without pre-arranging this, unsafe phone where perpetrator could see texts
* Ensure British Sign Language (BSL) interpreters are offered to people who sign
* If possible fit a loop system to rooms and if this is not possible, consider using a portable loop
* If the person relies on lip reading, it is important to ask where the person would like to sit in a room as lighting and positioning can make a big difference
* Ensure that you are facing the deaf person when speaking to them and that you speak clearly – shouting or speaking slower than normal distorts the lip pattern and makes lip reading harder
* Ensure that you don’t put your hands to your face as this obscures the mouth for lip reading
* Cut out as much background noise as possible
* Offer an email and text number to the person so that they can communicate with you
* English is often a second language for deaf people and so leaflets and internet information can be difficult to access or understand
* The deaf community is very close knit and there could be concerns about other members of the community stigmatising or casting aside the victim, leading to isolation
* Difficulty with communication could lead to others not understanding how injuries have been caused
* The perpetrator may ‘talk’ for the victim and isolate them from support
* Reluctance to engage with services
* Be aware that someone may have more than one issue, eg be deaf and LGBT, or be deaf and in a wheelchair etc.

**Key Support Agencies:**

DeafHope

Police Deaf Liaison Officers (PLODs)

Some agencies have signers who work or volunteer with them (although ensure the person is going to be independent)

**People who have Learning Disabilities**

**Introduction:**

Research has found that people with learning disabilities are more likely to experience gender based violence than the general population.

**Common Barriers to Accessing Support and Help:**

* Communication issues
* Lack of awareness that abuse has taken place
* May not be believed or make unreliable witnesses
* Could be reliant on the perpetrator
* Issues around self-image, self-esteem
* Fear of abandonment
* Difficulty in understanding messages given
* May have difficulties in expressing themselves
* Frustration
* May be unable to read or understand leaflets or letters

**Suggestions for Providing Support:**

**Do:**

* Ensure that you are able to communicate in a way which can be understood
* Ask open questions
* Check with the person that you have correctly understood what they are saying
* If the person wants to take you somewhere to show you something, go with them if this is appropriate and possible
* Look at body language and facial expressions
* Try drawing to help communicate
* Take your time and not rush communication
* Use gestures and facial expressions
* Consider the use of objects, photos and pictures to help communicate

**Don’t:**

* Rush the person
* Show that you are frustrated at the time it is taking to speak to someone

**People with Mental Health Issues**

**Introduction:**

Research findings indicate that there is a higher risk of violence among those with mental illness than any other subtypes of disability.

**Common Barriers to Accessing Support and Help:**

* Fear of not being believed
* Fear of consequences of disclosure
* Fear of social services involvement and consequent child protection proceedings
* Fear that disclosure could lead to further violence
* Many agencies will not deal with the domestic abuse until the mental health issues are addressed and vise-versa
* Shame
* Not recognising that they are being controlled or abused – the perpetrator may use the mental health diagnosis to try to justify their behaviour
* Difficulty in reporting sometimes as a result of the side effects of medication
* Communication barriers
* Reliance on the carer / perpetrator
* Difficulties around legal and mental capacity
* Language and culture
* Isolation
* Paranoia
* Difficulty in accessing refuge or other suitable accommodation
* Concerns around confidentiality issues and who they feel it is safe to talk to

**Suggestions for Providing Support:**

**Do:**

* Consider implications where the perpetrator is also the carer
* Consider providing a list of telephone numbers of targeted support groups

**Don’t:**

* Let the mental health issues stop you from recognising and responding to the domestic abuse

**Key Support Services:**

Advocacy services

Housing support / associations

Mental Health Services

GPs and other health services

**Black, Minority Ethnic (BME) Groups**

**Introduction:**

There are many cultural and language barriers experienced by some BME groups

Generic issues identified from research studies and events:

Some of the main barriers for people from BME communities in seeking help for domestic violence issues have been identified as:

* INTERNAL: cultural (izzat, sharam), honour killing/ crimes, gender socialization, religion
* EXTERNAL: stereotyping, disadvantage, discrimination, racism
* SERVICES: access, sensitivity of the provision, lack of dedicated refuges
* ISOLATION: physical, emotional, language barriers, lack of/ poor interpreting / translation provision

For most domestic violence victims, their immigration status will be paramount in their decisions about what actions to take in respect of the violence or abuse

**Common Barriers to Accessing Support and Help:**

* Domestic abuse may be viewed as ‘acceptable’ or ‘normal’ in some communities
* People may have experienced racism and fear further stigma and prejudice when seeking help
* Female victims may have been brought up to view their role as subservient to that of their husband and that it is not ‘allowed’ to speak out against him.
* Fear of isolation from their community or family members
* Concern that they will be ‘found’ or tracked down if they try to leave the relationship
* Lack of access to accommodation which provides for cultural, religious or dietary needs
* They may experience pressure to remain in their marriage, as leaving is inconsistent with their faith or culture
* Multiple perpetrators may be involved (eg wider family members as well as wider community or contacts)
* Fear that their confidentiality could be compromised by agencies giving information to family or community members or perpetrators
* Financial
* Language / literacy issues – access to information as well as implications on access to employment
* Fear of authority / police / statutory agencies
* Immigration issues
* Lack of access to public funds
* Lack of, or little evidence of domestic violence as victims are sometimes unable to report or unaware of where to go for help and support
* Consequences of reporting abuse not understood or feared
* May be unwilling to press charges and take perpetrator to court
* Face language barriers
* Communities can be very ‘closed’, making it difficult for women to disclose domestic abuse
* Some communities can be very male dominant/patriarchal making it difficult to get access to information.
* Lack of specialised services for perpetrators.
* Fear their children will be taken away from them or returned to their home country
* Consequences in home country for themselves and wider family members if the marriage breaks up
* Pressure from families or community

**Suggestions for Providing Support:**

**Do:**

* Use independent interpreters
* Recognise cultural concerns but not at the expense of addressing the domestic abuse and safety planning
* Be realistic about the consequences of reporting for victims and what support is available
* Look out for signs that a family has had frequent house moves as this makes it more difficult to link incidents
* Use a female member of staff to ask to see arms and legs if they are covered up with a burkha or other garment to check for visible injuries
* Reassure the victim about the role of Social workers as they may have been threatened by family members that their children will be taken away from them
* Understand that in certain cultures it is constantly reinforced that a woman is subservient and they should never speak out about their husbands so gently encourage as there may be a reluctance to provide statements to the police or give any details of the abuse

**Don’t:**

* Use family members as interpreters

**Key Support Agencies:**

Rushmoor Domestic Abuse Support Service

Translated leaflets

**Gypsy, Romany and Traveller Families**

**Introduction:**

Gypsy and traveller domestic abuse victims tend to be under represented in the number of people accessing support services and when they do access services, often the services have difficulties in meeting their needs, often resulting in the victims returning to an abusive situation.

* Gypsies are a recognised ethnic minority with an identifiable culture and language that is unique to the UK.
* Roma are relatively new group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses
* Irish Travellers have a unique culture and language distinct from gypsies and other travellers but are often confused with gypsies because both groups can be seen traveling around the county in caravans. Irish travellers are hard working and guard family values
* Showman travellers are with fairs and travel from place to place during the summer months. Showman families are long established in Hampshire and there are sites in many locations across the county
* Circus travellers; there are none that reside in Hampshire that we know of however we do have families that travel through. Some speak another language and children normally often only access primary school education
* New travellers are the newest group of travellers and are drawn from a group of people who have elected to leave aspects of society they disdain and to live a freer, simpler life travelling
* Bargees; live on canals

**Common Barriers to Accessing Support and Help:**

* Generally those affected by domestic abuse, mental health, debt or other issues will turn to family members rather than outsiders
* Culturally the norm is for families to stay together and would be difficult for a victim to leave or consider leaving
* Victims are unlikely to talk about domestic abuse and being seen talking to outsiders, especially the police, can lead to repercussions from other members of the community
* Female victims are often too scared to fight back as the men are too strong
* There is a general lack of awareness of what domestic abuse is and options within the community
* Due to the nomadic lifestyles of many of the families, it can be difficult for practitioners to build relationships and victims to access services
* Often victims will be accompanied / chaperoned by male partners or family members when accessing services (eg hospital) so difficult for staff to speak to the person on their own
* Refuge accommodation can be difficult to adapt to where victims used to travelling or living in travelling environment and accommodation.

**Suggestions for Providing Support:**

**Do:**

* Try to be flexible (where possible) around meeting times and arrangements
* Try to identify ways in which you can speak to the victim alone

**Don’t:**

* Meet the victim in locations which could put them in danger of being seen by a family or community member

**Key Sources of Support and Guidance:**

Hampshire EMTAS (Ethnic Minority and Traveller Achievement Service)

Hampshire Romanys

**Armed Forces Families**

**Introduction:**

Domestic abuse is no more or less prevalent in the armed forces than in the wider community; however there are unique concerns and issues which could make it more difficult for these families to feel confident in accessing help and support.

**Common Barriers to Accessing Support and Help:**

* Impact on own or partners career
* Reliance on service family accommodation, salary
* Concerns over immigration status
* Concerns over confidentiality of services
* Impact on children’s schooling
* Reliance on armed forces ‘family’ and support

**Suggestions for Providing Support:**

**Do:**

* Reassure around confidentiality and encourage victim to access armed forces specific welfare support (AWS, RNRM Welfare, SSAFA)

**Don’t:**

* Contact non confidential military based support services without considering carefully the impact this could have

Key Resources:

Armed Forces Domestic Abuse Toolkit

North East Hampshire Domestic Abuse Military Sub group

Army Welfare Service / SSAFA / Royal Navy, Royal Marines Welfare

**Homeless People (including those who are ‘sofa surfing’)**

**Introduction:**

Domestic abuse can result in people becoming homeless.

**Common Barriers to Accessing Support and Help:**

* Lack of accommodation can impact on accessibility of benefits or employment
* Fear of not being believed
* Stigma
* Vulnerability
* Lack of trust
* May have been let down in the past
* Low self-esteem
* Feelings of helplessness
* No stability so could be difficult to access support services
* Financial issues
* Lack of access to documents
* Difficulty in accessing communication means
* May not be able to access refuge accommodation if a male victim

**Suggestions for Providing Support:**

**Do:**

* Try and meet in a suitable location
* Encourage the person to visit the Housing Options team to address their homelessness if possible

**Don’t:**

* Be judgemental or make assumptions

**People living in Rural Communities**

**Introduction:**

Reports of domestic abuse to the police from those living in rural areas, tend to be less that for people living in more urban areas, possibly due to the lack of neighbours contacting the police as a result of hearing a disturbance. This can make the victim more vulnerable and isolated.

**Common Barriers to Accessing Support and Help:**

* Access to transport – public transport may be irregular and taxis expensive and the family car may not be available to the victim or mileage checked
* Availability to information – most resources tend to be centralised in towns so if transport is difficult libraries, benefits offices, council housing departments and other support may be more difficult to get to
* Concerns around confidentiality where the community is close knit
* Reliance on neighbours or family members making it difficult to leave the home
* Difficulty in finding local employment

**Do:**

* Try to arrange meetings in accessible locations
* Ensure that safeguarding equipment, including a telephone, is appropriate (ie can a mobile signal be obtained; would anyone hear if a personal alarm was activated)

**Child to Parent / Grandparent Abuse**

**Introduction:**

Increasing numbers of agencies are reporting abuse from children towards their parent or grandparent, be they under or over the age of 18. The naturally strong bonds between the parent / grandparent to the child can make seeking support and enforcing safeguarding decisions very difficult.

**Common Barriers to Accessing Support and Help:**

* Natural bond with the child
* Feelings of responsibility towards their abuser
* Shame
* Disbelief
* Think it could just be a ‘stage’
* Feel responsibility for the behaviour of the child
* Feel unable to enforce boundaries or sanction the child
* Isolation
* Feel they are the only ones experiencing this type of abuse
* Fear of the abuser and what they could do
* Worry about consequences of reporting
* Unsure that anything can be done to address the situation
* Could be additional factors such as drink, drug misuse or mental health issues
* What will friends / family / neighbours think

**Suggestions for Providing Support:**

**Do:**

* Ensure that safeguarding issues are addressed even if the parent / grandparent minimises the danger, or feels unable to take action against the child
* Consider if the parent / grandparent is a vulnerable adult and would benefit from support from Adult Services

**Don’t:**

* Under-estimate the difficulties people face where it is their child / grandchild who is perpetrating the abuse.

**Religion / Culture**

**Introduction:**

Religious people across all denominations are not exempt from Domestic Abuse, however, there can sometimes be a lack of understanding regarding abuse and the dynamics of abusive relationships and their impact upon the lives of people involved within churches and denominations generally.

For many people who have a very strong religious or cultural belief, they will be guided by the teachings or beliefs or their religion or culture as to how the level of endurance of abuse or how to respond to abuse but the support of Church or community members can also be very helpful in enabling victims to move forward with their lives.

**‘Honour’ Based Violence:**

‘Honour’ based violence is where a person is being punished by their family or community for actually or allegedly undermining what they believe to be the correct code of behaviour. By not conforming it may be perceived that the person may have brought shame or dishonour to the family.

#### **Forced Marriage:**

Forced marriage is where one or more partners do not (or in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.Forced marriage is an abuse of Human Rights and cannot be justified on any grounds.

Forced marriage is different from an arranged marriage.  In an arranged marriage families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.   Arranged marriages have worked well in society for many years.

#### **Female genital mutilation:**

Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as the range of procedures which involve the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason.

Female genital mutilation is illegal.

**Common Barriers to Accessing Support and Help:**

* Long held beliefs about what is expected from a wife / husband
* Messages may be reinforced by religious / community leaders around the need to remain in the marriage come what may, or around submissiveness
* Some men may feel under pressure to be the ‘man of the house’ and ‘control’ their partner
* Some men may feel ashamed if they are the victim of abuse
* Quotes from religious books may be used to justify abusive or controlling behaviour
* Overwhelming feelings that they should forgive people, including an abuser

**Suggestions for Providing Support:**

**Do:**

* Recognise the importance of their belief to the person you are supporting and recognise that they could feel they ought to submit to their husbands out of duty, that they have no right over their own body, life or even opinions
* Ask the victim if they wish to be treated a certain way (due to their faith) but don't assume that they do. E.g. In Islam it is often taboo for females to be in the company of male strangers, however a lot of victims will have grown up in Western society and will not object to this.
* Find out what support the victim will have in the community/family and engage with these people where appropriate.
* Recognise that the victims interpretation of their faith may place barriers to the victim feeling comfortable/confident in dealing with the police, or reporting domestic violence.

**Don’t:**

* Under-estimate the importance of community and religious leader’s teachings and messages around domestic abuse, forgiveness and the status of people in a household
* Mistake Honour based violence as a religious issue