



End of consultation: 10 December 2015	
Name	Karan Sanghera – Policy Officer
Organisation (if applicable)	Welsh Women's Aid
Email / telephone number	<u>karansanghera@welshwomensaid.org.uk</u> 02920541551
Your address	Welsh Women's Aid Pendragon House Caxton Place Pentwyn CF23 8XE

Introduction:

Welsh Women's Aid is the national charity in Wales working to end domestic abuse and all forms of violence against women. Established in 1978, we represent, campaign for, and support a national federation of local independent charities delivering specialist domestic abuse and violence against women prevention services in Wales, as part of a UK network of provision. These specialist services constitute our core membership, and between them they provide lifesaving refuges, outreach, and community advocacy and support to survivors of violence and abuse - women, men, children, families - and deliver innovative preventative work in local communities.

We also deliver direct services including the Welsh Government funded Live Fear Free Helpline; a national accredited and non-accredited training service in partnership with specialist services across Wales; refuge and advocacy services in Colwyn Bay and Wrexham; and the national *Children Matter* preventative project which supports our members to help children and young people in every local authority in Wales.

We have been at the forefront of shaping coordinated community responses and practice in Wales, by campaigning for change and providing advice, consultancy, support and training to deliver policy and service improvements for survivors, families and communities. As a national federation, our policy work, consultancy, training and advocacy is all grounded in the experience of local specialist services and service users. Our success is founded on making sure the experiences and needs of survivors are central to all we do.

1. Do you think the priorities included in the draft Refugee and Asylum Seeker Delivery Plan will improve life for asylum seekers and refugees in Wales? Yes/No

If you think any of the priorities should not be included please provide your reasons below:

Welsh Women's Aid agree that all of the areas included in this delivery plan should be included as priorities in this delivery plan. It is key for all services to remember that asylum seeker and refugee women "*are... likely to flee from gender-specific forms of persecution: sexual violence, marital rape, domestic violence, female genital mutilation, forced abortion or*



*sterilisation*¹. In addition, “asylum-seeking...and refugee women face higher levels of violence than native-born women due to a variety of factors, such as age, language barriers, vulnerability, isolation, and poverty”². This impacts on all areas of these women’s (and their children’s) lives, and should be considered throughout the delivery plan, not just in section 4.

2. Do you think there should be any other priorities addressed in the Refugee and Asylum Seeker Delivery Plan? Yes/No

If so, what should they be? (Priorities can only be considered if they are devolved to the Welsh Government):

We would encourage inclusion of the relevant points in Section 4 throughout sections 1-3, as outlined below.

3. Do you think the actions to deliver the priorities on 'Section 1 Health and Social Services' are the most appropriate actions for refugees and asylum seekers? Yes/No.

What other actions do you think will help tackle the priorities in this section?:

Welsh Women’s Aid would emphasize the importance of ensuring that tackling violence against women is also integrated in section 1. Evidence supports that overwhelming health burdens of partner violence is borne by women, by male perpetrators³. This is true for all women, including refugee and asylum seeker women. As explained above, these women are also more likely to have experienced a form of violence against women in their lifetime compared to a woman born in Wales. Therefore, there is a clear need to ensure that asylum seeking and refugee women, who are in contact with health and social services, are given safe, specialist support which is appropriate to their circumstances and experiences.

Areas of the health service, particularly primary care, are in a unique position to spot signs of violence against women. GPs, hospital staff, dentists, amongst many others will have many patients who are or have experiences of abuse and violence. Significantly, up to 1 in 8 NHS professionals reported having contact with a patient they suspected may have been trafficked⁴. Healthcare professionals’ knowledge will be enhanced by training they will receive under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015; namely the National Training Framework, and the Ask and Act training. It is important these professionals also apply this knowledge to any refugee or asylum seeker patients that they see.

In relation to the above point, healthcare staff should be trained to understand and recognise signs of violence against women which asylum seeker and refugee women may have experienced, which are not as common for the majority of Welsh women. For example, rape in conflict, and violence from those who are not their intimate partner, such as, extended family⁵.

¹ Information Centre about Asylum and Refugees. 2007. *Women Refugees and Asylum Seekers in the UK*. London: ICAR.

²Ibid and Hubbard, A., Payton, J., Robinson, A. (2015) *Unchartered territory: violence against migrant, refugee and asylum- seeking women in Wales*

³ Hubbard, A., Payton, J., Robinson, A. (2015) *Unchartered territory: violence against migrant, refugee and asylum- seeking women in Wales*

⁴ Ross, C., Dimitrova, S., Howard, L., Dewey, M (2015) *Human trafficking and health: a cross-sectional survey of NHS professionals’ contact with victims of human trafficking*

⁵ Op cit 3



It is also important to recognise that due to different cultural and societal norms, women may not be as upfront about abuse as those who have lived in Wales for some time. It has been reported that whilst “*women and girls are being systematically targeted and raped in the current conflict [in Syria], most women will not admit to being raped themselves. Instead, they tend to say that they have seen other women being raped*”⁶. Healthcare professionals must approach the topic of violence against women with sensitivity and genuine concern. Cultural differences should not be a reason for enquiries not to be made and women to be denied support, however they should be handled with care to ensure that communications allow the individual to feel comfortable and safe to disclose any abuse they may have experienced, or are experiencing.

The health service, amongst others services, would be able to make great difference to the lives of refugee and asylum seeker women by making available appropriate interpreters. It can be difficult, if not impossible, for women who do not speak English or Welsh, who are experiencing abuse, to disclose to professionals due to the presence of their partner or another relative acting as an interpreter. It has been said that the vital need for interpreters has not been fully understood by many organisations and agencies⁷. In addition, it is important that the right interpreter is available to these women. Research has shown that refugee and asylum seeking women who would like to disclose experiences of abuse, are more likely to do so if there is a neutral female interpreter available⁸. The British Medical Association recommends the use of reliable and neutral interpreters⁹. In addition, refugees and asylum seekers should be made aware that these provisions are available.

There is common fear of social services in the BME community, which also extends to refugee and asylum seekers¹⁰. Reports have shown that many women who experience domestic violence will stay in the abusive relationship as they are fearful that social services will take their children away¹¹. This results in more danger for both women and children, as the level of violence is likely to rise, the longer the abusive relationship is maintained. Social service should be made aware of, and address, these concerns and barriers that refugee and asylum seeker women have; for example, making information about social service's custody process available in accessible formats.

4. Do you think the actions to deliver the priorities in 'Section 2 Education' are the most appropriate actions for refugees and asylum seekers? Yes/No

What other actions do you think will help tackle the priorities in this section? :

Welsh Women' Aid recommends that safe, age appropriate healthy relationship education is delivered in schools from Key Stage 1 upwards. Refugee and asylum seeking children and young people will especially benefit from this, as it would highlight that harmful practices and behaviours are unacceptable, and that help and support is available for any student who has or is experiencing abuse – or if they have concerns about another family member. It is important that asylum seeker and refugee children and young people understand that they

⁶ Greenwood, P. 2013. Rape and domestic violence follow Syrian women into refugee camps. *The Guardian*. 25 July 2013.

⁷ Pugh, R. and Williams, D. 2006. Language Policy and Provision in Social Service Organizations. *The British Journal of Social Work* 36(7), pp. 1227-1244.

⁸ Op. cit 3

⁹ British Medical Association. 2012. *Access to Health Care for Asylum Seekers and Refused Asylum Seekers – guidance for doctors*. London: BMA Ethics.

¹⁰ Op. cit 3

¹¹ Ibid



are safe to disclose abuse, they will not face repercussions for doing so and that support is available to them.

To fully enable children and young people to thrive in our education system, preventing violence against women needs to be a priority. It is important that the overlap between protecting women and protecting children is given due regard in this part of the delivery plan. Violence against women at home affects children at all levels, and in many different ways. For example, research shows that domestic abuse has a long lasting impact on children, such as an increased risk of children becoming victims of abuse themselves, significant risk of ever-increasing harm to the child's physical, emotional and social development, and a strong likelihood that this will become a continuing cycle of violence for the next generation¹². Issues of child safety often go hand in hand with protecting women from domestic abuse, as well as other forms of violence against women. An integrated approach to children therefore, needs to simultaneously address violence against women in order to be truly effective, equal and long lasting. This will also help to ensure that refugee and asylum seeking children are able to fully participate in both school and wider society.

5. Do you think the actions to deliver the priorities in 'Section 3 Housing and Advice Services' are the most appropriate actions for refugees and asylum seekers? Yes/No

What other actions do you think will help tackle the priorities in this section? :

Housing and preventing all forms of violence against women need to be considered together, in order to ensure that women and children who are experiencing abuse are kept safe.

Where women and children are housed is an essential element to safety and reducing vulnerability. Research has shown that refugees and asylum seekers have been placed in unsuitable accommodation and that dispersion has also led to this vulnerable group facing more difficulties¹³. This is especially significant to asylum seeker and refugee women who are experiencing any form of violence against women. These women are often left feeling particularly vulnerable and isolated by dispersion, as their support systems are disrupted. Asylum seeking women have also reported having been approached by men in their community who are aiming to exploit them due to their vulnerable status; there are also reports of women being groomed for sexual and labour exploitation¹⁴. In addition members of the LGBT community who are seeking asylum due to homophobic treatment in their home countries are then being placed where they are experiencing further homophobic abuse¹⁵. These issues with placements made asylum seeker and refugee women even more vulnerable, which increases the likelihood of them experiencing a form of violence against women. We would recommend those who are experiencing violence against women be placed in safe specialist services in this area.

Whilst immigration is not a devolved area and the Welsh Government has no direct control on the No Recourse to Public Funds (NRPF) policy, steps can be taken to ensure that women who are experiencing violence are able to leave perpetrators and family members without becoming homeless. Welsh Women's Aid appreciate that there is a Destitute Domestic Violence Concession (DDV), however, research has shown only a very small

¹² UNICEF (2006) Behind Closed Doors: The Impact of Domestic Violence on Children. Accessed: <http://www.unicef.org/media/files/BehindClosedDoors.pdf>

¹³ Op cit 3

¹⁴ ibid

¹⁵ ibid



proportion of women who have NRPF and are experiencing abuse are able to actually access this DDV¹⁶. Women are then left more vulnerable than they were before. It is also important to remember that leaving abusers is the most dangerous time for survivors, and this is not an exception for refugee and asylum seeking women. Being homeless exacerbates vulnerability and often leads to vulnerable women experiencing escalating abusive situations. In addition, those who are unable to access the DDV, or who are unaware of it, are more likely to stay in abusive relationships, whether the level of abuse and violence is likely to increase.

Advice services must be clear on what services and help refugee and asylum seekers are entitled to access; even when they have NRPF. Refugees and asylum seekers are often told no support is available for fear of falling foul of immigration rules. Advisors should receive training about how violence against women may have had an impact on a refugee or asylum seeker's life, and be able to signpost to a specialist service appropriately. Information should be provided to refugee and asylum seekers in a range of different languages and formats, so that they are aware of the rights they have and the support that is available to them. This information should also be available in a range of different spaces, for example, in women only spaces, toilets, and libraries, so that perpetrators, both intimate partners and wider family members, do not become gatekeepers to accessing information.

6. Do you think the actions to deliver the priorities in 'Section 4 Gender based violence, hate crime, modern slavery and community cohesion' are the most appropriate actions for refugees and asylum seekers? Yes/No

What other actions do you think will help tackle the priorities in this section? :

Welsh Women's Aid agrees that more awareness needs to be raised by building upon campaigns focused on female genital mutilation, so-called 'honour' based violence and forced marriage, domestic abuse and sexual violence. In order to reach all areas of the refugee and asylum seeker communities, it is important that this awareness is delivered in a range of different language and formats, and by services that are specialist in these areas of work.

We are pleased that there will be a youth community group established to consider issues such as female genital mutilation (FGM), so called "honour" based violence (HBV) and forced marriage by way of raising awareness within and across communities. Welsh Women's Aid recommends that this group is assisted by the specialist third sector with expertise in these areas of work. This is to ensure that all relevant areas are covered in an appropriate way, and importantly, to ensure that the young people in the group are provided with suitable emotional support.

Welsh Women Aid would be keen to be involved in the development, pilot and roll out a FGM Survivor Care Pathway for Wales, working in association with BAWSO as one of our member services and the lead specialist service in wales for Black and minority survivors of abuse. Given our links to a wide range of specialist services and our close working with other Women's Aid Federations and other UK services, our input would be inclusive of a wide range of knowledge and best practice from around the UK, helping the Wales' pathway to be the most up-to-date and appropriate.

¹⁶ op cit 3



We are pleased that the National Training Framework will be developed to include appropriate content to raise awareness of female genital mutilation and honour based violence. The delivery of core training to Group 2 and Group 3 professionals around 'ask and act' implementation should also ensure that these forms of violence against women are integrated into core training delivery for public authorities across Wales and not seen as an add-on.

Welsh Women's Aid welcomes the development of FGM data collection mechanisms and would add that there is also a need to collect consistent high-quality data for other forms of violence against women too. Data collation in regards to violence against women is inconsistent in Wales and the UK, and as such, a clear picture cannot be gathered as to how women are or have experienced abuse. This is particularly applicable to not only female genital mutilation, but also forced marriage and so-called 'honour' based violence, where the majority of figures used are estimates. Female genital mutilation, forced marriage and so called 'honour' based violence are all areas which affect the lives of many refugee and asylum seeking women.

The Welsh Government, when investigating "how domestic abuse and sexual violence service providers undertake outreach activities with diverse communities and share best practice in encouraging access", should be considerate of funding cuts which have had a detrimental effect on specialist services across Wales. These cuts have meant that services are stretched to capacity and that outreach activities have been minimised. Steps should be taken to help these services maintain and increase their outreach support, so that more refugee and asylum seeker women can engage with specialist services. Welsh Women's Aid is funded by Welsh Government to support specialist domestic abuse/violence against women services to improve their capacity and support for diverse communities that focusses on improving access and delivery of needs-led and gender-responsive support. As part of this delivery plan, we would welcome the opportunity to deliver targeted support and training for services to improve responses for refugee and asylum-seeking survivors, in association with BAWSO as one of our member organisations.

We welcome the publishing of a framework on commissioning specialist violence against women, domestic abuse and sexual violence services to progress towards national consistency of service delivery and end a postcode lottery. Funding is desperately needed across the sector in Wales in order to ensure that those who need support are not turned away. 284 women were turned away from refuge services in 2014-15. There is a clear need to ensure that women are not turned away in future.

Identifying and promoting a diversity/equal access kite mark for organisations across Wales to demonstrate they are able to provide equal access and support for all groups in society including refugees and asylum seekers, is welcomed, however this should not be accepted as a long term alternative to providing specialist women only BME services. There is a strong need to consider research which shows the specialist BME services are well suited to support refugee and asylum seeking women who are or have experienced abuse. Misinterpretations of both the Race Equality Duty (RED) and the Gender Equality Duty (GED) has led to adverse effects to the specialist women services, and specialist women BME services. Realities of service provision in Wales suffer as a result of misunderstand and lack of knowledge about the necessity of specialised violence against women services¹⁷. These issues need to be recognised and acted on to ensure that women, including those who are refugee or asylum seekers, receive appropriate support. Welsh Women's Aid's National Quality Service Standards require specialist services to meet the needs for refugee

¹⁷ Coy, M., Kelly., L., Foord, J. (2010) Map of Gaps: The postcode lottery of Violence Against Women support services in Britain. London: End Violence Against Women and Equality and Human Rights Commission



and asylum seekers by working in conjunction with specialist local and national BME services.

Welsh Women's Aid support the continuing work with partners to promote the Sexual Exploitation Risk Assessment Framework (SERAF) as one of the mechanisms to identify child exploitation. Welsh Women's Aid's, through our Welsh Government funded Children Matter project¹⁸ are well equipped to assist with the development of preventative and awareness initiatives aimed at children becoming exploited.

The Welsh Government's continuation of training delivery across Wales with the aim of improving awareness of modern slavery, including those working with asylum seekers and refugees, is welcomed. We would further add that Welsh Women's Aid and our national network of specialist services are in an ideal position to provide and assist with such training: our national training service includes BAWSO as an associate training provider.

Welsh Women's Aid agrees that the delivery of the Organised Crime and Modern Slavery Training Course for Senior Investigating Officers and Crown Prosecution Service Prosecutors working in Wales should be extended. The Anti-Trafficking Monitoring group noted particular problems with the way that Wales deals with trafficking, for example that a "lack of awareness of trafficking means traffickers are identifying Wales as a lucrative destination for their criminal enterprises". A lack of knowledge of the National Referral Mechanism and differences in approaches across the four Welsh police forces was also highlighted as areas which need improvement¹⁹. To add to this, many victims trafficking are often arrested, charge and convicted for crimes which were committed under duress from a perpetrator. These women are then left more at risk. Training is therefore much needed to better respond to victims of trafficking.

7. Do you think the actions to deliver the priorities in 'Section 5 Arts' are the most appropriate actions for refugees and asylum seekers? Yes/No

What other actions do you think will help tackle the priorities in this section? :

We do not have anything to add to this section.

8. Do you think the actions to deliver the priorities in 'Section 6 Employment' are the most appropriate actions for refugees and asylum seekers? Yes/No

What other actions do you think will help tackle the priorities in this section? :

We do not have anything to add to this section.

9. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

We feel that our points have been addressed above.

¹⁸ Covers the whole of Wales We work with partner organisations to deliver services to Children and Young People across Wales who are affected by domestic abuse.

¹⁹ The Anti Trafficking Monitoring Group. 2010. *Wrong Kind of Victim: One year on - an analysis of UK measures to protect trafficked persons*. The Anti Trafficking Monitoring Group.



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Welsh Women's Aid

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Welsh Women's Aid would again like to thank the Welsh Government for the opportunity to comment on this important guidance and we look forward to working together to support its delivery.

Any comments or questions regarding our response can be directed to:

Karan Sanghera – Policy Officer
02920 541 551
karansanghera@welshwomensaid.org.uk