APPG Inquiry into Domestic Abuse and Mental Health Agenda alliance consultation response

September 2021

Agenda is an alliance of over 100 organisations working in England and Wales to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing multiple disadvantage - that is abuse, poor mental health, poverty, addiction, contact with the criminal justice system and homelessness - to get the support and protection they need.

Introduction

Agenda is delighted to have the opportunity to respond to the All-Party Parliamentary Group (APPG) on Domestic Violence and Abuse's inquiry into domestic abuse and mental health. Increasing awareness and understanding of women and girls' experiences of violence and abuse, trauma and poor mental health is core to Agenda's work. Agenda was privileged to co-chair the *Women's Mental Health Taskforce*[1] with the Department for Health and Social Care (DHSC) in 2018. The final report of the Taskforce highlighted the importance of a gender and trauma-informed approach to women's mental health, which must involve services understanding and responding to the impact of gender-based violence and abuse.

Agenda believe women and girls hold many of the solutions to the challenges they face. In recognition of this, we worked with women involved in Agenda's Women's Advisory Panel[i] to develop this consultation response. Some of their quotes are used throughout the document to illustrate the issues they raised.

Domestic abuse, mental health and multiple disadvantage

There is a clear relationship between experiences of abuse and poor mental health, with women and girls who have experienced abuse much more likely to have mental health problems. Research by Agenda[2] shows that among women who have experienced extensive physical and sexual violence, including domestic abuse:

- Three quarters (78%) have experienced life-threatening traumas, with 16% of women screening positive for Post-Traumatic Stress Disorder (PTSD).[3]
- Over half (54%) of women have at least one common mental health condition, such as anxiety and depression.[4]
- Over a third (36%) of women have made a suicide attempt, and a fifth (22%) have self-harmed.[5]

"Because the abuse had gone on for 17 years, my whole mind had been thrown. I found it hard to concentrate, my sleeping got messed up. My whole life was turned upside down and the trauma will always be there."
-Sonia, Agenda Women's Advisory Panel Member

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[i] The Women's Advisory Panel is a group of experts by experience of the issues that Agenda works across. The panel informs, shapes and amplifies Agenda's policy, campaigns and communications work.

Girls and young women aged 16–24 experience the highest rates of domestic abuse of any age/gender group.[6] [7] Girls and young women are also at greatest risk of developing mental health problems, with the gap between young women and young men steadily increasing. [8] [9]

Women and girls who have experienced extensive abuse are often deeply traumatised and can face other challenges alongside poor mental health, such as addiction, homelessness and contact with the criminal justice system. Research by Lankelly Chase shows that women make up 70% of people experiencing interpersonal violence and abuse, homelessness, substance use and poor mental health simultaneously.[10]

> *"I had nowhere to live when I was experiencing domestic abuse – and my family didn't allow me to stay with them."*
> **-Saima, Agenda Women's Advisory Panel Member**

> *"Because I was being abused I turned to alcohol again after I had come clean."*
> **-Sonia**

Due to the complexity of the issues they face, many women and girls experiencing abuse, mental ill-health and other types of disadvantage are excluded or overlooked by services, which don't see them as victims or survivors, but as 'problems'.

Women and girls' various intersecting identities mean they have distinct and sometimes disproportionate experiences of abuse and mental ill-health, as well as barriers to support. A woman or girl's race,[11] ethnicity, age, ability, sexual orientation, gender identity and immigration status overlap in ways that increase the disadvantage and discrimination they face, as well as impacting the support they are able to access.

The women and girls' voluntary and community sector plays a critical role in providing appropriate, tailored mental health support for women and girls. The women's sector currently **delivers around 43% of all gender-specific mental health provision** for women.[12]

Full response:

1) What are the most significant barriers to meeting the mental health needs of survivors of domestic abuse?

Despite the clear relationship between gender-based violence and abuse, trauma and poor mental health, survivors still face barriers to support and poor responses from professionals if and when they do manage to access services.

Siloed public services, thresholds for support, and a lack of understanding of what having multiple complex needs means for women and girls who have experienced abuse

The lack of joined up public services for women and girls experiencing multiple disadvantage often leads to them being excluded by one service, which in turn results in exclusion from the other services they need.

> *"I did experience a refuge who turned me away due to my substance abuse. I should have lied because I needed accommodation more than I needed to use."*
> **-Sonia**

> *"I kept asking for help and support and I kept getting passed from one service to the next, to the next with no help from anyone. I was told because I was an addict I couldn't have mental health treatment."*
> **-Amanda, Agenda Women's Advisory Panel Member**

For women and girls who meet the criteria and thresholds for support, it can take months or even **years on a waiting list** before support is given, compounding the complexity and severity of women and girls' needs.

> *"Most people can't wait that long and give up and turn to alcohol and drugs."*
> **-Saima**

When women and girls do manage to access mental health services, the support from public services is **often not flexible and long-term enough**. Members of the Advisory Panel reported that appointments are often rushed and they feel as though professionals are not listening to them. Women and girls who do not show up to appointments are labelled as 'hard-to-reach', overlooking that they may have additional support needs in order to attend appointments, and/or may have had negative past experiences with public services that means it takes longer to develop trusting relationships with staff.

Part of this lack of understanding is frontline public services staff's **failure to ask women and girls about their experiences of violence and abuse**. Routine enquiry, whereby trained practitioners routinely ask patients about experiences of abuse, is already recommended by NICE guidance in services including mental health, drug and alcohol treatment, and maternity. Despite this, research by Agenda shows that it is rarely happening in practice.[13]

Without understanding survivors' experience of violence and abuse, mental health professionals are unable to respond in a trauma-informed way. This can lead to **misdiagnoses**, including diagnosing women and girls with serious psychotic illnesses and prescribing medication where it would be more appropriate and effective to a provide a therapeutic, holistic response which centres a woman or girls' experiences of trauma.

> *"Doctors turn a blind eye to the emotional impact of sexual violence and only treat the outward scars. Else they prescribe anti depressants."*
> **-Saima**

Re-traumatising and punitive practices in mental health services

For many survivors, contact with mental health services can have a detrimental impact on their mental health. Women and girls are often asked to **share their story repeatedly**, and be forced to relive their trauma with multiple professionals.

"I was being re-traumatised, reliving the worst moments of my life, having to remember sequences and dates, so a form could be completed."
-Amanda

In mental health settings**, use of force, physical restraint,** [14] **isolation and observations** may be used against women presenting with symptoms of trauma, including exhibiting disruptive behaviour or self-harming. Restraint can include experiences of having clothes removed and can be particularly distressing for women who have experienced domestic and sexual abuse, particularly when carried out by male staff members. Some women report feeling unsafe in inpatient services, and at risk of **sexual assault or harassment**[15] from both members of staff and patients, and where incidents occurred they felt that these were not always well responded to.[16] [17]

Failure to understand the impact of discrimination
Institutional and structural discrimination, including racism, leads to worse health outcomes for women and girls from marginalised communities. Within mental health services, models of 'recovery' can overlook the impact of forms of discrimination such as racism, thereby failing to connect women and girls' mental ill-health with the oppression they face.[18] Services can characterise reactions to racism as signs or symptoms of illness, meaning that this, rather than the ongoing discrimination women and girls face, is addressed.[19]

Underfunded community-based, gender-specific and specialist 'by and for' mental health support for women and girls with complex needs
Effective care needs to be grounded in an understanding of the needs of women and girls from different backgrounds and with different experiences, including how characteristics such as **gender, ethnicity, age, culture and faith** impact on experiences of abuse[20] and mental health - and the support that is appropriate. Women also highlight the importance of recognising their roles as mothers, and the fear of/ impact of child removal on mental health.

The women's voluntary and community sector is best placed to deliver this type of tailored support. It delivers 43% of all gender-specific mental health provision for women, but is **under-funded, overstretched and currently a postcode lottery**.[21] [22] There is an even smaller number of services tailored to supporting women and girls' mental health from marginalised communities, such as Black and minoritised women and girls[ii], Lesbian, Bisexual and Trans (LBT) women and girls, and disabled women and girls. This leaves many survivors without support, with mainstream and gender-neutral mental health services not specialised or inclusive enough.

[ii] The term 'Black, Asian and Minority Ethnic' is commonly used in policy and commissioning contexts but can collapse together a broad range of differences between individuals, as well as reinforcing the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups (see Thiara and Roy (2020), Reclaiming Voice: Minoritised Women and Sexual Violence, Imkaan), we refer to 'Black and minoritised' women and girls. Whilst groups can be 'minoritised' in a number of ways, we specifically use this term to highlight the way in which certain racialised or ethnic groups are constructed as 'minorities' through processes of marginalisation and exclusion.

"I find that there aren't specific services for Black and minoritised women, where the service really understands your experiences."
-Sonia

2) What needs to change to ensure the health system can better meet the mental health needs of survivors and support long-term healing and recovery?

Funding

a) **The creation of a single focused fund**, drawn from the budgets of relevant departments, to address the social challenges facing women and girls. Tackling domestic abuse and mental ill-health must be key strategic priorities, as well as tackling the related issues of poverty, addiction, homelessness and survivors' criminalisation.[23]

b) **Dedicated funding for statutory Child and Adolescent and Adult Mental Health services** to develop gender and trauma-informed services for survivors with complex needs in partnership with the women and girls' voluntary sector.

Response in health services

c) Embed gender and trauma-informed training on violence and abuse across health services

In line with NICE guidelines, Health Education England and all health trusts should ensure that training about gender-based violence and abuse and trauma is embedded in training programmes. There should be a requirement to gather and report on data relating to policies, training, enquiries and referrals.

NHSE/I to review women's clinical pathways through mental health services and ensure routine asking about abuse and violence is embedded across these.

CQC to undertake a review of the implementation of NICE guidance to routinely collect and report on data regarding abuse and violence.

> *"[The change I would most like to see is] trauma informed training in hospitals, GP surgeries and therapy setting. Especially in mixed workplace environments. Training should be normal practice."*
> **- Saima**

d) Clear and safe information recording and sharing about experiences of violence and abuse and related issues should be consistently implemented across health services to avoid the re-traumatisation of women having to repeatedly re-tell their stories.

e) All mental health trusts should develop a Women and Girls' Mental Health Strategy, overseen by a clinical lead with responsibility for women

and girls' mental health, drawing upon the gender and trauma-informed principles set out in the *Women's Mental Health Taskforce* report.

f) Safety of women in residential mental health care must also be ensured by:
- Ending the use of face-down restraint and other forms of physical restraint used only as a last resort.
- Data on all types of restraint to be disaggregated by all protected characteristics, particularly gender, ethnicity and age, and made publicly available.
- Ensuring all women can access single-sex spaces throughout mental health units.
- Pursuing robust policy, practice and reporting processes around sexual harassment and sexual violence.

Care planning, treatment and service design

g) **Services should be designed and commissioned around outcomes that make a difference to women and girls' lives**, with a long-term view to addressing issues preventatively. This support should be flexible and long-term, responding to survivors' needs, rather than being designed around arbitrary timeframes.

"[There should be] open-ended counselling instead of the usual 12 weekly session."
-Colette, Agenda Women's Advisory Panel Member

h) **Mental Health Trusts to commit to co-production and meaningful involvement of girls and women** in the development of services, incorporating understanding of how women and girls' intersecting identities, including gender, age, ethnicity, culture and faith, affect all parts of their treatment planning and care.

i) **Mental health practitioners should always explore therapeutic alternatives** to medication with women and girls where they have disclosed current and historic experiences of violence, abuse and trauma.

Joined up, inclusive public services

j) **Services should work collaboratively** to break down service siloes and offer person-centred, holistic support for women and girls from diverse backgrounds, including through one-stop-shops, and co-location of professionals. Where this is not possible, 'navigator' models, where individuals or teams support service users to navigate systems, should be developed to support survivors to access available services.

"Women need someone to navigate the system with them."
Colette

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k) **Improved mental health support for women and girls in contact with the criminal justice system,** including improved referrals pathways from probation services for women and girls who have just left prison.

l) **Local authorities must ensure there is suitable provision for women and girls with a 'dual diagnosis'**, of both a mental health problem and substance use, and that thresholds do not exclude them from accessing support.

3) What changes are required to ensure the domestic abuse sector can meet mental health needs of survivors?

m) **Sustainable funding for holistic, girl- and women-only services in the community.** These services must be available in every area to provide safe, therapeutic spaces for survivors to address their mental health in parallel with other overlapping needs. This must include ring-fenced funding for specialist services for girls and young women, and those run 'by and for' the most marginalised groups of women and girls.

n) **Women-only peer support** to be commissioned and delivered as a core component of all wider interventions to support survivors' mental health.[24] Peer support and its value should be built into all local priorities and action plans of Mental Health Trusts, commissioners and practitioners in mental health services, delivered and designed in partnership with the domestic abuse sector.

"Group support was so important for my recovery – I think seeing more peer support offered would be helpful for so many women."
- Sonia

About Agenda Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction, contact with the criminal justice system, and homelessness to get the support and protection they need. www.weareagenda.org

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[1] Agenda and DHSC (2018) The Women's Mental Health Taskforce: Final report
[2] Agenda (2015) Hidden Hurt: Violence, abuse and disadvantage in the lives of women https://weareagenda.org/wpcontent/uploads/2015/11/Hidden-Hurt-full-report1.pdf
[3] ibid.
[4] ibid.
[5] ibid.
[6] Crime Survey for England and Wales (CSEW) (2020) Domestic abuse victim characteristics, England and Wales: year ending March 2020
[7] Agenda (2020) Struggling Alone: Girls' And Young Women's Mental Health
[8] NHS Digital (2014) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
[9] The Independent (2020) Suicides among teenage girls and young women have almost doubled in seven years, figures show
[10] Lankelly Chase (2020) Gender Matters: New conversations about severe & multiple disadvantage

[11] For more information about this, please see Sistah Space (2020) Valerie's Law https://www.sistahspace.org/valerieslaw
[12] Agenda and AVA (2017) Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales
[13] Agenda (2019) Ask and Take Action: Why public services must ask about domestic abuse
[14] Agenda (2017) Agenda briefing on the use of restraint against women and girls
[15] Care Quality Commission (2018) Sexual safety on mental health wards
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[22] Women's Budget Group (2020) The Case for Sustainable Funding for Women's Centres
[23] Prison Reform Trust (2017) There's a reason we're in trouble" Domestic abuse as a driver to women's offending
[24] Agenda and Mind (2020) Women Side by Side programme: Policy report