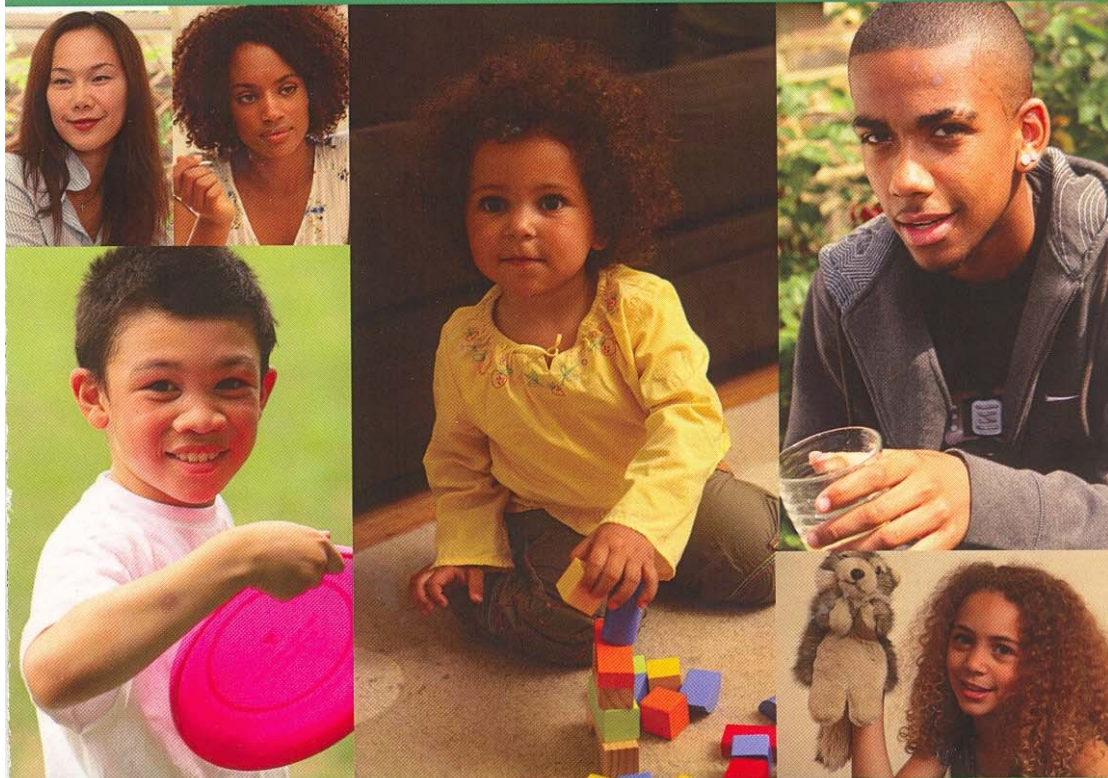


# Conference Report

## Responding to Black and minority ethnic children and young people affected by domestic violence



**A conference organised by the NSPCC and partners**

9.30am-4.00pm

Wednesday 4th October 2006

NSPCC National Training Centre  
3 Gilmour Close, Beaumont Leys,  
Leicester LE4 1EZ

**NSPCC**   
Cruelty to children must stop. **FULL STOP.**

Ruth Breslin, Helen Brookes, Norbert Marjolin, NSPCC  
February 2007

# **Responding to Black and minority ethnic children and young people affected by domestic violence**

~

## **Conference Report**

Ruth Breslin  
Helen Brookes  
Norbert Marjolin  
NSPCC

A conference organised by the NSPCC in partnership with Women's Aid, Ashiana, the Metropolitan Police, Centre for the Study of Safety & Wellbeing at the University of Warwick and Women Acting in Today's Society

Wednesday 4<sup>th</sup> October 2006  
NSPCC National Training Centre, Leicester

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# Acknowledgements

Children and young people who witness or become victims of violence need a variety of support and care. Professionals and volunteers who provide that care play a significant role in ending cruelty to children.

The NSPCC would like to thank the following organisations and individuals for their contributions and commitment to making this conference a success.

## **Aaliyah**

**Alison Buchanan**, Women's Aid

**Cecilia Cappel**, Kingston University

**Colin Green**, Department for Education and Skills (DfES)

**Joanne Miller**, WAITS

**Sharda Parthasarathi**, Humsaath, NSPCC Bradford

**Rosanne Pearce**, ChildLine

**Rama Ramakrishnan**, Bal Raksha, NSPCC Leicester

**DC Yvonne Rhoden**, Metropolitan Police

**Saadia Saeed**, Ashiana

**Dr Ravi Thiara**, SWELL, University of Warwick

**Shaminder Ubhi**, Ashiana

# Executive Summary and Conference Recommendations

## Executive summary

### Key messages from children and young people

The conference opened with a slideshow developed by Women's Aid as part of their 2004 Listening to Children Campaign. The slideshow depicted messages on postcards written to the government by children and young people from a range of ethnic and cultural backgrounds who had experienced domestic violence.

This was followed by a presentation by a young South Asian woman who is a survivor of domestic violence and physical and emotional abuse. She talked about the problems that she had faced getting the help that she needed and encouraged professionals to listen, believe and allow young people the time and space to tell their own story when they are ready to do so.

### Speakers' presentations

These presentations were preceded by a brief introduction by the conference Chair, **Norbert Marjolin**, Project Manager, Services to BME Children & Families at the NSPCC.

**Dr Ravi Thiara**, Senior Research Fellow at the Centre for the Study of Safety and Wellbeing (SWELL) at the University of Warwick, outlined the key messages from research on Black and minority ethnic (BME) children and young people and domestic violence. The main themes included:

- What we know already – e.g. that the Department of Health statistics show that 750,000 children are living with domestic violence, and that according to the British Crime Survey the prevalence of domestic violence shows little difference in terms of ethnicity.
- How the experiences of BME children living with domestic violence are both similar and different to those of all children living with domestic violence – e.g. that many children demonstrate personal resilience, but that cultural beliefs such as *izzat* and *sharam* (honour and shame) may act as barriers to help-seeking, and that there are also culturally specific forms of harm e.g. forced marriage and female genital mutilation.
- How inappropriate responses from service providers can also act as barriers to help-seeking – e.g. stereotyping and discrimination from service providers, and the fact that often different needs get reduced to 'culture' which gets reduced to 'language needs', so the focus ends up being on this alone.
- What services are available for BME children experiencing domestic violence – e.g. there is a big gap in specialist support for BME children and young people. Mixed heritage children often get overlooked entirely.

Dr Thiara concluded that there are gaps in the research in this area and that more joint work across services is needed, and that policy and practice needs to be properly informed by children and young people's views.

**DC Yvonne Rhoden** from the Metropolitan Police gave an overview of domestic violence (DV) and BME children's experiences of it from a police perspective. The key message from her presentation was that domestic violence is a crime and must be widely recognised as such, and that the police wish to establish the public's confidence in them so that members of the public will report this crime. Other themes included:

- Key facts: BME members of the London population are disproportionately represented in the homicide statistics for London (58% of all homicide victims are from BME communities, and 20% of all murders in London are a result of DV), however, a disproportionately low level of BME community members report DV. There are 108,000 incidents of DV reported in London per year.
- A discussion of definitions of domestic violence.
- A description of different initiatives that the police are undertaking to adapt their approach as a result of feedback from victims of DV, which suggested that their initial contact with the police was not very positive. These include: the work of the Violent Crime Directorate, investigation, risk assessment and management approaches/tools, protocol between child protection and DV specialist investigations.
- A description of Project Umbra which is developing a DV strategy for London's criminal justice agencies in order to improve responses to DV.

DC Rhoden concluded with reference to recommendations made in the report of the enquiry into Victoria Climbié's death about the need to take all necessary steps to protect vulnerable children, no matter what their background or origin.

**Colin Green** Divisional Manager Child Protection from the Department for Education and Skills (DfES) gave a presentation about the need to ensure that the safeguarding of all children and young people is everyone's responsibility. Key themes included:

- The vision of Every Child Matters in terms of opportunities and outcomes for children, and particularly for children who are disadvantaged.
- The strategic context within which Every Child Matters is being implemented.
- The impact of maltreatment on children including psychological impact, impact on behaviour in school and college, heightened risk of offending behaviour etc.
- Lessons from research (in terms of effective safeguarding) that have been translated into policy and guidance – e.g. that it is crucial to work with and listen to children, to have well-established multi-agency working and clear child protection policies, and for it to be widely understood that safeguarding children is everyone's responsibility, not just the responsibility of specialist services.
- Local Safeguarding Children Boards (LSCBs) and their role in protecting children who are experiencing domestic violence.

Colin Green concluded by highlighting the need for high-profile public campaigns on safeguarding, in addition to delivery of the right services to properly protect children.

**Shaminder Ubhi**, Director of Ashiana gave a presentation about the Ashiana Network, the purpose of which is to 'empower South Asian, Turkish and Iranian women who are experiencing domestic violence with culturally sensitive advice, support and safe housing – enabling them to make positive and appropriate choices for themselves'. The other main aim of Ashiana is to raise awareness of DV and carry out preventative work with the community as a whole. Main themes of the presentation included:

- A description of the Youth Services provided by Ashiana.
- A description of the Training Services provided by Ashiana.
- What the key issues are for BME young people affected by domestic violence – e.g. culture, religion, forced marriage, racism and generational differences.
- How we can provide better support and protection to BME children and young people – e.g. by believing what they say, understanding the cultural context, challenging negative beliefs etc.

Shaminder Ubhi concluded by outlining ways in which an integrated approach to tackling DV could improve inter-agency working, raise awareness of the issue, help to develop and implement policies, and improve practice.

### **Panel discussion**

A panel discussion before lunch was chaired by **Chris Cloke**, Head of Child Protection Awareness and Diversity at the NSPCC. The panel was comprised of one facilitator from each workshop and a representative from ChildLine who was representing children and young people's perspectives. Each of the panel members presented a 'vignette' about their area of work, and briefly outlined the theme of their workshop in the afternoon. An interactive discussion with the audience followed, covering a broad range of themes including:

- Churches' responses to domestic violence;
- Domestic violence awareness-raising work in schools;
- Case studies of BME children who have experienced domestic violence;
- ChildLine's response to BME children and young people;
- Female genital mutilation as a child protection issue;
- Work with non-abusing parents;
- Ways of making services accessible to BME women and children.

The panel discussion was followed by a very brief networking and marketplace session.

### **Workshops**

After lunch delegates then split into groups and each attended one of five workshops.

**A. Enshrah Ahmed** from the Foundation for Women's Health Research and Development (FORWARD) delivered a workshop entitled 'Linking female genital mutilation (FGM) to domestic violence: safeguarding girls and young women'. The main themes of the workshop included:

- Some key facts about FGM – e.g. over 138 million women and girls worldwide are affected by FGM; many die from the effects, including haemorrhage, surgical shock and infection.
- A description of the four different types of FGM.
- The health consequences of FGM.
- Socio-cultural determinants of FGM i.e. reasons given for performing it – including culture, tradition, rite of passage, religious obligation, increased marriage ability etc.
- The myths surrounding FGM.
- A discussion of FGM and Islam – the Koran contains no specific mention of FGM, and there is nothing that makes female circumcision a required tradition.
- An overview of FGM-related legislation in the UK.
- FGM as a child protection issue.
- Problems with identifying girls at risk of FGM – e.g. the fact that FGM doesn't fall easily into the Eurocentric definition of child abuse.
- Risk factors for FGM.

**B. Alison Buchanan**, National Children's Officer from Women's Aid and **Joanne Miller**, Support and Development Worker from WAITS (Women Acting in Today's Society) delivered a workshop entitled 'Cross cultural approaches to working with BME children and young people and their non-abusing parent'.

This workshop included a presentation about working with the non-abusing parent, and the importance of the relationship between the parent and the child. It also explored some of the cultural and religious stereotypes that exist, and what it might feel like as a client to experience prejudice at the hands of a worker. Delegates discussed some of the fears that BME children may hold when discussing violence in the home, and appropriate ways of working with BME women and children who have experienced violence. Practical suggestions included:

- Working with an interpreter who understands the issue.
- Improving your own cultural awareness.
- Avoiding stereotypes, and challenging your own prejudices as a worker.

**C. Parveen Baig**, Young People's Worker and Trainer, and **Natasha Greenaway**, Play and Education Worker at the Nia Project delivered a workshop entitled 'The Nia Project: a model of good practice for working with BME women and children'. Main themes included:

- An overview of what the Nia Project is and how it operates as a specialist DV agency working for the safety of women and children. Nia provides information, advice, advocacy, safe refuges, and does a lot of signposting and working with other agencies.

- A description of Nia's main service areas: housing and resettlement services, legal and advice services, family support services, training and group work services.
- The importance of reflective practice in this context – e.g. workers' awareness of how their own culture and ethnicity affects their work, being aware of prejudices, challenging others and being challenged.
- Barriers to working effectively with BME women and children experiencing DV.

**D. Cecilia Cappel**, Senior Lecturer in Criminology at Kingston University, and **Shirley Maginley**, Community Link Officer (Faith and Religious Groups in BME Communities) at the NSPCC delivered a workshop entitled 'Working with faith and religious groups in tackling domestic violence and its impact on BME children and young people'.

Delegates worked in small groups to answer the following questions:

- What are the issues for practitioners dealing with domestic violence when faith and religion is a factor? Issues identified include: lack of knowledge and understanding of faith groups, problems of expertise, assumptions about faith, the position of women in some religions etc.
- What is the place of faith/religion when dealing with children and young people affected by DV? This whole area is under-researched and this question is therefore yet to be properly answered.
- What are the issues for faith groups in dealing with domestic violence? Issues identified include: denial of the issue, pressure to keep families together, lack of appropriate services etc.
- What makes good practice for working with faith/religious groups? Elements of good practice identified include: asking the right questions about an individual's situation and beliefs, acknowledging that domestic violence does exist in faith communities, getting women engaged in tackling issues such as domestic violence within faith/religious groups etc.

**E. Sharda Parthasarathi**, Children's Services Manager, Humsaath, NSPCC Bradford and **Rama Ramakrishnan**, Children's Services Manager, Bal Raksha, NSPCC Leicester ran a workshop entitled 'Engaging with South Asian women and children affected by domestic violence'. The main themes were:

- Issues of honour and shame. Often it is even harder for women from BME communities to seek help when they are experiencing DV. The concept of *izzat* (honour) in South Asian communities is often used by violent men to control women and children, and may prevent them from seeking help.
- A discussion of the reasons why BME women experiencing domestic violence find it so difficult to leave the situation. Reasons include: the problems of accessing culturally sensitive information and services, fear of the unknown, or other abuse e.g. racism that they may be exposed to outside the family home/community, the risk of being shunned by their own community, fear of being returned to their country of origin etc.
- A discussion of how important it is to take the above issues into account when planning and delivering services.

- The impact of DV on children and young people and how it can affect their health, wellbeing and behaviour.

Following the workshops the plenary session was led by the Chair. A representative from each workshop presented their key recommendations to the whole conference, and the Chair presented his synopsis of the main points of the day. Delegates completed and returned the conference evaluations and the conference was then closed.

## Conference recommendations

These recommendations are a combination of those identified and highlighted by both delegates and the conference planners during the course of and following on from the conference.

### 1. Research

The conference highlighted the major lack of research on the subject of Black and minority ethnic women and children's experiences of domestic violence. Funding is urgently required for research to fill a number of gaps in our knowledge and understanding of this issue. Priority areas of research have been identified as follows:

- Comprehensive mapping of services for BME children affected by domestic violence in order to identify gaps in service provision and highlight good practice where this exists.  
This exercise would be undertaken in consultation with key practitioners, BME women, children and young people. It would explore how BME women and children experiencing domestic violence currently access both mainstream and specialist services and the responses they receive, in order to identify the optimal type and spread of services that are needed. It could also identify/clarify professionals' training needs. This exercise would enable a baseline to be established on which further research could be developed.
- Research on the specific role played by *izzat* and *sharam* (honour and shame) in the help-seeking patterns of BME women and children experiencing domestic violence.  
This research would explore in-depth the effects of *izzat* and *sharam* on whether, when and how BME women and children access services, the length of time women stay in abusive relationships and barriers to them leaving. This could also include an exploration of the role of the extended family in supporting and protecting women and children experiencing domestic violence, or participating in/colluding with the violence.
- Research on refugee and asylum-seeking women and children who are experiencing/fleeing domestic violence.  
This research would explore the particular experiences and needs of these women and children, about which very little is currently known, including whether and how they access services, what financial and other support is available for them, and the professional responses they receive.

### 2. Training

Conference delegates highlighted a range of key training needs amongst professionals responding to domestic violence – on the subjects of domestic violence, anti-discriminatory practice and cultural competence. Funding is urgently required to provide training for both mainstream and specialist professionals in order to ensure that they understand and can appropriately respond to the needs of women and

children from a range of ethnic and cultural backgrounds. Priority areas for training were identified as follows:

- Building professionals' cultural competence so that they can respond appropriately and sensitively to the broad range of BME women and children experiencing domestic violence, including refugee and asylum-seeking women and children.
- Implementing anti-discriminatory practices throughout all services.
- Raising mainstream services' awareness and identification of domestic violence, and their capacity to signpost to specialist agencies.
- The links between domestic violence and child abuse, professionals' responsibilities in this context, and how to respond appropriately and ensure both women and children's safety where there is evidence of 'significant harm'.

Professionals need to improve their knowledge and understanding of the specific difficulties and dangers faced by BME women and children fleeing domestic violence, including the negative response they may receive from their community if they leave their family home. BME women and children may require intensive support to ensure their safety, and also to combat the isolation and discrimination they may experience as a result of having to leave their families/communities.

### **3. Funding and sustainability**

Conference delegates emphasised the lack of specialist services available for BME women and children experiencing domestic violence. Provision is varied and patchy, with major gaps in a many parts of the UK. Also highlighted was the lack of long-term, sustainable funding for those specialist services that do exist. The availability of short-term funding only for many specialist domestic violence services means that their future is always uncertain, and they are unable to develop and invest in their infrastructure for the longer-term. This clearly has a detrimental impact on both staff and service users. As a result, the conference strongly recommends:

- Urgent funding to increase the number and spread of specialist domestic violence services that can demonstrate that they are sensitive to ethnic and cultural diversity, and deliver anti-discriminatory practice.
- Improved, sustainable funding for proven domestic violence services that are delivered by BME organisations in the voluntary sector, to allow them to develop, invest and plan for the future.

### **4. Working together**

The conference highlighted the need for both specialist and mainstream services to work together effectively in order to adequately safeguard and support BME women and children experiencing domestic violence. Improved inter-agency working can also facilitate the improvement of cross-cultural knowledge and competence. Priority areas for partnership-working include:

- Safe and supportive work that is inclusive of children and their non-abusing parent/carer, to assess and manage risk, and effectively address needs. This

should include helping to rebuild the relationship between the child and the non-abusing parent/carer in the aftermath of domestic violence.

- Improved partnership working and safe information sharing between specialist domestic violence services and all other relevant agencies, including social services, police, health, mental health, housing, education and criminal justice agencies, to assess and manage risk effectively.
- Improved responses to the needs of vulnerable 16 and 17-year olds experiencing domestic violence who are not/no longer receiving support from social services.

## **5. Education**

Conference delegates emphasised the importance of raising awareness and educating BME children and young people about domestic violence – what it is, why it is wrong, and what to do if you are experiencing it. Education is clearly key to domestic violence prevention. Teaching children and young people about their rights, healthy and respectful relationships, gender and diversity issues, and acceptable and unacceptable ways of treating each other has a vital role to play in preparing the next generation to lead violence-free lives. To achieve this, the conference strongly recommends:

- The national PSHE (personal, social, and health education) curriculum in schools should become compulsory for all children and young people.
- Culturally sensitive education on personal safety, self-awareness, and healthy, safe and respectful relationships should be included as part of the PSHE curriculum (this would include addressing issues such as gendered violence, and violence in teen/'dating' relationships).
- Government-funded public education on tackling/preventing domestic violence, targeted at children and young people.
- The mainstream and BME media to take responsibility for portraying positive role models for safe and respectful relationships to children and young people.

## **6. Listening services for children and young people**

The conference highlighted the vital need for all BME children and young people experiencing domestic violence to have someone to turn to for help and support. Many BME children and young people find it very difficult to talk about domestic violence, and they require culturally sensitive services that will help them to discuss their fears and experiences, and provide them with appropriate support in a safe environment. To this end, the conference recommends:

- The Government to ensure that all schools provide culturally sensitive school-based counselling services and peer support schemes, and place a statutory duty on local authorities to coordinate and oversee their development.  
Counselling services should operate in both primary and secondary schools, and allow children to self-refer or be referred. Counsellors should be professionally trained and qualified, and independent of the school, to ensure that the child or young person's emotional and

psychological problems are dealt with separately from their educational development.

- Improved funding for a range of culturally sensitive listening services that are widely promoted to children and young people, and can provide safe places for them to talk about their experiences. These services include helplines such as ChildLine, and online services such as There4me: [www.there4me.com](http://www.there4me.com) the NSPCC's online information, advice and counselling service for young people. Children and young people can also access The Hideout: [www.thehideout.org.uk](http://www.thehideout.org.uk) an online resource provided by Women's Aid for children and young people affected by domestic violence.

# Background to the conference

## **Context**

Cultural and ethnic discrimination continues to remain a significant factor that negatively affects the lives of many Black and minority ethnic (BME) children and young people in the UK. The Race Relations Amendment Act (2004) places a duty on statutory authorities to promote good race relations and address cultural and ethnic diversity at institutional and individual levels. Although under no legal obligations, the voluntary sector should also move towards integrating and mainstreaming the equality and diversity agenda as best practice.

Whilst legislation has been an effective lever in ensuring that organisations address cultural and ethnic inequalities, it has failed to improve the capacity and infrastructure of Black and minority ethnic organisations that provide social care and support to vulnerable families in community settings.

With this in mind, the NSPCC and partner agencies organised four national conferences on issues related to safeguarding BME children and young people, which were aimed at both the statutory and voluntary sectors. Findings and recommendations from these conferences led to the development of the NSPCC's *Respect to Protect* project, established in 2003, which aims to strengthen the safeguarding capacity of BME organisations that provide services to children and young people.

## **The NSPCC's work on domestic violence**

The NSPCC places great emphasis on the importance of tackling domestic violence as a key child protection issue. Whilst children and young people have long been considered the 'hidden victims' of domestic violence, in recent years much greater attention has been given to both the short and long-term negative impacts of living with domestic violence on children and young people's physical and emotional well-being.

Through public education, lobbying and direct service provision, the NSPCC works to support and ensure the safety of children and young people experiencing domestic violence, in addition to their non-abusing parent/carer and family members. In 2003 the NSPCC established an internal working group to tackle domestic violence as part of its broader mission to end cruelty to children.

## **The need for a national conference**

Over the last five years, the NSPCC has worked with over 360 BME organisations on a variety of issues related to the welfare of BME children and young people. Many of these organisations have expressed grave concerns in both local and national forums about the impact of domestic violence on BME children and young people, and the lack of appropriate support available for them. They highlighted the serious lack of resources and sustainable funding that could ultimately provide effective programmes for reaching the most vulnerable children and young people.

In response to this, in March 2006 the NSPCC organised a seminar bringing together internal and external expertise to explore the needs of BME children and young people affected by domestic violence. Delegates who attended the seminar agreed that cultural and ethnic diversity in the provision of domestic violence services was varied

and patchy. All stakeholders concluded that a national conference would be an appropriate means to begin raising awareness, identifying areas of best practice, and making recommendations to further inform both policy and practice on this issue.

Following this seminar, a multi-agency conference planning group was established (membership overleaf), with responsibility for organising this, the first national conference on *Responding to Black and minority ethnic children and young people affected by domestic violence*.

# Planning group members

<b>Ruth Breslin</b>	Planner Researcher, NSPCC
<b>Helen Brookes</b>	Assistant Policy Researcher, NSPCC
<b>Alison Buchanan</b>	National Children's Officer, Women's Aid
<b>Cecilia Cappel</b>	Senior Lecturer in Criminology, Kingston University
<b>Shirley Maginley</b>	Community Link Officer (Faith and Religious Groups in BME Communities), NSPCC
<b>Norbert Marjolin</b>	Project Manager, Services to BME Children & Families, NSPCC
<b>Joanne Miller</b>	Support and Development Worker, WAITS (Women Acting in Today's Society)
<b>Sharda Parthasarathi</b>	Children's Services Manager, Humsaath, NSPCC Bradford
<b>Rosanne Pearce</b>	Supervisor, ChildLine
<b>Philippa Rant</b>	Events Organiser, NSPCC
<b>DC Yvonne Rhoden</b>	Racial and Violent Crime Task Force, Metropolitan Police
<b>Saadia Saeed</b>	Education and Advice Worker, Ashiana
<b>Dr Ravi Thiara</b>	Senior Research Fellow, Centre for the Study of Safety & Wellbeing (SWELL) at the University of Warwick

# Conference aims

The conference aimed to:

- Identify how service providers respond to and address the needs of BME children and young people affected by domestic violence.
- Disseminate, promote and showcase best practice that recognises ethnic and cultural diversity in supporting BME children and young people and their non-abusing family member/s.
- Identify the barriers BME children and young people face in accessing domestic violence support services.
- Discuss potential solutions and strategies for overcoming or removing these barriers.
- Publicise key conference messages to the media that highlight the need for more research and culturally appropriate service provision in this area.
- Provide a forum for voluntary and maintained sector organisations to explore how we can effectively work together to address the needs of BME children and young people affected by domestic violence.
- Provide the opportunity to learn from the experiences of survivors of domestic violence (adults, children and young people).

Target audiences:

- Practitioners and professionals working with children and young people in the fields of health, education and child protection
- Domestic violence practitioners/service providers
- Policy makers
- Children's Services commissioners.

# Key messages from children and young people

## Audio-visual presentation: Women's Aid Listening to Children Campaign

Delegates watched a slide show developed by Women's Aid as part of their 2004 *Listening to Children Campaign*, which was funded by the Ragdoll Foundation. It depicted postcards written by children and young people from all over the country who had experienced domestic violence. Children were asked to complete postcards that started with the phrase "I want the government to...". The postcards were sent to Margaret Hodge MP, the then Minister for Children, Young People and Families.

Messages from children and young people included:

- "I think you should be asked which parent you want to live with beforehand"*
- "Give children a nice garden so we can have a picnic"*
- "The workers in the refuge have helped us to carry on together"*
- "I feel alone"*
- "The abuser should have to leave the house – we should not have to leave the home – they should go to jail"*
- "Take daddy to the police station for giving mummy so many bruises"*
- "Provide money for play workers"*
- "Make my mum happy"*
- "When I leave [the refuge] I would like to have safety"*
- "They should get a warrant to stop daddy from hurting us"*
- "Ask kids what they want"*
- "Listen to what they say"*
- "Make courts listen"*
- "Don't make kids do what they don't want to do"*

## Aaliyah's presentation: Personal experiences of a BME young person

The conference was opened by Aaliyah, a young South Asian woman who is a survivor of domestic violence and physical and emotional abuse.

When Aaliyah fled from her family in fear she became homeless. She was placed by her Local Authority in a series of B&Bs where many of the tenants were substance misusing or involved in prostitution. Aaliyah found these to be very unsafe and frightening places for her to live. She said she could not always get the help she needed from social services, and ultimately they closed her case when, at 16, she was deemed too old to 'qualify' for further help.

Through the help of a specialist agency, Aaliyah now feels she does not have to fend for herself anymore, and is being supported to live independently.

In giving advice to other young people facing similar problems and the professionals that respond to them, Aaliyah pointed out that, even when she did find someone to listen, it took her quite some time to find her voice to speak up about all that had happened to her. She encouraged professionals to listen, believe and allow young people the time and space to tell their own story when they are ready to do so.

# Speakers' presentations

Dr Ravi Thiara

Senior Research Fellow at the Centre for the Study of Safety and Wellbeing (SWELL), University of Warwick

## *BME children and young people and domestic violence: Key messages from research*

### **What we know**

- Information about the effect of domestic violence on the BME children and young people population is very scarce and under-researched/invisible. It can only be extrapolated from data on women who live with domestic violence and report it.
- The British Crime Survey shows that the prevalence of domestic violence shows little difference by ethnicity.
- The Department of Health statistics show that 750,000 children are living with domestic violence.
- Women's Aid statistic – half of the women living with domestic violence are living with children 16 years old or younger.

### **Same and different issues**

- Although domestic violence is damaging we must also account for personal resilience.
- Children know that it is happening and often witness it or overhear it. In up to 90% of domestic violence incidents, children are in the same or next room.
- Domestic abuse overlaps with physical and sexual abuse of children.
- Intervening in abuse places children and young people at risk. Many children try to protect their mother.

### **Different issues**

- BME children experiencing domestic violence face similar issues to all children experiencing domestic violence. But there are also some distinct differences.
- There are differences in how BME children respond to domestic violence and how they are treated by services. Many fear racism from services.
- We need to consider their location in wider society and cultural contexts.
- We also need to recognise that BME communities are diverse.
- Domestic violence can be complicated by multiple family members who collude or are directly involved in the violence.
- Cultural beliefs act as barriers: e.g. *izzat* and *sharam* (honour and shame)
  - Shame keeps many from seeking help.
  - Victims and perpetrators don't want others to find out.
  - Men use abuse to exert greater control.
- BME women and children under-use services and have very low awareness of what help and support is available, it often takes them far longer to seek help
  - Those that endure violence for longer tend to experience severe abuse and require longer-term support.

- Victims also experience extreme isolation.
- There are also culturally specific forms of harm e.g. forced marriage and female genital mutilation.
- Child contact and the threat of/actual child abduction are huge issues for BME women and children

There has been a 78% increase in child abduction since 1995.

- Children get caught in a cross fire between parents.
- Domestic violence, mental health and substance abuse are linked and many women have highly complex needs
- Relationships between mothers and their children can be severely undermined by domestic violence.

### **Inappropriate responses create barriers**

- There is widespread stereotyping and discrimination when trying to meet specific needs
- BME women and children are much less likely to seek help from agencies they see as discriminating against them
- Some BME children's problems are very complex – a reductive approach leads to double victimisation
- Often different needs get reduced to 'culture' which gets reduced to 'language needs' so the focus is on this alone
- Children often experience racial harassment and abuse in new areas/new schools
- No recourse to public funds can determine whether refugee and asylum-seeking women seek help in the first instance

### **Support services**

- Services are vital, but under-developed and under-funded
- Family support, especially therapeutic services are extremely unsupported
- There is a big gap in specialist support for BME children and young people
- Mixed heritage children often get entirely overlooked
- BME children's physical, emotional, developmental, learning and behavioural problems can be misdiagnosed
- The mother/child relationship is impacted when services for women and children are developed separately and not linked. It has been shown that the key to recovery for children is services that are provided in tandem and linked in with those provided for their mothers.

### **In conclusion**

- There is a continuing gap in research and knowledge on domestic violence in BME communities
- Policy and practice needs to be informed by children and young people's views.
- There needs to be better joint work across services and sectors, and the development of multi-organisational partnerships.
- More longer-term support services are needed for BME children and young people
- In terms of tackling domestic violence, we need to embrace the complexity of BME communities, and not retreat into dominant representations that lead to inappropriate responses

## Questions/Comments

**C: Kay Warbrick, NSPCC**

Wanted to endorse the importance of parallel services for mothers and children. She has found that parallel groups, linked activities and shared experiences between the groups work very well in helping relationships between mothers and children, and also aiding recovery.

**Q: Alison Buchanan, Women's Aid**

Is there a specific piece of research that Dr Thiara would like to see done in this area?

**A: Dr. Ravi Thiara:** There is very little research. The knowledge is out there but it is not logged anywhere. In particular there are lots of areas within refugee and asylum seeking groups that need research, and also post-separation work.

**C: Norbert Marjolin, NSPCC**

Two issues that require much more research are barriers that families face, and issues related to safeguarding girls and young women in highly patriarchal families.

**Q: Kim Dickinson, NSPCC**

What is required when engaging BME groups in terms of cultural and faith barriers?

**A: Dr Ravi Thiara:** There are people doing work in this area, but Dr Thiara does not know of any guidelines around that have been made available as a resource. There is a need to employ staff from different backgrounds to help with this work.

**C: Norbert Marjolin, NSPCC**

From NSPCC's experience of working with many BME families and service providers, the top four barriers BME families face when accessing services are as follows:

1. Language and communication barriers
2. Services that are not appropriate, or in the right places
3. Services provided that are not sensitive to the needs of BME families
4. Racism.

DC Yvonne Rhoden  
Racial and Violent Crime Task Force  
Metropolitan Police

*Responding to the needs of BME children and young people affected by domestic violence*

- Domestic violence is not just a women's problem it is a crime. Perpetrators will be held accountable. The police wish to establish the public's confidence in them so that people will report this crime.
- 29% of the London population is from BME communities (ONS Census, 2001)
- Black and minority ethnic members of the London population are disproportionately represented in the homicide statistics for London – 58% of homicide victims are from BME communities (Met Police statistics).
- However, a disproportionately low level of BME community members report domestic violence (DV).

**Prevalence of domestic violence**

- 108,000 incidents of DV are reported in London each year.
- During April 2005 – March 2006, domestic violence accounted for:
  - 24% of all violent crime in London
  - 1 in 3 Common Assaults
  - 1 in 4 ABHs (Actual Bodily Harm)
  - 1 in 8 GBHs (Grievous Bodily Harm)
  - 20% of all murders in London (April 2005 – March 2006)

**Ethnicity of victims of DV**

- |                             |       |
|-----------------------------|-------|
| • White European            | 52.9% |
| • African/African Caribbean | 25.4% |
| • South Asian               | 11.8% |
| • Mediterranean             | 5.3%  |
| • Chinese/Japanese          | 1.2%  |
| • Arabic/Egyptian           | 1.1%  |
| • Unknown                   | 2.3%  |

**Association of Chief Police Officers (ACPO) definition of domestic violence**

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.'

- Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.
- The definition does not include young people under 18 who may be in violent relationships themselves. This does not mean that the police do not deal with DV in this age range, but they do not have any statistics for this age range.

## **Territorial Policing**

The Metropolitan Police are in the process of moderating their approach because feedback from victims of DV suggest that their initial contact with the police is not always positive. This is being achieved through a variety of initiatives:

- Violent Crime Directorate
  - The unit spearheads the organisation's response to domestic violence through policy, practice and partnership working, both internally and externally. In recent years there has been increased accountability and significant improvements to the approach at first contact.
- Development of frontline risk identification/management process (SPECSS+)
  - SPECSS is a tool to ensure that staff are maximising opportunities to keeping victims and their children safer, and to hold perpetrators accountable. Child contact, coupled with separation issues are highlighted in the model to alert officers to the particular dangers that can occur within the first two to three months after the family has left the DV situation.
- Form 124D (Initial Investigation tool)
  - Tool that ensures initial evidence gathering pays attention to the existence of children and the risks to them.
- Protocol between child protection and domestic violence specialist investigations.
  - The effective flagging of records (crime reports, intelligence records and those coming to the notice of the police) allows the police to monitor the number of domestic violence cases, with specific markers created to indicate where children are victims/witnesses to domestic violence.

## **Project Umbra**

- Project Umbra was commissioned by the London Criminal Justice Board, and the Metropolitan Police Service (MPS) was tasked with developing a domestic violence strategy for London's criminal justice agencies, the focus being to improve the response of the criminal justice agencies to domestic violence. It consists of six strands:
  1. Improving performance and data sharing.
  2. Increasing advocacy and support services.
  3. Protecting children and young people exposed to DV:
    - Strand 3 seeks to ensure that the needs of children exposed to domestic violence are fully integrated into the policy and practice of all key services used by abused women, and the needs of children are reflected across all the work strands.
  4. Improving offender management.
  5. Integrated laws and courts.
  6. DV homicide review.

## **Victoria Climbié**

- The enquiry report recommendations highlighted the duty of care that:

- as a statutory body we have to keep children safe, regardless of cultural background;
  - that every child has the right to the protection of the law, to live free from violence;
  - and that those charged with that duty must hold accountable those who perpetrate such violence no matter what their background or origin.
- Recommendation 16.11 of Lord Laming's report:
 

"There can be no excuse or justification for failing to take adequate steps to protect a vulnerable child, simply because that child's cultural background would make the necessary action somehow inappropriate. This is not an area in which there is much scope for political correctness."

### Questions/Comments

**Q: Shirley Maginley, NSPCC**

Do you think the statistics are linked with cultural, age or economic issues?

**A:** The vast majority of reporting is from 18-25 year olds. BME women and children still have major issues around trust and confidence, so getting them to come forward and report violence is difficult. We have a very long way to go in working with Black communities.

**C: Joanne Miller, WAITS (Women Acting in Today's Society)**

I work with BME women and children and the lack of resources is a very big problem. The work with police on these issues requires more recognition and funding so that they can be equipped to help break down barriers to reporting etc.

**A:** 60% of the London units have DV advocates. Funding is always going to be an issue. It's about joining forces and knocking at the door of Government. There are parallels in the levels of reporting that coincide with the levels of funding. When people are funded to work in the right way to tackle domestic violence the levels of it do drop as more women and children are ultimately enabled to live violence-free lives.

Colin Green

Divisional Manager Child Protection, Department for  
Education and Skills

### *Making safeguarding children everyone's responsibility*

- Policy and planning is led from the Home Office but is seen as a cross-government issue.
- Domestic violence and safeguarding children are intrinsically linked.
- The 2004 Children's Act clarified the definition of significant harm to include the harm caused to children by witnessing domestic violence.

#### **Ever Child Matters...the vision**

- There has been radical improvement in opportunities and outcomes for children, driven by systemic change in the delivery of children's services – particularly for children who are disadvantaged.
- This is a long-term programme of change – not a 'quick fix'.
- Genuine partnership across professional boundaries is required to make this vision a reality.
- It represents fundamental cultural change in the way people work – changing attitudes and behaviours – not just throwing money at a project/initiative.
- Legislation can encourage and support the vision.

#### **The strategic context: Every Child Matters (ECM)**

- Universal services, including schools and colleges, and specialist services.
- Prevention, early action and intensive support, increasing support for families and carers – particularly working with young men's behaviour.
- Strengthening the system through greater accountability and integration.
- Being safe:
  - One of the five ECM outcomes;
  - Safety from harm broadly, with a strong focus on safety from abuse and maltreatment.

#### **Impact of maltreatment**

Clear research evidence on the negative consequences of sustained abuse or neglect, including the possibility of:

- Anxiety, depression and substance misuse;
- Eating disorders, self-destructive behaviours;
- Offending behaviour;
- Abuse has a very significant psychological impact on children and young people;
- Negative impact on behaviour in school and college;
- Negative impact on attainment in school, and progression post-16;
- Experience reflected in research on children living with substance abuse.

#### **What makes effective safeguarding**

Lessons from research have been translated into policy and guidance over the years:

- The focus is on the needs of the child and improving developmental outcomes;

- Crucial to work with and listen to children;
- Crucial to create environments/climates where children feel safe;
- Safeguarding as everyone's responsibility – not just specialist services;
- Systematic and evidence-based assessment – statutory *Assessment Framework* includes:
  - Child's developmental needs
  - Parenting capacity
  - Wider family and environmental factors
- Assessment informs plans, effective interventions and focus of the review of achieved outcomes;
- Well trained professionals who are recruited and vetted so they are safe to work with children;
- Effective management/supervision;
- Well established multi-agency working – domestic violence needs its own focus and agreement on how agencies can work together;
- Data on performance of key processes;
- Focus for inspection;
- Broad awareness of safeguarding in different services: willingness to raise concerns;
- Clear child protection policies in different services including schools and colleges.

#### **Local Safeguarding Children Boards (LSCBs) and domestic violence**

- Providing leadership and a driving force for better safeguarding.
- Distinct statutory role – functions to put the procedures and working arrangements in place.
- Engagement of all key agencies and the local community.
- Strong independent voice – challenge.
- Effective position within the wider Children's Trust arrangements – working alongside the partnership.
- How well are the arrangements working? This needs to be monitored.
- Role of National Domestic Violence Delivery Plan.

#### **Scope of LSCB role and domestic violence**

- Because LSCBs have a statutory role, they have the clout to tackle domestic violence as a child protection issue.
- Activity for all children to prevent maltreatment, impairment of health etc:
  - Identifying abuse & neglect e.g. FGM;
  - Improving understanding of safeguarding issues;
  - Monitoring effectiveness of implementation of S11 Children Act 2004 and S175/157 Education Act 2002;
  - Ensuring children know who to contact e.g. re forced marriage;
  - Ensuring LSCB work reaches all communities.
- Proactive work targeting particular groups:
  - Developing/evaluating thresholds and procedures for work with families whose child may be 'in need';
  - Safeguarding and promoting the welfare of children who are potentially more vulnerable e.g. children living with domestic violence, children living with substance abuse, children living away from home, disabled children, children missing from home.
- Reactive work to protect children suffering or at risk or suffering maltreatment. For example:

- Abuse and neglect in families, including through domestic violence;
- Forced marriage;
- Female genital mutilation;
- Abuse outside families by adults known to the child;
- Abuse by other young people;
- Young perpetrators of abuse.
- Linking Serious Case Reviews and Homicide Reviews.
- LSCBs are evolving but there is still work to be done.

### **Making safeguarding everyone's responsibility**

- Mapping initiatives locally and across government.
- Measurement:
  - Death/evidence of harm;
  - Indicators of risk of harm;
  - Indicators of parental stressors;
  - Indicators/mechanisms in place to safeguard i.e. recruitment, vetting and barring, supervision.
- Supporting practice:
  - Describing how the system works;
  - What are the needs for practice development?
  - Engagement of the workforce i.e. S11, vetting.
- Public Engagement.

### **In conclusion**

- Safeguarding needs to be everyone's responsibility – not just organisations like the NSPCC – high-profile public campaigns have a role to play.
- There are lots of policies – but now we all need to deliver the right services to ensure that all children are effectively safeguarded.

### **Questions/Comments**

**Q:** Can you comment on how BME communities are included in research on domestic violence?

**A:** Typically there is a lack of time and money for research, which means that it is usually too expensive to obtain large enough BME sub-samples to enable accurate analysis and interpretation. So there needs to be specific research with specific communities, because general population samples can only provide generalisations.

**Q:** How can awareness of domestic violence be raised among young people?

**A:** The government is currently revising guidance in this area – but the issue is who has reacted and understood the guidance, and will actually use it in practice. This is a big challenge, and perhaps an issue for LSCBs so we can respond locally.

**Q:** The national policy lead for domestic violence is with the Home Office – hence most cases are treated as an adult issue. This is a weakness in strategic response that doesn't put children first.

**A:** I agree that there is a weakness here. There is good work on safeguarding in the context of domestic violence, but it is not very visible or joined up. All these

approaches have input across government and new cross-governmental safeguarding programmes. Beverley Hughes, Children's Minister, is very committed to the issue of domestic violence and Baroness Scotland has talked to forty ministers regarding its impact on children and young people.

Shaminder Ubhi  
Director, Ashiana

### *The Ashiana Network*

The purpose of the Ashiana Network is:

- To empower South Asian, Turkish and Iranian women who are experiencing domestic violence with culturally sensitive advice, support and safe housing – enabling them to make positive and appropriate choices for themselves.
- To raise awareness of domestic violence and carry out preventative work with the community as a whole.

#### **Ashiana Youth Services include:**

- A programme of preventative educational and advice work in schools across East London with 11-16 year olds, which is not gender or race specific.
- A teen's project.
- Workshops for young people in colleges across East London on domestic violence and related issues.

#### **Ashiana Training Services include:**

- Community outreach work at a variety of levels with the statutory and voluntary sector aimed at raising awareness about domestic violence and related issues.
- Training on domestic violence, domestic violence and cultural issues, and forced marriage.

#### **Issues for young people affected by domestic violence**

- Culture
- Religion
- Forced marriage
- Honour
- Child abduction
- Limitations or restrictions on movements
- Fear of the repercussions of telling/speaking out
- Racism
- Ostracism
- Generational differences
- Gender differences
- Identity
- Self-harm.

#### **How can we provide better support and protection?**

- Believe what children and young people say
- Understand the cultural context
- Raise awareness within communities
- Deliver non-biased and non-judgemental services
- Challenge negative beliefs
- Understand cultural and language barriers
- Improve detection rates
- Consider new and emerging needs.

### **An integrated approach**

An integrated approach could improve inter-agency working, raise awareness of the issue, help us to develop and implement policies, and improve practice. An integrated approach requires:

- Making the connections between violence against women and violence against children.
- Making the connections between different forms of violence against children.
- Understanding the complexities of domestic violence in family settings.
- Understanding cultural issues.
- Challenging cultural stereotypes.
- Making the links between domestic violence, mental health and substance misuse.
- Establishing minimum standards to ensure quality of service.
- Providing specialist domestic violence training.
- Sharing good practice together.

# Panel discussion

The panel discussion was chaired by **Chris Cloke**, Head of Child Protection Awareness and Diversity at the NSPCC. The panel was comprised of one facilitator from each workshop, and a representative from ChildLine who was representing children and young people's perspectives. (For more information about the organisations represented on the panel see Appendix D.)

## Panel members and their 'vignettes'

**Enshrah Ahmed** Facilitator, Workshop A: Linking female genital mutilation (FGM) to domestic violence: safeguarding girls and young women

Enshrah Ahmed is the Community Development Officer at FORWARD – the Foundation for Women's Health, Research and Development. Enshrah is a human rights activist who has worked for various NGOs in the UK and in Africa, and has written widely on gender issues.

One of FORWARD's key areas of work is tackling female genital mutilation (FGM) as a harmful, gender-based discriminatory practice. Enshrah highlighted the importance of child protection and other relevant agencies perceiving and treating the practice of FGM as child abuse. She noted that many professionals avoid confronting the issue of FGM for fear of being labelled racist.

Enshrah outlined the content of the workshop she was facilitating at the conference, which included a short video about FGM, and information on how to identify it and how to intervene where it is suspected.

**Joanne Miller** Co-facilitator, Workshop B: Cross-cultural approaches to working with BME children and young people and their non-abusing parent

Joanne Miller is a Support and Development Worker for WAITS (Women Acting in Today's Society). She works with Black and minority ethnic women and children who have experienced and survived domestic violence, supporting them on a one-to-one and group basis to encourage them to rebuild their lives through support to make real changes and choices.

Joanne highlighted the importance of not taking a blanket approach to working with 'families', but instead targeting support at non-abusing parents and carers as the best way to also provide support and protection for children exposed to domestic violence. WAITS works with many women and children who feel that they are not accessing the support and understanding they need from mainstream services because of cultural barriers.

Joanne outlined how she would explore these issues further in the workshop she was co-facilitating with Alison Buchanan, National Children's Officer at Women's Aid.

**Parveen Baig** Co-facilitator, Workshop C: The Nia Project – a model of good practice for working with BME women and children

Parveen Baig is a Young People's Worker and Trainer for a domestic violence education project for Hackney and Haringey secondary schools in London. She works with teachers and support staff, as well as young people, raising awareness around gender violence.

Parveen's work forms part of the Nia Project, which is a London-based organisation tackling gender violence. Parveen described her work in schools to provide education to children and young people on issues related to domestic violence. She highlighted the importance of giving children and young people a voice to discuss these issues in a context where they will be heard, and their experiences believed and validated. Direct support is provided to those children and young people who disclose their experiences of domestic violence during the course of the programme.

Parveen outlined how she would present the Nia Project as a model of good practice for tackling gender violence in the workshop she was co-facilitating with her colleague Natasha Greenaway. Parveen emphasised how the workshop would focus on some of the key issues facing BME women and children who experience domestic violence, and explore appropriate interventions.

**Cecilia Cappel** Co-facilitator, Workshop D: Working with faith and religious groups in tackling domestic violence and its impact on BME children and young people

Cecilia Cappel is a Senior Lecturer in Criminology at Kingston University. One of her key research areas is churches', and particularly Black churches', responses to domestic violence.

Cecilia described the 'cocktail' of ingredients/factors relevant to domestic violence, including gender, ethnicity and family structures. Adding to this mix issues of faith and religion can lead to an explosive situation. The lack of research in this area was highlighted. Cecilia noted the uncertainty and reservations that exist amongst two different camps – professionals and faith groups. Many faith groups are wary of tackling the issue of domestic violence, and professionals are wary of encouraging and supporting them to do so.

Cecilia highlighted the large numbers of women who experience domestic violence across all communities and the need to break down the conspiracies of silence that surround this issue.

Cecilia outlined the workshop she was co-facilitating with Shirley Maginley Community Link Officer (Faith and Religious Groups in BME Communities) at the NSPCC, which would explore the role of faith and religious groups in tackling domestic violence.

**Sharda Parthasarathi** Co-facilitator, Workshop E: Engaging with South Asian women and children affected by domestic violence

Sharda Parthasarathi is the Children's Services Manager at Humsaath, an NSPCC Family Support Project based in Bradford, where much of the work involves supporting women exposed to domestic violence and undertaking recovery work with children.

Sharda sits on the Local Safeguarding Children Board (LSCB) in Bradford, and highlighted the challenging task of raising awareness of the needs of South Asian children experiencing domestic violence and abuse, when so many other voices are also represented in the same forum.

Sharda outlined the content of the workshop she was co-facilitating with her NSPCC colleague Rama Ramakrishnan, Children's Services Manager at the Bal Raksha project in Leicester, which aimed to discuss the impact of domestic violence on South Asian children, and explore how women and children from South Asian communities can be engaged in services.

**Rosanne Pearce** Representing the children and young people's perspectives on behalf of ChildLine

Rosanne Pearce is a ChildLine Supervisor – one of a team of supervisors who recruit, train and supervise volunteer telephone counsellors on ChildLine – the helpline for children and young people.

Rosanne described how ChildLine receives 4,500 calls per day, and many callers refer to witnessing and experiencing violence at home, but feeling too afraid to seek any outside help.

Rosanne outlined the role of ChildLine, and also [www.there4me.com](http://www.there4me.com) the NSPCC's online information, advice and counselling service for 12-16 year olds. Rosanne highlighted the importance of ChildLine for BME children and young people who often find it particularly difficult to talk about problems in their family. ChildLine counsellors talk to children and young people about their experiences, whilst also building their confidence to help to bring them to the point of disclosure.

In Rosanne's experience, following referrals of BME children and young people from ChildLine to other agencies, there is a variance in the responses from agencies across the country. She feels that there is a need for the comprehensive services being offered in some parts of the country to be available nationwide in order to meet the specific needs of BME children and young people, and in particular sixteen and seventeen year olds who are sometimes deemed to be too old to 'qualify' for a service.

## Questions and discussion

- Question for Cecilia Cappel regarding the recent report by the Church of England on guidelines for responding to domestic violence.

Cecilia: Welcomes this report, but noted that in 2000 Roehampton University undertook research with the Methodist Church on domestic violence and only received a very limited number of responses. This is despite the high prevalence of domestic violence throughout the UK, from which members of faith and religious groups are not immune.

Cecilia noted that one of the problems in this area is that religious ministers often have limited knowledge of what is taking place in their church at a national level, and therefore may be unaware of policies on domestic violence that are being implemented at this level.

Church responses to domestic violence vary widely, with some having good support systems in place for female victims at one end of the spectrum, whilst at the other end there is a distinct lack of both recognition of the issue and support for victims.

Domestic violence is a very big issue for churches to tackle, but it is encouraging that some are making progress. Cecilia noted that as a first step professionals need to begin work with churches and faith groups that are prepared to engage with the issue.

- Question for Parveen Baig about how schools respond to her work.

Parveen: There has been a mixed response from schools to her DV education work, and this often depends on the commitment of individual schools. Some schools are very responsive to the programme, but others fear 'opening a can of worms' by allowing the issue of domestic violence to be discussed in the classroom. However, in Parveen's experience there are many young people who really want to discuss this issue and learn about how to access help if they need it. Parveen noted that the development of peer support in schools is also very important.

- Comment from the audience: It is crucial to bring the issue of DV into schools – there are many children, particularly younger children, who do not realise that domestic violence is a real problem, they may see it as a normal part of their lives. Often work in schools does lead to disclosures, but the issue will become more stigmatised if it is not discussed openly. Teachers need to understand this.
- Comment from the audience: Training for practitioners needs to be based on reality. It would be helpful to have some case studies specifically about BME children experiencing domestic violence, which could be used in training.

Rosanne Pearce: ChildLine has many stories about BME children's experiences of domestic violence. There is potential for these to be anonymised for use in training.

Joanne Miller: It is very important to use real-life stories to highlight DV issues. Joanne is willing to share stories/case studies from WAITS.

Sharda Parthasarathi: Case studies from her project are available on the NSPCC's intranet for NSPCC trainers and practitioners to use in their own work.

- Question for Rosanne about how ChildLine directs/signposts BME children and young people to support.

Rosanne: ChildLine has a large database of services but it is not always sufficient in identifying specific services of particular relevance to BME children. ChildLine has bases in eleven areas in the UK, but may not always have information about services that are local to all callers. When referring, ChildLine counsellors would usually seek to set up a conference call between themselves, the child and a worker from the agency they are referring the child to, in order to ensure that the child will get the service they really need.

- Comment from the audience: The UK Gold Book, which is published by Women's Aid, is a comprehensive directory of DV services and refuges in the UK, and has information about specialist services for women and children from Black and minority ethnic communities, including those that provide advice and support in languages other than English.
- Question for Enshrah Ahmed about how successful FORWARD has been in getting FGM recognised as child abuse in different communities.

Enshrah: Some communities are starting to understand FGM as abusive, and are moving away from using this practice. But it is a problem that continues to need wide-ranging multi-agency intervention. It is crucial that more professionals begin to classify FGM as a child protection issue.

It is quite difficult to know for certain how widespread FGM is amongst communities living in the UK, and how many individual children are at risk. However, it is estimated that every year 6,500 girls in the UK are at risk of undergoing FGM. FORWARD conducts research into both the prevalence and prevention of FGM.

FGM is often carried out for reasons of tradition and religion. FORWARD is encouraging faith and religious leaders to tackle this issue. It is clear that these leaders, and leaders in the Muslim community in particular, need training on this issue, and the terrible impact it has on girls' and young women's lives.

- Comment and question from the audience: The audience member tried to initiate an awareness raising and education programme on DV for Chinese children. In the end only fifty Chinese children were reached with this programme because community leaders blocked access to the children as they didn't want to 'open a can of worms' regarding the issue of DV. What ways can these barriers be broken down?

Parveen: In terms of gaining access to schools, there are many routes that one can try, including via learning mentors, schools' counsellors, PSHE teachers, peer support networks and schools' councils. It is important to be flexible in how the programme is designed and delivered – if it is tailored in some way to the individual needs of each school then they are more likely to be open to allowing it.

Panel and audience members:

Good programmes of work in schools already exist, e.g. in Tower Hamlets.

Schools are more likely to respond to whole awareness-raising/education packages, rather than individual/ad hoc sessions. It is very important to plan well in advance, and incorporate the time taken to actually gain access to schools into the overall work plan and timetable.

In the case of churches and faith groups, it is helpful to try and tap into any education programmes or similar projects that already exist, and incorporate DV awareness raising and education into these. Relationships with faith and religious groups will probably need to be built up over time before they will agree to including such topics in their own programmes.

Rosanne: CHIPS – ChildLine’s awareness raising programme in schools is a good way of bringing the issue of DV into schools.

Joanne: Sometimes to gain access to children you need to reach them through their mothers. Work in supporting and empowering mothers will have a positive effect on their children, and can be a way of also reaching children to provide them with any support and education they may also need.

Sharda: In order to make it possible and safe for women and children to access your service for DV support you may have to present the service in another light – e.g. a general programme on ‘safety in the community’ may provide a safe haven in which women and children can talk about their experiences of DV, without arousing the suspicions of the abuser.

Enshrah: When beginning work with faith and religious groups on FGM, you have to ensure that they have/put a child protection policy in place. In terms of engaging with schools on this issue, it is important to open up a dialogue with schools and highlight how some of their own pupils may be at risk of FGM.

# Workshops

Workshop A: *Linking female genital mutilation (FGM) to domestic violence: safeguarding girls and young women*

**Facilitator:** Enshrah Ahmed, Community Development Officer, FORWARD (Foundation for Women's Health, Research and Development)

To start the workshop and promote discussion, delegates were shown a video about Female Genital Mutilation (FGM), entitled *Voices Under the Veil*.

## **FGM: Some facts**

- Over 138 million women and girls world-wide are affected.
- Girls and women die from the short-term-effects: from haemorrhage, surgical shock and infection.
- Girls and women die in the long term due to recurrent UTIs (urinary tract infections), vaginal infections, and complications in childbirth.
- FGM (type 3) increases the risk of mothers suffering perineal tears, post partum haemorrhage and obstructed labour, and it also increases the risk to the health and well-being of the unborn child.
- FGM causes pain during intercourse, and infertility.
- The psychological impact of FGM on girls and women has yet to be comprehensively researched.

FGM: Comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for cultural or other non-therapeutic reasons.

## **Types of FGM**

- Type 1: consists of the excision of the prepuce with or without the excision of part of or the entire clitoris.
- Type 2: Consists of the excision of the clitoris with partial or total excision of the labia minora.
- Type 3: Consists of the excision of part or all of the external genitalia and a stitching or narrowing of the vaginal opening.
- Type 4: Includes all the other procedures that are carried out on the genitalia of women and girls. These include the following:
  - Pricking;
  - Piercing/incising of the clitoris and/or labia;
  - Cauterisation of the clitoris and surrounding tissue;
  - Scraping of the tissue surrounding the vaginal orifice (angurya cuts);
  - Cuts into the vagina (gishiri cuts);
  - Introduction of corrosive herbs and substances into the vagina to cause bleeding or for the purposes of tightening or narrowing it;
  - Any other procedure which falls into the definition of FGM above.

Type 1 is sometimes mistakenly called Sunnah, (i.e. 'the way of the prophet' in Islam). The most severe form of FGM is type 3.

- We sometimes see services for 'designer vaginas' and women from FGM-practising communities often ask why this is allowed whilst their practices are not. The difference is that the former is for purely cosmetic reasons, whilst the latter is for cultural/religious reasons.

### **Health consequences of FGM**

- **Immediate consequences**
  - Shock;
  - Bleeding;
  - Broken bones (clavicles);
  - Infection;
  - Injury to adjacent tissue.
- **Short-term consequences**
  - Septicaemia;
  - Risk of HIV transmission;
  - Death.
- **Long-term complications**
  - Bleeding (due to de-infibulations/infections);
  - Problems with passing urine;
  - Recurrent UTIs;
  - Recurrent/chronic PID (pelvic inflammatory disease);
  - Abscesses (due to infected cysts/thorn abscesses);
  - Keloid (scar) formation;
  - Fistulae (vesico/recto vaginal);
  - Difficulties in menstruation (dysmenorrhoea/haematocolpos);
  - Sexual dysfunction/genital phobia;
  - Infertility;
  - Problems in ante natal care, smear, foetal monitoring, getting a 'clean' sample;
  - Problems in labour (lack of dilation of the birth canal/tough scar tissues) obstructing labour leading to exhaustion in the mother and potentially negative/fatal outcomes;
- **Psychosexual/psychological consequences**
  - Lack of trust in carers;
  - Feelings of 'nothingness/incompleteness/anxiety/low self esteem';
  - Denial of sexuality and focus on reproductive function;
  - Flashbacks;
  - Lack of sexual responsiveness;
  - Implications for 2<sup>nd</sup> generation young women.

### **FGM: Socio-cultural determinants**

Many reasons given:

- Culture/Tradition/Rite of passage.
- Religious obligation.
- Purity/Cleanness/Beauty.
- Virginity – to prevent promiscuity.
- Increase marriage ability.
- Clear gender role definition.

### Myths and beliefs

- If not cut, clitoris will continue to grow.
- If not cut, clitoris will harm husband during intercourse – a Mali tale/myth.
- If not cut, clitoris will harm baby in delivery – the Yoruba of Atakumasa.
- If not cut, woman will be infertile.
- If not cut, woman will smell.
- If not cut and the woman touched/stepped across a tree it would not bear fruit – some of communities of Northern Ghana.

### FGM and Islam

- Though many functions connected with women such as pregnancy, childbirth, breastfeeding, divorce and menstruation are mentioned in Koran, it contains no specific mention of FGM.
- There is nothing that makes females circumcision a required tradition. This is why we find that many Islamic states that follow strictly the Islamic law do not circumcise female children (i.e. Saudi Arabia, Iran, Syria, Libya and Morocco).
- Since it has been proved that circumcision is a harmful attack on the girl's body, then it becomes neither an order from God nor an order from tradition.
- FGM is practiced by community members who are Muslim, Christian, Animist and non-believers.
- FGM predates Islam.
- A number of Islamic scholars have issued various Islamic Fatwa on the issue of FGM most of which have dissociated FGM from Islam, quoting both the Quran as well as Hadith.

### FGM legislation in the UK

The new Female Genital Mutilation Act 2003 has replaced the Prohibition of Female Circumcision 1985. This came into law on the 30<sup>th</sup> of October 2003 and was implemented on the 3<sup>rd</sup> of March 2004.

Main changes as a result of the legislation:

- Increases the penalty for committing FGM to 14 years or a fine or both.
- Introduces '**extraterritoriality**'. This means that if a girl is taken out of the UK to **any** country it is **still** a crime and the parents can be prosecuted.
- Changes the name of the law, now using 'genital mutilation' instead of 'circumcision.'

Up until now no one has been successfully brought to court in the UK.

### FGM: Women and girls' human rights

- FGM violates the basic human rights of girls and women – the right to life and the right to health.

- Many international bodies such as the WHO, UNICEF and UNFPA confirmed that FGM is a universally unacceptable practice and they jointly called for the elimination of this practice in all its forms.
- The African Union has passed a Protocol on the Rights of Women in Africa, which includes the abandonment of FGM.

### **FGM and child protection**

- FGM **Is** A Child Protection issue.
- Professionals in social services departments are required to take steps (under the Children Act) to protect children from harm, and protect children at risk of 'significant harm'. This includes FGM.
- Professionals should work in a multi-agency fashion to protect children from child abuse, including FGM.

### **Identifying girls at risk of FGM**

- This is difficult because FGM does not fall easily into the Eurocentric definition of 'child abuse'.
- It is a one off event.
- Parents do it because they really believe it is best for their daughters.
- There are rarely reasons for routine examinations of girls' genitalia.
- The culture does not enable girls to discuss FGM openly.

### **BUT there is a risk if.....**

- The mother has undergone FGM.
- The mother-in-law has a great deal of influence in the household.
- No-one has ever raised the issue of FGM with the girl or woman, or provided accessible information for her.
- There are older daughters who have undergone FGM.
- **IF YOU FAIL TO RESPOND** appropriately and the message gets back to the communities that FGM is not taken seriously by the statutory sector.

### **Discussion, questions and comments**

**C.** People who work with young girls are scared to identify girls who are at risk for fear of being labelled racist.

It is a child protection issue, if mother has been cut, midwives should know that the daughter will also be at risk.

FGM is the responsibility of everyone; if we do nothing then the community will think that FGM is accepted as the norm.

**Q.** Why do people think that FGM has anything to do with Islam?

**A.** There is a haadith (a traditional relating to the words and deeds of Mohammed – i.e. a saying of the prophet Mohammed) that women should be cut, but many Muslim scholars have reported that this claim is very tenuous. Campaigners have said that there is nothing in the Quran and they have asked Muslim scholars to give a fatwa, (a Muslim ruling), to say that FGM has nothing to do with Islam.

There are underground places in the UK where it goes on.

**C. Yvonne Rhoden**, Metropolitan Police: The injuries sustained during FGM are equal to GBH and yet there are generally no criminal proceedings. There is a lack of awareness and reluctance to hold people accountable.

**Q.** Does FORWARD get support/resources from the government?

**A.** FORWARD has projects throughout the world, the volume of work is high and is under-resourced. St Thomas' hospital has a specialist midwife who provides counselling, Comfort Momo. They also offer a reversal procedure for women who want this. This can be for many reasons including problems encountered during sex. The St Thomas' clinic was the first clinic in London; there are now thirteen clinics around Europe that offer reversal and counselling.

**Q.** What should we do if we come across a woman who has undergone FGM?

**A.** Give her information, talk to her about the law etc. because her daughter may be at risk, if there are any other siblings who are girls, make a referral to the child protection team. We have to start holding people accountable. In UK we have the law, but we are not holding people accountable. In France they have legislation and have taken it forward. We need to challenge it, and send out clear messages so that the community are aware.

**Q.** What is the common age for FGM?

**A.** Usually 4-11 yrs old, in Kenya the Masai tribe say that it should be done on the day of the wedding. It differs in different communities.

**Q.** How could training in schools be delivered?

**A.** The booklet *Friends are forever*, which is produced by FORWARD, is a great resource. It explores how young people react when they are confronted by the issue of FGM, and aims to increase awareness of the rights of young women to choose whether or not they wish to retain FGM as part of their culture. FORWARD also run a programme in schools.

**Q.** What's happening in African countries?

**A.** Agencies and communities need to work together. Religious leaders e.g. Imams need to be trained on these issues, but this is very challenging.

## **Recommendations**

1. Training across sectors on the issues of FGM.
2. To ensure that FGM is addressed as a child protection issue.
3. Routine screening and awareness raising – e.g. asking women from FGM practicing communities if they know about FGM.
4. More widespread dissemination of information about FGM.
5. Improved interagency working on the issue.

## Workshop B: *Cross cultural approaches to working with BME children and young people and their non-abusing parent*

**Facilitators:** **Alison Buchanan, National Children's Officer, Women's Aid and Joanne Miller, Support and Development Worker, WAITS (Women Acting in Today's Society)**

The workshop was designed to help delegates put themselves in the shoes of their clients to try and imagine what it might feel like to experience prejudice at the hands of a worker, and what practical steps the worker might take to overcome any obstacles to respectful and trusting communication and good client engagement.

The facilitators gave a short presentation about working with the non-abusing parent and the importance of their relationship with the child. The group then looked at the cultural and religious stereotypes that exist: this caused some discomfort at times because these prejudices do exist but are not often talked about and they fuel racist attitudes. Delegates were asked to think about what a child or young person brought up within a specific culture might feel when being asked to discuss violence in the home.

Some of the practical actions that arose out of group discussions were:

- Work with an interpreter who understands the issue.
- Improve your own cultural awareness.
- Be clear about confidentiality policies.
- Always empower your client through your work and check with them frequently.
- Identify your client's individual needs.
- Make sure you have information in different languages and formats.
- Ensure that your workplace displays positive multi-cultural images.
- Avoid stereotyping, and challenge your own prejudices.
- Avoid using jargon – communicate clearly.

As the discussion moved to ways of working with BME children who have experienced domestic violence, the group identified and explored some of the fears children may hold when disclosing violence.

### **Recommendations**

The overall recommendations that this workshop group then identified were:

1. More funding for both research and training on diversity issues.
2. Greater awareness and information sharing of best practice and culturally specific projects.
3. More funding for culturally specific projects.

## Workshop C: *The Nia Project: a model of good practice for working with BME women and children*

**Facilitators:** Parveen Baig, Young People's Worker and Trainer and Natasha Greenaway, Play and Education Worker, The Nia Project

### **What is the Nia Project?**

- The Nia Project is a specialist domestic violence agency working for the safety of women and children.
- It encompasses all issues relating to gender violence, and works from a feminist perspective.
- The organisation was established thirty years ago, and was formerly known as Hackney Women's Aid.
- Nia provides information, advice, advocacy, safe refuges, and does a lot of signposting and working with other agencies.

### **How the Nia Project works**

- Multi-agency/partnership-working/strategic representation.
- Campaigning/lobbying.
- Received 2005 Lord Mayor of London Award for *Innovation in Domestic Violence Services*.
- Recruitment of a diverse staff team and Management Committee.
- Diversity – regular part of team meetings, supervision, appraisals, training
- Equal Opportunities Policy and ACTIVE Diversity Policy.
- Forty staff team / eight volunteers / Women2Women project volunteers / six social work students.
- Five distinct service areas:
  - Housing and resettlement;
  - Legal and advice;
  - Family Support;
  - Training and group work;
  - Administration and finance.

### **Nia Project service provision:**

#### **Housing and resettlement services**

- Nia has five refuges based in Hackney and one refuge in Haringey.
- 30% of our service users are Turkish speaking. Our staff ratio reflects this.
- We have one refuge which caters specifically for women who have no recourse to public funds.
- There are three self-contained spaces which cater for women with older boys.
- Resettlement services – residents moving on receive ongoing support up to one year.
- An out-of-hours on-call service available to residents of the six refuges.

#### **Legal and advice services**

- The legal and advice service was started up in late 1999, and received the Legal Services Commission Quality Mark standard in General Casework – 'Women'.

- Nia piloted a multi-agency, out-of-hours helpline.
- We are currently developing protocols and services with partner agencies.
- We run an information and referral advice line.
- Nia employs an in-house solicitor who is a specialist in family law, domestic violence and court representation.
- We have advice workers who support women with housing, welfare benefits, education and health needs.
- There are also dedicated outreach workers, working on the issues of prostitution and substance misuse.
- We employ a Turkish-speaking advice caseworker.

### **Family support services**

- Nia runs:
  - Under 5's play sessions;
  - Summer/Easter play schemes;
  - Generic Parenting Programmes, plus Vietnamese and Turkish speaking programmes;
  - Young people's groups;
  - Parent drop-in sessions and workshops.
- We offer 1-2-1 direct casework with mothers, children and young people.
- Nia is committed to children's participation and children rights.
- We also provide information, advice, advocacy and support for families.
- Child protection is fundamental to the aims of the organisation.
- If we are not able to offer what a family needs, we make a referral or signpost them to appropriate services.
- We aim to create a positive environment reflecting culture and positive identity, and challenging stereotypes.

### **Training and group work services provided by Nia include:**

- Awareness raising and prevention training – MPS, Health, Social Care, Education, Housing, statutory and voluntary agencies.
- Multi-agency training e.g. Local Safeguarding Children Boards, Drug Action Training.
- Group work with residents and service users from other areas, women in the community.
- Generic and Turkish speaking workshops and support groups – domestic violence, confidence building, assertiveness skills, ESOL, creative/craft work and self defence.
- Prison group work programme.
- Specialist sexual violence workers.
- Domestic violence education project in Hackney and Haringey Secondary Schools – Teacher-training and classroom based activities.
- Young women's workshops, and direct 1-2-1 support.
- Workshops in the community with young people.
- Policy development/consultancy.
- Promoting positive social change.

### **Reflective practice is essential working in this context. For example:**

- Being able to think about how our own culture and ethnicity affects our work, i.e. our own blind spots/prejudices, identification, etc.

- Being able to talk openly about these issues, challenging others and being challenged.
- Importance of training and support to staff.
- Service user participation – children and women.
- Regular evaluations – formal and informal, think about the methods/being approachable.
- Learning lessons from practice – own practice, research, news, etc.

The workshop then split into groups to look at a variety of barriers to working effectively with BME women and children experiencing domestic violence, and how they can be overcome. The groups suggested the following:

- Be more aware that barriers exist.
- Seek information if you find yourself working in a cultural situation which you are not familiar with.
- Don't rush clients, they may need several sessions to trust you and let you know what their issues are. Let them take as much time as they need.
- When working in diverse communities it is important to employ cross-cultural rather than Euro-centric approaches to intervention.
- Develop models of working through consultation with service users.
- Make information widely available to others e.g. through sharing case studies.
- Identify barriers between different organisations/agencies and address them in order to work together better.
- Employ people with specialist knowledge and background.
- Be willing to seek information and training.
- Employ cross-cultural research models.
- Work holistically and actively with other agencies.

## **Recommendations**

1. More funding for specialist BME services.
2. More mapping of specialist services and other interventions.
3. More coordination of services and joint working – professionals working with BME women and children experiencing domestic violence need to get better at sharing models of best practice, and avoid reinventing the wheel.
4. Services need to become more outcome focused.
5. More specialist training is needed for professionals working in this field.
6. Services should provide for both women and children, and not work with each in isolation.
7. Better awareness raising of domestic violence in BME communities.

## Workshop D: *Working with faith and religious groups in tackling domestic violence and its impact on BME children and young people*

**Facilitators:** Cecilia Cappel, Senior Lecturer in Criminology, Kingston University and Shirley Maginley, Community Link Officer (Faith and Religious Groups in BME Communities), NSPCC

### **Workshop aims**

- To consider the place of faith/religion when dealing with children and young people affected by DV.
- To explore issues for practitioners dealing with domestic violence when faith and religion is a factor.
- To explore issues for faith groups in dealing with domestic violence.
- To identify the elements of a model of good practice for working with faith/religious groups.
- To identify the gaps in research, knowledge and resources needed to implement a model of good practice.

Cecilia Cappel talked about the fact that the whole area of faith and domestic violence is under-researched and that we have yet to answer the question of whether there is a role for faith and religious groups working around DV. If there is a role for these organisations, how can they be better equipped to take on this role?

There is evidence that women of faith stay even longer in domestic violence situations and that this is related to the concept of suffering. There is clear evidence that staying in domestic violence situations impacts negatively on self-esteem.

### **Group exercise:**

#### **Group 1 – What are the issues for practitioners and secular organisations dealing with domestic violence when faith/religion is a factor?**

- Lack of knowledge/understanding of other faith groups/even within faith groups.
- Problems of expertise i.e. someone might be an expert in domestic violence but not know much about faith.
- Assumptions of faith, e.g. because of dress.
- Issues of training, communication, language.
- Institutional perceptions of faith communities (some are under siege).
- Disadvantage to women experienced in some religions.
- In some cases, faith leaders justify violence towards women and/or children – this prevents people from speaking out.
- Responses of practitioners to women who have been damned because of speaking out.
- Lack of trust by victims.
- Fear of interfering as a practitioner.
- Faith and religion have a power balance. Ministers/faith leader may be perceived to be beyond reproach.
- Accessing women without a male presence may present a problem.

- Practitioners' own religious convictions may inhibit them from engaging with the victim.
- If a member of the clergy is the perpetrator there may be a very different way of responding.

**Group 2 – What are some of the issues for faith groups in dealing with domestic violence?**

- Denial of the issue.
- Keeping the family together may be considered to be more important than the experience of individuals.
- Issues around bringing shame on the family.
- Men as head of the household/the position of women.
- Lack of appropriate services.

**What makes good practice?**

- Asking questions about an individual's situation, beliefs etc.
- Acknowledging that domestic violence does exist in faith communities.
- Getting women engaged. Sometimes only people at a high level within the religious community (e.g. ministers) are involved with these issues.
- Be curious; don't be afraid to ask questions.
- Training needs to be challenging and not just skirt round the issues.
- Work with people at their level.

**Recommendations**

1. The need for the development of good practice guidelines (collaborative partnership processes).
2. The need for more education and training – specifically dealing with cultural sensitivity.
3. Engagement outreach to faith groups, e.g. representation on groups.

## Workshop E: *Engaging with South Asian women and children affected by domestic violence*

**Facilitators:** **Sharda Parthasarathi, Children's Services Manager, Humsaath, NSPCC Bradford and Rama Ramakrishnan, Children's Services Manager, Bal Raksha, NSPCC Leicester**

### **Introduction**

A large percentage of the work undertaken in both of these NSPCC family support projects is domestic violence-related.

The projects work on the basis that anyone who is a witness to domestic violence (DV) is also a victim of DV, and this obviously includes children.

### **Issues of honour and shame**

Practitioners already know how hard it is for women to seek help when they are experiencing DV, and to leave their relationship is even harder. In many cases it is 100 times harder for women from BME communities to take these steps, due to the additional barriers they face in accessing services, even universal services. The concept of *izzat* (honour) in South Asian communities is often used by violent men to control women, and stigma and shame are powerful factors in preventing women from seeking help.

### **Why don't women leave?**

- Where would they go?
- How/where can they access appropriate/culturally sensitive information and services?
- What about their emotional ties to their husband and wider family? Many women want to believe that their abuser will change – the abuser often begs forgiveness and says they will make a fresh start. In some cases women may blame themselves for the abuse they are experiencing
- What about their fear of their abuser, but also fear of the unknown? Often it may seem easier to stay because 'the better the devil you know' – women often fear the other abuses, such as racism, that they may be exposed to outside their family home (this is especially true amongst women new to Britain). There may be particular difficulties faced by women who don't speak English
- What about their fear of other family members, who may also be involved in the abuse?
- What about the risk of bringing shame onto their family, of being shunned/criticised by their own community?
- What about their children? It is often difficult for mothers to really understand the full impact of domestic violence on their children – they may think they are doing the best for their children by staying in the relationship. Also women may fear that their children will be removed from them if they leave their family home. Many South Asian women may already be very wary of social work involvement, especially if their abuser has used the threat of social services to control/frighten them.
- What if they are returned to their country of origin? Immigration status is a very big issue for South Asian women fleeing violence, and is often used by

abusive men to control their wives – in some cases husbands keep women's passports, and upon leaving women have discovered that they don't even have a visa to be in the UK because their husband never completed the necessary paperwork.

For all of these reasons, in planning and delivering services, it is very important to be creative and 'think outside the box' when trying to engage South Asian women and children in your service. Women may need a 'cover story' in order for it to be safe for them to access your service. In this way it may be possible to 'sneak' the issue of DV into general family support work that is being done with mothers and children. 'Cover stories' could include 'safety in the community', 'self-esteem classes', or framing services in the context of parenting/mothering e.g. 'managing children's behaviour'/breastfeeding/weaning, or even arts and crafts. To avoid the suspicions of the abuser, women may even bring home leaflets about breastfeeding or examples of their artwork, things that men may perceive as being 'women-only'. In this way women are provided with a safe time and place in which to begin a discussion about any violence they may be experiencing.

It is also important to be willing to work with women who, for a variety of reasons such as those highlighted above, are unable to leave their violent relationship. Safety planning and risk assessments will be required both for women and children who are leaving and those intending to stay.

### **The impact of DV on children and young people**

Often the initial referral to the NSPCC's family support project arises because women are struggling to manage their children's behaviour. Signs of the impact that DV can have on children and young people include physical ill health, emotional ill health including self-harm, and advanced maturity as children become the carers of their siblings or even mother. In some cases children will have learned and mimicked the violent behaviour displayed by their father/male carer.

### **Male victims of DV**

In response to a question about the effects of DV on male victims, the facilitators noted that:

- The female abuser may have emotional control of their male victim, but is unlikely to be more physically powerful
- In many cases male victims of DV may feel even more humiliated than female victims, due to the stigma attached to men being controlled/overpowered by women
- Services specifically for male victims of DV are very limited
- Regardless of the sex of the perpetrator, any children involved in the situation are like to feel divided loyalties
- In the case of DV in same sex relationships, female victims often feel very ashamed of being the victims of violence at the hands of another woman.

### **Case study: the Khan Family**

In this case the woman and her children are experiencing serious violence, but Mrs Khan is not ready to leave. In working on this case study, workshop attendees discussed the following:

- The importance of cultural sensitivity – of thinking about where women can best access support in a safe place.

- Issues re the staffing of services – women sometimes don't want support from staff from their own communities – they may be too embarrassed, or afraid to be discovered.
- Safety planning: this always needs to be done in all cases where DV is happening, and this is extremely important in cases where there is a risk that children will be removed from the UK. It is important to plan for what is usually inevitable – i.e. that the perpetrator will discover that his family is accessing a service/s for help with DV.
- What if you as a professional are willing to be creative, but the organisation you work within may not be? It is important to be aware that some organisations' criteria in terms of child protection and the duty to investigate could put women experiencing DV at greater risk. The involvement of professionals could result in a period of heightened risk from the perpetrator for both women and children.
- In terms of thresholds, when does the problem become a child protection matter? In some cases it may be more feasible to adopt a 'children in need' approach initially rather than using section 47, but ongoing risk assessment will be crucial in making this decision.
- The importance of being willing and able to work with women who do not want to/are not ready to leave – this is clearly a better option for them and their children than not working with/supporting them at all.

## **Recommendations**

1. Service providers need to think creatively when trying to engage South Asian women and children in accessing DV services – there may be a need to have a 'cover story' to make it safe for them to access – e.g. 'safety in the community' or framing services in the context of parenting/mothering e.g. 'managing children's behaviour'/breastfeeding/weaning, or even arts and crafts.
2. Because it often takes South Asian women and children longer to access services, which in turn increases the risks to both, more generic/mainstream services (including community groups and family support services) need to be identifying domestic violence themselves, and signposting women and children to specialist DV services. Staff in generic/mainstream services need better training to improve their knowledge of and responses to DV.

# Conference plenary

## Workshop recommendations

During the plenary a delegate from each workshop fed back the recommendations from the workshop they attended to the whole conference.

### **Workshop A:** *Linking female genital mutilation (FGM) to domestic violence: safeguarding girls and young women*

1. Training across sectors on the issues of FGM.
2. To ensure that FGM is addressed as a child protection issue.
3. Routine screening and awareness raising – e.g. asking women from FGM practicing communities if they know about FGM.
4. More widespread dissemination of information about FGM.
5. Improved interagency working on the issue.

### **Workshop B:** *Cross cultural approaches to working with BME children and young people and their non-abusing parent*

1. More funding for both research and training on diversity issues.
2. Greater awareness and information sharing of best practice and culturally specific projects.
3. More funding for culturally specific projects.

### **Workshop C:** *The Nia Project: a model of good practice for working with BME women and children*

1. More funding for specialist BME services.
2. More mapping of specialist services and other interventions.
3. More coordination of services and joint working – professionals working with BME women and children experiencing domestic violence need to get better at sharing models of best practice, and avoid reinventing the wheel.
4. Services need to become more outcome focused.
5. More specialist training is needed for professionals working in this field.
6. Services should provide for both women and children, and not work with each in isolation.
7. Better awareness raising of domestic violence in BME communities.

### **Workshop D:** *Working with faith and religious groups in tackling domestic violence and its impact on BME children and young people*

1. The need for the development of good practice guidelines (collaborative partnership processes).

2. The need for more education and training – specifically dealing with cultural sensitivity.
3. Engagement outreach to faith groups, e.g. representation on groups.

**Workshop E:** *Engaging with South Asian women and children affected by domestic violence*

1. Service providers need to think creatively when trying to engage South Asian women and children in accessing DV services – there may be a need to have a 'cover story' to make it safe for them to access – e.g. 'safety in the community' or framing services in the context of parenting/mothering e.g. 'managing children's behaviour'/breastfeeding/weaning, or even arts and crafts.
2. Because it often takes South Asian women and children longer to access services, which in turn increases the risks to both, more generic/mainstream services (including community groups and family support services) need to be identifying domestic violence themselves, and signposting women and children to specialist DV services. Staff in generic/mainstream services need better training to improve their knowledge of and responses to DV.

## Synopsis

The Chair then presented his synopsis of the main points of the day:

- It is very important to listen to children and young people who are experiencing DV, to ensure that their safety is paramount, and to support the non-abusing parent/carer.
- There is a need to identify the barriers and acknowledge the difficulties and inequalities that Black and minority ethnic children and young people have to deal with on a day-to-day basis, which may result in their safety being compromised.
- Important messages from research: 90% of assaults on women take place with children in the same or adjacent room, whilst according to the Department of Health 75% of children on child protection registers live with DV – domestic violence is clearly a child protection issue.
- Some BME women are likely to have more than one abuser, for example where extended family members collude with, or participate in the violence. This also has serious implications for children.
- Issues of *izzat* and shame and its impact often lead to services being underused.
- DV is a crime and it must be seriously and sensitively dealt with. Ethnic and cultural diversity must be respected, and we all have a duty to ensure that women and children are safe.
- Black and minority ethnic organisations must be given the resources and capacity to provide support and advocacy to children and young people. Sustainable funding should be provided so that services can plan for the future.
- It is also very important for professionals to be aware of the following:
  - a) Cultural competencies – the ability to think, feel and respond to complex situations in a variety of ways;

- b) Cultural knowledge – getting to know and understand the communities we serve;
- c) Cultural sensitivity – responding in a respectful, sympathetic and compassionate way.

# Appendix A ~ Conference programme

## **Responding to Black and Minority Ethnic Children and Young People Affected by Domestic Violence**

4<sup>th</sup> October 2006 - NSPCC National Training Centre, Leicester

### **Conference Programme 9.30 – 15.45**

- 9.30 Tea, coffee and registration
- 10.00 Welcome and introduction **Norbert Marjolin, NSPCC**
- 10.10 Scene-setting – key messages from children and young people
- 10.25 Key messages from research **Dr Ravi Thiara, SWELL, University of Warwick**
- 10.45 Police perspective **Commander Steve Allen, Metropolitan Police**
- 11.05 DfES perspective **Colin Green, Divisional Manager, Child Protection Division, Department for Education and Skills**
- 11.25 Break*
- 11.40 Panel 'vignettes' and discussion **Chaired by Chris Cloke, NSPCC**
- 12.30 Networking and marketplace session
- 12.50 Lunch*
- 13.45 Best practice **Shaminder Ubhi, Director of Ashiana**
- 14.05 Workshops
- 15.05 Break*
- 15.15 Plenary
- 15.35 Evaluation
- 15.45 Close

# Appendix B ~ Conference contributors

**Conference chair:** Norbert Marjolin, NSPCC

**Speakers:** Aaliyah (young speaker)  
Dr Ravi Thiara, Centre for the Study of Safety & Wellbeing (SWELL), University of Warwick  
DC Yvonne Rhoden, Metropolitan Police  
Colin Green, Divisional Manager, Child Protection Division, Department for Education and Skills  
Shaminder Ubhi, Director of Ashiana

**Panel chair:** Chris Cloke, NSPCC

**Workshop facilitators:**

Workshop A: Enshrah Ahmed, FORWARD (Foundation for Women's Health, Research and Development)

Workshop B: Alison Buchanan, Women's Aid, and Joanne Miller, WAITS (Women Acting In Today's Society)

Workshop C: Parveen Baig and Natasha Greenaway, Nia Project

Workshop D: Cecilia Cappel, Kingston University, and Shirley Maginley, NSPCC

Workshop E: Sharda Parthasarathi and Rama Ramakrishnan, NSPCC

## Appendix C ~ Speakers' biographies

Colin Green  
Divisional Manager, Child Protection Division  
Department for Education and Skills

Colin Green is the Divisional Manager, Child Protection – the Children, Young People and Families Directorate of the DfES. He joined the DfES in February 2004. Prior to this he was Assistant Director for Children's Services for Cambridgeshire County Council for over five years. Colin has thirty years experience in a wide variety of managerial, service development and practitioner posts, working across all areas of social service responsibilities in five local authorities.

DC Yvonne Rhoden  
Racial and Violent Crime Task Force  
Metropolitan Police

Yvonne has served with the Metropolitan Police Service (MPS) for the past 22 years, and has been a detective for twelve years. Her main role is as a member of the strategic team with responsibility for managing the 32 Community Safety Units in London, developing the Met response to domestic violence and hate crime. She has been specifically engaged in the area of domestic violence, focusing on issues that affect BME women and children.

She performs a central role as part of the MPS response to the issue of Honour Crimes and Honour Killings and is a member of both the National and MPS Honour Based Violence Working Group. In June 2003, she presented the MPS work on forced marriage to the United Nations, discussing forced marriage as a contemporary form of slavery. Partnership has been at the centre of the work on Forced Marriage, and Yvonne continues to work closely with colleagues internally and externally to raise awareness and improve police responses to Domestic Violence, Forced Marriage and other forms of honour based violence.

Dr. Ravi K. Thiara  
Senior Research Fellow  
Centre for the Study of Safety and Well-being  
University of Warwick

Ravi is a Senior Research Fellow at the Centre for the Study of Safety and Wellbeing at the University of Warwick. She has been working in the violence against women field for over fifteen years, initially as a front-line worker, and for the last ten years as a researcher and specialist advisor to front-line services.

Ravi has undertaken numerous research projects on different aspects of violence against women with a range of colleagues, and has a particular expertise in gendered violence and Black and minority ethnic communities. She has published widely on these issues.

Her most recent projects include an evaluation of the new domestic violence risk assessment model being rolled out by the Metropolitan Police, a project entitled 'Talking to My Mum' looking at developing communication between mothers and children in the aftermath of domestic violence, and a new national project on disability and domestic violence.

**Shaminder Ubhi**  
**Director of Ashiana**  
**Ashiana**

Shaminder has worked in the domestic violence sector for over ten years; managing and developing domestic violence provision for Black and minority ethnic women, developing preventative initiatives with young people, and raising awareness with the community as a whole. She started her career supporting young single homeless people and ex-offenders and moved on to manage Supported Housing Projects. Currently she is the Director of Ashiana. She joined Ashiana in 1994, when Ashiana managed one safe house and employed a total of four staff. The organisation has since developed and now provides two safe houses and a range of services for women, young people, in addition to training and community outreach.

Her passion has always been to support vulnerable people; including women, children and those from Black and minority ethnic communities. And whilst ensuring continuation of adequate and appropriate interventions, she has worked hard to seek preventative solutions through working in schools and colleges, and engaging with the community as a whole.

# Appendix D ~ Organisations represented on the panel/in workshops

**ChildLine** provides information to young callers about their rights, what is acceptable and unacceptable treatment, and agencies that they can access for further support. ChildLine can help facilitate direct referrals. They can also offer ongoing support, including addressing the long-term impacts of living with domestic violence.

**There4me** is the NSPCC's online information, advice and counselling service for 12-16 year olds. Users can talk online with an adviser one-to-one, send emails to an adviser and receive personal replies, access the agony aunt page and message board, and use an interactive feature called Got a Problem? The site contains a wealth of static information on issues such as sex, family, bullying, drugs etc.

For more information visit: [www.childline.org.uk](http://www.childline.org.uk)  
[www.there4me.com](http://www.there4me.com)

**FORWARD** is a London-based organisation, but works throughout the UK and in Africa. The Foundation works to advance the sexual and reproductive health and human rights of African girls and women. One of its key areas of work is tackling female genital mutilation (FGM) as a harmful, gender-based discriminatory practice.

In the UK FORWARD provides information and training on FGM and child protection to health, education, child protection and social services professionals and community organisations.

For more information visit: [www.forwarduk.org.uk](http://www.forwarduk.org.uk)

**The Nia Project** is a London-based organisation tackling gender violence. It provides refuge, resettlement and family support services for women and children experiencing violence. The Nia Project also provides training and education on the issues of physical and sexual violence. It delivers culturally sensitive services to women and children from a wide range of BME communities, and is considered to be a model of best practice in the field.

For more information visit: [www.niaproject.info](http://www.niaproject.info)

**NSPCC Humsaath**, which means 'we together' carries out a range of work to support families in the local community, which is predominantly South Asian. Many of Humsaath's service users have experienced domestic violence. Humsaath recognises the crucial link between tackling domestic violence and protecting children. Based in Bradford, Humsaath aims to reach out to the local community, and to ensure that more South Asian mothers and children receive a culturally appropriate and sensitive service.

**The NSPCC Bal Raskha Project** was established in 1995 to offer family support services to the South Asian population in the city of Leicester. The Project offers a range of services to local parents and their children through both project-based services and community outreach programmes. These services include drop-ins, play schemes, parenting programmes and one-to-one work with children and families. Families are also seen within their home environment, and parenting programmes are delivered in a variety of settings to suit individual needs. Many service users seek and receive support as a result of their experiences of domestic violence.

For more information visit: [www.nspcc.org.uk](http://www.nspcc.org.uk)  
[www.nspcc.org.uk/asianhelpline](http://www.nspcc.org.uk/asianhelpline)

**WAITS** is based in Birmingham and has eight full-time staff. It is concerned with local women's fuller involvement in the public life of their communities. WAITS supports women to address issues such as welfare benefits, employment and education, domestic violence, isolation, health, crime and the fear of crime.

The domestic violence project works cross-culturally to provide support, advocacy and befriending for all women who have experienced domestic violence at some point in their lives. There is a particular focus on Black and minority ethnic women and Chinese women, whose experiences of racism in the wider community often compound the violence they are experiencing at home.

WAITS also provides awareness raising and preventative education programmes around domestic abuse issues to young people in schools and youth groups.

For more information visit: [www.waitsaction.org](http://www.waitsaction.org)

**Women's Aid** is a national organisation that advocates for abused women and children by influencing laws, policy and practice, raising public awareness, developing education programmes and providing direct services that are needed to help women and children, such as the National Domestic Violence Helpline (0808 2000 247) which is run in partnership with Refuge.

Women's Aid have also developed a website specifically for children and young people affected by domestic violence. [www.thehideout.org.uk](http://www.thehideout.org.uk) informs children and young people about domestic violence, uses interactive games to help them explore the issue, and signposts further help and support.

For more information visit: [www.womensaid.org.uk](http://www.womensaid.org.uk) and [www.thehideout.org.uk](http://www.thehideout.org.uk)

# Appendix E ~ Conference evaluation report

Approximately 90 external delegates attended this conference, and 60 completed and returned their evaluation forms.

## Summary

Overall, the multi-agency conference planning group received very positive feedback on the conference, with the majority of delegates rating all aspects of the day very highly. The workshops proved particularly popular. However, delegates also found some parts of the day quite rushed, and requested more time, and even a longer or two-day conference, especially to allow more time for workshops and networking.

## Selected quotes from delegates' evaluation forms

*"Dr Ravi Thiara and her picture of BME as a range of complexities overlaying the full spread of BME issues – not just re specifics of FGM and FM"*

*"The police officer was an excellent speaker"*

*"Passionate, informed speakers...thought-provoking content"*

*"Well done to all the speakers, in particular the brave young woman who spoke about her experiences of domestic abuse"*

*"The young girl who spoke was an inspiration and opened my eyes to the barriers she faced. I wish her all the best"*

*"Aaliyah – a very powerful message regarding agencies failing, difficulties regarding access to support/services"*

*"The workshop facilitators were excellent – knowledgeable and approachable"*

*"Should not cut out time for networking, as this was one of my main reasons for attending"*

*"Pace too rushed. This is too complex to be done in small boxes of time"*

*"Excellent organisation, content, delivery, staff – reception and catering"*

*"A very thought-provoking day and a good opportunity to establish connections and network"*

*"I will take back: 'remember to think outside the box'"*

*"Very inspiring and emotional – uplifting and refreshing"*

*"Excellent speakers and content. Learnt a lot and feel more confident working with BME service users. Good range of people at conference. Thanks"*

# Appendix F ~ Published article

A version of this article entitled 'Message is loud and clear' appeared in *Community Care*, 2-8 November 2006, pp. 32-33.

Thanks to *Community Care* for their permission to reproduce this version here. See [www.communitycare.co.uk](http://www.communitycare.co.uk)

## *Black and Minority Ethnic Children and Domestic Violence*

Dr. Ravi K. Thiara, with Ruth Breslin

Dr Ravi K. Thiara is a Senior Research Fellow in the Centre for the Study of Safety and Well-being, University of Warwick. She has written widely on domestic violence and especially on BME communities and domestic violence issues.

Ruth Breslin is a Planner Researcher in the NSPCC's Child Protection Awareness and Diversity Department. She has a background in domestic violence research, and is currently focusing on the development of public education messages for women and children affected by domestic violence.

### **Abstract**

By drawing on the limited existing research on black and minority ethnic children and domestic violence, this article highlights important issues for practitioners to consider in their work with BME families. Pointing to the gap in research and in specialist support services, the author calls for this to be addressed in ways that take account of the complexity within and across different communities.

### **Introduction**

The extent of black and minority ethnic (BME) children living with domestic violence (DV) is unknown and can only be extrapolated from the numbers of BME women living with abuse. The recent British Crime Survey, which found that 1 in 5 (21%) women have experienced at least one incident of domestic threat or force since they were 16, pointed to little difference in prevalence by ethnicity<sup>1</sup>. The DoH estimated that 750,000 children were living with DV in England and Wales (2002). It is known that the presence of children in a household nearly doubles the risk of DV for women, which in turn increases the vulnerability of children.

Although research on children's experiences of DV has increased, the experiences of BME children remain under-researched<sup>2</sup> and have to be extracted from wider

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### **References**

<sup>1</sup> Walby, S. and Allen, *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Home Office Research Study 276, 2004.

<sup>2</sup> Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E., Regan, L. *Children's Perspectives on Domestic Violence*, Sage Publications, 2002.

literature and scant specialist studies which highlight issues that have important implications for practice.

### **Same and different issues**

Studies of children living with DV have pointed to the potentially damaging effects on their adjustment/well-being<sup>3</sup> and the need to see children not just as victims but also as having personal resilience. Recent research has drawn attention to the ways in which abuse can undermine the mother-child relationship<sup>4</sup>.

Children who live with DV typically know it is happening. High numbers of children witness/overhear the abuse and up to 90% of assaults on women take place with children in the same/adjoining rooms. The presence of DV is a powerful indicator of child abuse - the overlap being variously estimated between 30-60% - and many children on child protection registers live with DV.

Although these research findings resonate with the experiences of BME children, there are additional issues that compound their situations. While BME women and children (W&C) are just as likely as others to be victims, there are differences in how they respond to violence and how they are treated by services. We also need to recognise that BME communities are diverse and some more visible and powerful than others.

When looking at definitions of DV, it is accepted that experiences are complex for BME W&C who are more likely to suffer abuse from multiple family members. It is also known that some BME W&C are likely to be subjected to culturally specific forms of harm, as the recent focus on forced marriage (FM) and female genital mutilation shows. Increasingly, FM is being seen as a key form of DV and/or child abuse and has been linked to high rates of self-harm and suicide attempts amongst Asian teenage girls.

Some cultural beliefs can act as barriers to help-seeking - for Asian families these include *izzat* and *sharam* (honour/reputation) play a role in controlling W&C's behaviour, just as stigma and shame prevent many BME W&C from seeking help. Such beliefs can limit choices for W&C as they become concerned about others in close-knit communities finding out. Abusive men, aware of these pressures, can use this to exert greater control.

Isolation is a huge issue for W&C fleeing their families and communities and can increase their vulnerability. Research shows that the family can be both a source of support and abuse for BME children. Positive family contact can be a resource for children in coping with/surviving DV but its absence leads to greater isolation. Family contacts can be used to forcefully separate mothers from their children; indeed the threat of/actual abduction is extremely high for some. Child contact remains a big issue with clear implications for W&C's ability to rebuild their lives.

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<sup>3</sup> Hester, M., Pearson, C., Harwin, N. *Making an Impact: Children and Domestic Violence – A Reader*, Jessica Kingley Publishers, 2000.

<sup>4</sup> Thiara, R.K., Humphreys, C., Skamballis, A. and Mullender, A. *'Talking to My Mum': Developing Communication between mothers and children affected by Domestic Violence: Report of key findings*, 2004.

### **Inappropriate responses create barriers**

Widespread stereotyping/discrimination among statutory and voluntary services has been shown to be a common experience for many BME W&C<sup>5</sup>. Children's expectations of/responses to professionals are often shaped by the professionals' ability to understand their issues - if responses are inappropriate then they lose trust/faith. Some professionals see BME children's problems as too complex, finding it easier to attribute their behaviour to oppressive cultural backgrounds. Moreover, children often end up translating with agencies, and not only hear traumatic events recounted but have the pressure of ensuring their mothers are accurately represented<sup>6</sup>.

Racial harassment/abuse are real issues for BME children fleeing DV as they are often subjected to racial harassment in unfamiliar areas and new schools. Thus experiences of DV can be compounded by racism/bullying in school.

The issue of immigration/'no recourse to public funds' continues to impact viciously on the lives/choices of BME W&C and determines whether they seek help or remain in abusive situations which place children at risk.

### **Few support services**

Although services for children affected by DV can play a vital role in their recovery, they are under-developed and there is a gap in provision for BME children; the needs of mixed heritage children are often entirely overlooked. Although specialist DV services exist in some areas, they lack capacity to meet the level of need. Family support services for BME communities are also often limited.

### **Separate services**

Although recent research highlights the impact of DV on the mother-child relationship, the recovery of which requires joint work, services for women and children remain separate<sup>7</sup>, even in refuges where children's workers and refuge workers support children and women respectively. If the relationship issues between W&C are to be addressed, a shift in service provision is needed.

In conclusion, there is a continuing gap in research/knowledge about the experiences of BME children affected by DV. If policy and practice are to be adequately informed by children's views about their needs, this gap needs to be urgently addressed.

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<sup>5</sup> Rai, D. and Thiara, R.K. *Re-defining Spaces: the needs of black women and children and black workers in Women's Aid, Women's Aid Federation England, 1997.*

<sup>6</sup> Mullender *et al*, 2002.

<sup>7</sup> Humphreys, C., Thiara, R., Skamballis, A., Mullender, A. *Talking to My Mum: A Picture Workbook for Workers, Mothers and Children affected by Domestic Abuse and Talking About Domestic Abuse: A Photo Activity Workbook to Develop Communication between Mothers and Young People*, Jessica Kingsley Publishers, 2006.

### **Further Information**

Ravi Thiara can be contacted on R.K.Thiara@warwick.ac.uk

Imam, U.F. 1994, 'Asian Children and Domestic Violence', in A. Mullender and R. Morley (eds.) *Children Living with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda*, London, Whiting and Birch.

Services for BME children are also extremely limited, clearly indicating an urgent need to explore the future development of appropriate long term provision.

### **Conference update**

Many of the issues raised in this article were explored further at a recent conference, organised by the NSPCC in partnership with a range of voluntary and statutory organisations, entitled *Responding to Black and minority ethnic children and young people affected by domestic violence*. Key speakers included the DfES, the Metropolitan Police, the University of Warwick and the BME voluntary sector.

Attendees from health, education, DV services and child protection proposed a range of recommendations to address BME children's needs, including:

- Increased funding for specialist DV services working with BME children.
- Improved awareness raising and training for practitioners on culturally sensitive responses to BME W&C affected by DV.
- More services undertaking joint work with W&C to rebuild their relationships in the aftermath of DV.
- Mapping/more research to identify current service and knowledge gaps.
- Better and more co-ordinated inter-agency work.
- Mainstream services to enhance their identification of DV and signposting to specialist agencies.

For more information visit [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)

## Appendix G ~ Delegate list

First name	Second name	Job Title	Organisation
Zenam	Aksar	Refuge Children's Support Worker	Roshni
Emily	Arkell	Policy Advisor	NSPCC
Satvinder	Aulak	Family Support Co-ordinator	Sure Start Sparkbrook
Anthea	Benjamin	Youth Counsellor	Women and Girls Network
Debbie	Bevan	Project Manager	Loughborough Women's Aid
Karen	Bispham	Children's Worker	Crewe Women's Aid
Shani	Blumenfeld	BME Outreach Worker	Stockport Women's Aid
Yasmin	Bokhari	Community Family Worker	Sure Start Sparkbrook
Chelsey	Bonehill	Policy Network Manager	CAFCASS
Julia	Brookes	Guys and St Thomas NHS Foundation Trust	St Thomas' Hospital
Paul	Brown	Corporate Strategist	CAFCASS
Diana	Brown	Manager Domestic Violence Team	Focus Futures – DVST
Nicola	Burston	Domestic Violence Co-ordinator	Essex Police
Dawn	Campbell	Project Worker	Gilgal
Michelle	Cannell	Children's Services Practitioner	NSPCC
Lyn-Marie	Chapman	Training Officer	Worcestershire Forum Against Domestic Violence
Tahera	Chowdury	BME Outreach Worker	Stockport Women's Aid
Althea	Clarkson		CAFCASS
Dawn	Clough	Family Support Worker	Crewe Women's Aid
Monica	Cooley	Family Support/Childcare Worker	W.A.L.L.
Zenobia	Cowan-Davies	Police Staff	Metropolitan Police Service
Carole	Craig	Child Protection Training Officer	Manchester City Council Education Dept
Claire	Crouch	Social Worker	Black Resources Centre
Janine	Culpin	Manager	Dacorum Women's Aid
Sereena	Dhillon	Refuge Worker	Refuge
Kim	Dickinson	Inter-Agency Trainer	NSPCC
Silvia	Emery	Team Assistant	Derwent Living
John	Emery	Safeguarding Adults Co-ordinator	Southwark Health and Social Care
Patricia	Fenton	Police Constable	Metropolitan Police Service
Aisha	Gill	Senior Lecturer in Criminology	Roehampton University
Baljit	Gill	Children's Centre Co-ordinator	Valley House
Mich	Greenberg	Refuge Worker	Jewish Women's Aid
Elizabeth	Hall	Regional Director	CAFCASS
Barbara	Hall	Senior Service Co-ordinator	Valley House
Kate	Harland	Childcare Co-ordinator	Redcar & Cleveland Women's Aid
Roda	Hassan		Sure Start Sparkbrook
Mike	Hays	Social Work Lead	London Borough of Southwark
Suki	Heer	BME Project Worker	The Stars Project, The Children's Society
Stine	Hoegh	School Officer	Agencies Supporting Schools Programme
Judith	Hubert	Service Manager	CAFCASS
Debbie	Hughes	Refuge Worker	Loughborough Women's Aid
Nabeela	Hussain	BME Children's Outreach Worker	Stockport Women's Aid

<b>First name</b>	<b>Second name</b>	<b>Job Title</b>	<b>Organisation</b>
Saraya	Hussain	Community Engagement Support Officer	Sure Start Small Heath
Usha	Jayarajan	Clinical Psychologist	CAMHS, Birmingham Children's Hospital
Ruth	Jones	Children's DV Support Co-ordinator	Calderdale Women's Centre
Mumtaz	Kadodia	BME Worker	Gloucester Domestic Violence Support
Reagender	Kang	Safeguarding Children & Young People Nurse	Heart of Birmingham Teaching PCT
Gurvinder	Kaur Bhinder	Case Worker	Kingston Asian Women's Refuge - Bhavan
Ahlam	Laabori		Foreign and Commonwealth Office
Katy	Lam	Family Centre Worker	NCH, Marylands Family Adolescent Service
Fiona	Llewellyn	Development Manager	Woman's Trust
Ingrid	Lorenzo Mas	Project Worker	Church Army - Women's Day Centre
Claudious	Madembo	Social Worker	Social Care 4u
Gill	Magee	Community Safety Manager	Solihull Metropolitan Borough Council
Tina	Mayers	Project Manager	Shepherds Bush Families Project
Tina	McIntyre	Family Support Co-ordinator	NSPCC, Sure Start
Sejal	Modha	Domestic Violence Project Officer – BME	Domestic Violence Integrated Response Project (DVIRP)
Saleha	Moolla	Community Development Worker	Asian Projects
Pauline	Mooney	Inspector	Police Service of Northern Ireland
Trish	Moran	Domestic Violence Co-ordinator	Islington Victim Support
Pauline	Morris	Support Worker	Dacorum Women's Aid
Jeanette	Mulcare	Project Manager	Stepping Stones
Liz	Murphy	Safeguarding Children Business Manager	Solihull Metropolitan Borough Council
Nadia	Nazir	Refuge Worker	Refuge Asian Women's Project
Nardiner	Panesar	Senior Case Worker	Calderdale Women's Centre
Alpa	Patel	Domestic Violence Project Officer – BME	Domestic Violence Integrated Response Project (DVIRP)
Lorraine	Radford	Head of Research	NSPCC
Michelle	Reid	Family Support Worker	Coram Family
Pamela	Rollock	Family Centre Worker	NCH, Marylands Family Adolescent Service
Jan	Salihi	Senior Policy Advisor	HM Courts Service
Liana	Sanzone	Family Centre Worker	NCH, Marylands Family Adolescent Service
Kate	Smith	Senior Family Support worker	Stepping Stones
Pauline	Spencer	Domestic Violence Resettlement Worker	Christian Action Housing Association
Sue	Stevenson	Specialist DV Social Worker	London Borough of Islington
Ally	Sultana	Development Officer	Including Women!
Anne	Sutton	Project Manager	Loughborough Women's Aid
Gill	Thomas	Development Worker	Church Army - Women's Day Centre
Caroline	Wallis	Social Worker	Shepherds Bush Families Project
Deana	Walsh	Independent Reviewing Officer	Gloucestershire CC
Kay	Warbrick	Policy Adviser	NSPCC
Nicola	Weller	Director of Family Support Services	The Nia Project
Denise	Williams	Resettlement/Support Worker	Christian Action Housing Association
Kathryn	York	Children's Outreach Worker	Women's Aid and Advice Centre





The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children.

The NSPCC's purpose is to end cruelty to children. Its vision is of a society where all children are loved, valued and able to fulfil their potential.

We seek to achieve cultural, social and political change - influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people.

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