Section A: CPHE to complete	
Name:	Hannana Siddiqui
Job title:	Policy, Research and Fundraising Manager
Address:	Southall Black Sisters 21 Avenue Road Southall Middlesex UB1 3BL
Guidance title:	Preventing and reducing domestic violence
Committee:	Programme Development Group
Subject of expert testimony:	Domestic violence – black and minority ethnic groups
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]
In addition to addressing the key questions outlined in the scope (as detailed in the email invite) please address the following:	
Details of the service your organisation provides to black and minority ethnic group women; and the specific issues associated with addressing the needs of black and minority ethnic group women.	
What are the outcomes/effectiveness of the service?	
What lessons can be learnt for professionals working within healthcare and social care in addressing the needs of black and minority ethnic group women experiencing domestic violence?	
Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]

Southall Black Sisters (SBS) has 33 years experience of working on domestic violence, incorporating harmful practices (including forced marriage and 'honour' based violence-HBV) within black and minority ethnic (BME) communities, particularly in relation to South Asian women. We provide holistic resource centre and helpline based information, advice, advocacy, counselling and supports services to enable BME women and children escape abuse and lead independent lives, free from gender based violence. We also conduct local and national policy, campaigning, developmental, educational and research work aimed at changing social, cultural and religious attitudes and practices within BME communities, and influence legal social reform and best practice on violence against BME women and girls.

Other than the need to address physical injury as a result of abuse, our work, and local and national research, has shown a close connection between disproportionate rates of suicide and self-harm, and domestic violence and harmful practices amongst South Asian women. SBS have dealt with 18 cases of suicide or suspected suicide over 30 years. In many of these cases, we were involved in the inquest process, which often confirmed the link to domestic violence.

BME women complain that feelings of depression, suicidal thoughts and self-harming behaviour, caused by domestic violence, often results in being ignored or

medicalised by the health service, with little help and support to access specialist counselling or therapeutic services, or referral to legal and welfare services to escape abuse. Many do not trust their family GP to maintain confidentiality, particularly if they are also from the same community, and therefore unable to report abuse. Some fear being labelled as 'mad' rather than 'rebellious' by the medical and social care services, in collusion with abusive family and community members, even when they do report abuse or resist cultural practices such as forced marriage and HBV. Professionals are often unwilling to or afraid of intervening in the name of 'cultural' or 'religious' sensitivity. Health and social care services may also turn women away due to their insecure immigration status, or women fear that they may be deported or refused access to public funds. Immigration difficulties often compound feelings of depression and despair. Some cases raises concerns about poor security in hospitals and other health and social care settings, and the use of religious leaders in counselling which place victims at risk.

SBS has developed a holistic model of intervention which combines specialist bi-lingual cross cultural counselling with advice and advocacy services. This aims to keep BME women and children safe from further physical and psychological harm, and provides therapeutic support to overcome mental health problems created by the experience of abuse. Our evaluation (Siddiqui and Patel, 'Safe and Sane,' 2010) of this service shows a high rate of success in achieving positive outcomes in both counselling (up to 96% in a sample of service users) and casework (82-100% in a sample of service users. The rate of success depends on the particular issue being addressed. Immigration cases preventing deportations were 100% successful). There was also a high level of satisfaction by service users (93% in a sample of service users). This project and the SBS model of intervention has been recognised as an example of best practice by the Department of Health (DH) Taskforce on the Health Aspects on Violence against Women and Children sub-group on harmful practices and survivor focus groups (2010) and the DH National Suicide Prevention Strategy (2012).

SBS would make the following recommendations:

1. Replication of the SBS model in areas of high BME population (we are already doing this in the Angleou Centre in Newcastle, which is subject to an independent evaluation)
2. Psychotherapy models should take into account specific race and gender issues faced by BME women experiencing abuse, particularly in the treatment of post traumatic stress disorder.
3. Specialist counselling/psychotherapy using the above model should be more readily available on the NHS by bi-lingual BME female therapists. This entails not using religious leaders in therapeutic interventions.
4. Minimum standards (including those on confidentiality and security), guidance, protocols and training should be developed by the NHS and other health and social care bodies in conjunction with BME women's groups with a track record on addressing domestic violence/harmful practices and health and mental health issues.
5. Immigration, asylum and no recourse to public funds rules should be reformed so that victims are not prevented from accessing help and treatment from health and social care services.
6. Long-term preventative work should be undertaken in schools/colleges and within BME communities.
7. Effective inspection and enforcement bodies need to monitor and enforce

standards, policies, procedures and legal obligations.

8. Coroner's courts should be reformed to monitor and investigate the link with domestic violence in suicide cases in order to prevent future fatalities.
9. A criminal offence on complicity to suicide should be introduced-'suicide aggravated by harassment or violence.'
10. The DH should set up a cross departmental Ministerial working (with representation from BME women's groups) to address issues concerning domestic violence/harmful practices and mental health, suicide and self-harm issues.

References (if applicable):

'Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm Amongst Black and Minority Ethnic Women,' Hannana Siddiqui and Meena Patel, Southall Black Sisters Trust, 2010.