



Spotlight #7

Podcast transcript

Interviewer: Welcome to Spotlights, the podcast for the domestic abuse sector. In this series SafeLives are shining a spotlight on people affected by domestic abuse who are also experiencing mental health problems. In this episode I talk with Dr Savin Bapir-Tardy, Lecturer in Psychology at the University of West London and Counselling Psychologist at IKWRO about the mental health needs of people experiencing 'honour'- based violence.

Welcome Savin and thank you for joining me today. I'd like to start off by asking you to tell me a little bit about the work that's done at IKWRO, how you work with clients and then specifically a little bit about your role there.

Savin: Thank you very much for having me here. IKWRO is a charity organisation that was set up in 2002. IKWRO stands for Iranian Kurdish Women's Rights Organisation and when it initially started the aim was to work with Kurdish and Iranian women who have experienced 'honour'- based violence, FGM or forced marriage, however our services have now expanded to all women who might have experienced any form of violence, gender based violence. So, our service currently offers advice and advocacy and counselling. Those services are offered in a number of languages; that includes Kurdish, Arabic, Farsi and Pashto. We also do a lot of campaigns and we provide training to professionals as well as people within the community. We also have a refuge as well, it's the only refuge that specifically helps women who might have experienced 'honour'-based violence, FGM or forced marriage.

I keep mentioning 'honour'-based violence, FGM and forced marriage. I would just like to spend a minute or so to explain what 'honour'-based violence is. 'Honour'-based violence, although some people contest the actual terminology itself (I'm not going to get into it), it is important for a lot of practitioners to understand what it is because understanding what 'honour'-based violence is will help professionals to help victims who might have experienced this form of abuse. So, 'honour'-based violence is a form of abuse that is collective. Abuse that is carried out by the community or by the family if they perceive that there has been a dishonour brought into the family or the community. Often this type of violence is predominantly against women and girls. Even though men can also become victims, often men can make up for their honour whereas for women it's very difficult to make up for their honour and often a lot of young children of very young ages are told a lot of different sayings to demonstrate that once a woman or a girl loses their honour there is nothing they can do to restore it.

So, these sayings are things like, for example, women are like silk and men are like gold. If the gold drops in the mud you can wash the mud away whereas if the silk drops in the mud it is stained forever. So, these sayings are demonstrating the strongly held belief of if a woman does anything that is perceived as dishonourable there is nothing she can do to restore honour. And things that a woman does include, for instance, wearing make-up or dressing the way that she wants, or having a sexual relationship outside marriage or even speaking to the opposite gender, and it is not about whether somebody has actually done any of those acts, even suspicion or rumours about this can be perceived as dishonourable. And if they assume that someone has done something dishonourable then the family or the community will then find a way to punish this person, therefore all the forms of abuse or violence that come under 'honour'-based violence are pre-meditated.

It's important to consider that 'honour'-based violence is a big umbrella for other different forms of violence such as female genital mutilation (FGM) and forced marriage. So, if someone has done something that is perceived as dishonourable then they might force them into a marriage in order to make up for the dishonour that they have perceived that person has brought and often FGM is done in order for the woman to not engage in any sexual acts although there are many reasons that they give, one of the main ones is that in order for the girl to preserve her virginity for marriage because if a girl gets married and she is not a virgin then that is perceived to be dishonourable.

Having an understanding of what is 'honour'-based violence is very important because some professionals might confuse a victim of 'honour'-based violence with domestic violence and there is a danger in doing this because you might act differently. Whereas in domestic violence there is a single perpetrator in 'honour'-based violence there are multiple perpetrators. Also, the psychological impact of the abuse the woman has experienced will differ between the two.

So, a woman who has experienced 'honour'-based violence and then decides to report the abuse, that would mean that she would have to cut ties from the community and with her family. She has to change her life completely as she knows it. Whereas with domestic violence often there is one perpetrator so the actions that they will take will differ.

Interviewer: So, can you speak a little bit more about your role at IKWRO and what you've observed in terms of the mental health needs of people experiencing 'honour'-based violence particularly factoring how it is rooted in the community and there are the multiple perpetrators and how that relates to their experience?

Savin: At IKWRO I work within the Counselling Service and throughout the years I have been at IKWRO I have seen many women who, when they are initially referred to our service, are very scared because we are also from the community. So, they often find it very difficult to open up initially. What we find is that a lot of the services that they have seen before coming to us have not actually understood the danger that the client is in and they have not been provided with adequate protection or support. Sometimes it's not because... I want to avoid blaming professionals directly, it's not about that, it's because professionals have not had appropriate training.

Other times it's because the women have requested interpreters and the interpreters have not actually interpreted what the client is telling them. To give

you a very small example a few years ago I was referred a client who was at risk of 'honour'-based violence and this was not appropriately recorded because the interpreter had told her to not speak of the 'honour'-based violence issues because it is shameful for the community, so she was discouraged by the interpreter and this makes the women feel even more isolated. A woman who is fleeing 'honour'-based violence often makes one attempt and if they don't receive the appropriate support when they make that attempt they are unlikely to try again because they are putting themselves in great danger by coming forward.

When it comes to mental health itself it's a taboo within the community. A lot of the women who are from communities where 'honour'-based violence is practiced, who are experiencing domestic violence find it very difficult to flee the violent relationship because often the perpetrators will threaten that if they do leave then they will say to Social Services that the woman is suffering from mental health issues and she will have no access to her children. Or often the family of the woman might say to her to remain in the relationship because if she leaves she cannot take her kids with her or it will be bad for the kids to be without a father despite the violence that she's experiencing, or the most common issues that it is shameful. And the issue with shame is if somebody feels ashamed there is nothing that she can do to make up for that feeling and often we confuse that with guilt because when you're feeling guilty you can make up for it, you can apologise for it, but to feel shame it is almost like to be mentally naked or people see all your flaws so there is a lot of shame, and the children are used in order to make the women stay in those violent marriages. This adds tremendous strain on their mental health and more specifically a lot of the women that we see often suffer from severe post-traumatic stress disorder or what we might call complex PTSD.

Interviewer: So, looking more specifically at trauma and complex post-traumatic stress disorder how important is it for people to really understand how to work with traumatised clients, particularly clients experiencing 'honour'-based violence?

Savin: It is very important because not understanding the complexity of trauma might potentially put this woman in more danger, I mean not just practically as danger but in terms of their mental health as well. Current guidelines are often focused on single traumatic events but not a lot of practitioners are trained on the complexities of trauma because a lot of those clients come forward, they do present with a lot of the trauma symptoms but at the same time they also have a lot of practical needs that maintain a lot of their symptoms. If they are not given the appropriate treatments it could potentially make the clients be re-traumatised in the process.

Interviewer: So, it sounds like a lot of professionals don't understand the idea of complex trauma and that it's not focused on a single event, but also that they're missing, that there may be ongoing very real risks to clients facing 'honour'-based violence and that might, the lack of that knowledge will shape how they treat those clients.

Savin: A lot of current treatments mainly focus on single traumatic events. We've got a lot of research done as to which therapeutic approach is more appropriate for PTSD but the most common type of traumas that are explored are a single traumatic event or war related trauma, or child sexual abuse, however we don't have much research or many guidelines on how to work with people who have experienced domestic violence, for example, because a lot of victims, there is a lot of research to support that. A number of victims of domestic violence often

do present with PTSD but things become more complicated when we are working with ethnic minorities where 'honour'-based violence is practiced.

The practical needs that I was referring to are multiple. Sometimes a lot of the symptoms are minimised by the clients themselves because they find it difficult to communicate so there's a barrier of language. Often, where 'honour'-based violence is practiced, once they leave a violent relationship they need to have safe accommodation. They need to be somewhere safe where their practical, their basic needs are met before looking at their psychological needs. Sometimes when women are immediately referred to psychological therapies the therapy is not effective, not because the therapist is not good but because maybe it's not the right time for the client. Other times the clients themselves will not say I'm a victim of 'honour'-based violence that it's a westernised terminology and is applied to this issue.

So, a lot of the clients will often say I was in a marriage but I was scared about what my family would say if I leave or it is shameful. So, it's about identifying the key concepts, for example, I have clients who are encouraged to write letters to their family to make them understand why she had to leave but with 'honour'-based violence cases writing a letter to the family could potentially put that woman in more danger because when you flee a relationship you are never safe. The perpetrators will always be looking for revenge to cleanse honour for the family.

Interviewer: So, there's a real need for practitioners to recognise the ongoing mental health issues but the ongoing risk that victims of 'honour'-based violence face?

Savin: Absolutely.

Interviewer: Savin, I was hoping you could talk a little bit more about, because you mentioned this westernised terminology, 'honour'-based violence, just talk a little bit about perhaps how professionals might confuse cultural sensitivity and cultural relativism and how that might play out for survivors of 'honour'-based violence.

Savin: In every professional, even as a therapist, as a social worker, whatever profession we're in when we are trained to work with vulnerable people there is this concern about being sensitive to the cultural needs of the individual, but none of the courses actually go into detail explaining what it means to be culturally sensitive and often in practice people confuse or misinterpret this for cultural relativism. So, cultural sensitivity means being sensitive to their cultural needs whereas cultural relativism means placing everything under the umbrella of "it's in their culture". So, what happens is if somebody has been experiencing abuse that is acceptable in their culture then we will accept that, that would mean being a cultural relativist.

But when we are talking about abuse, something like 'honour'-based violence, there is nothing cultural about it. Culture can never be used as a justification. So, what professionals need to do is to be able to ask questions, but there is now this cultural or racial anxiety that a lot of professionals report. They say that they find it difficult to ask questions because they don't want to offend the individual. A more specific example, I have worked with a client that was referred to us by Social Services and when we did the assessment it was clear that the client was at risk of 'honour'-based violence, and then when we fed that back to the social worker, the social worker felt unable to ask them questions because she didn't want to offend the client. This is something that

happens and it could put a lot of vulnerable people in further danger if we don't overcome this barrier.

So, professionals need to understand that there is a line of when we need to be culturally sensitive and when there is abuse there is not any justification for it so no culture, no religion, and professionals must conduct their assessments appropriately and assess for risk.

Interviewer: **So, part of being culturally sensitive is being aware that there will be perhaps additional barriers that BME women face regarding 'honour'-based violence and I know that you've talked about some of those barriers, language being one of them, even when there's an interpreter being used some of the barriers there but can you talk a little bit more about some of the additional barriers that BME women face and again how that perhaps relates to their mental health?**

Savin: One of the key issues that they face is, and specifically relating to their mental health is the issue of sometimes being either over diagnosed or misdiagnosed. And what I mean by this is a long time ago a client was referred to us who was diagnosed with paranoid schizophrenia and when we assessed the client, this was a suggested diagnosis given by her GP and she was awaiting a referral to a psychiatrist to be given a formal diagnosis, when we assessed her the client said that she felt that she was being followed and that somebody knew where she was constantly and she thinks that because she had left her husband she felt that it was her husband or her family that were constantly following her, and she said she felt so scared that sometimes she thinks she can hear them.

There were further investigations because we had to refer her also to the Advice Team and what emerged is that actually the client was followed by her family, but because of lack of understanding of 'honour'-based violence this was misinterpreted for a mental health issue. So, sometimes, it's not in the mind a lot of the things that they are saying, it actually occurs, so this is why it's important to have a clear understanding of what 'honour'-based violence is. Other times a lot of the symptoms that the women present they are kind of undermined, so often they are very quickly given the symptoms of depression or anxiety and given anti-depressants or anti-anxiety medication which then the clients do become addicted to because the clients cannot see a therapist either because of the language barrier, so an interpreter has not been available, or often the women find it very difficult to open up and speak to a therapist by having an interpreter there because a lot of the issues they face is from the community and the family, and then there is somebody from the community present there. So, it makes it very difficult for them to open up.

Another issue with their mental health is a lot of the women from the BME, I say BME but more specifically where 'honour'-based violence is practiced, having a mental health issue is a taboo and often the woman will present these symptoms in terms of somatic issues, so pain, they will have very commonly pain in the shoulders, around the neck and often they will have the diagnosis of fibromyalgia as well which in fact is the result of extreme stress and anxiety and they very easily have been prescribed a medication for this physical pain, for example, most commonly cocodamol, and the women tend to become addicted to the pain medication or they will be self-medicating with over the counter medication with Ibuprofen and Paracetamols.

There is a danger in that because some women sometimes don't recognise the dangers because they don't think this is a medication that has been given by the doctor and is something they can buy from the pharmacy they see it as

something good rather than understanding the consequences of taking this without understanding what the cause is, the core issue. A major issue that affects a lot of the mental issues is a lot of the practical needs and often not having enough support to meet those practical needs and the idea that once they leave they are never really safe, they have to leave their life as they know it completely.

Interviewer: One of the main take-aways for me is that there are additional barriers, some of them very practical barriers, that have then a knock on effect in the mental health which as I understand is linked to an increased risk of suicide for BME women, is that correct?

Savin: Yes. That's a very important thing actually because suicide rates among the BME community, especially women from the BME communities are extremely high. Lots of research has been conducted in Holland, in the UK and in America have found that BME women are far more likely to commit suicide compared to the indigenous women of those countries and one of the main reasons that has been given is not due to mental health issues but due to the practical needs.

Interviewer: So, thinking about moving forward and how we can do better for women at risk of 'honour'- based violence and women who are part of the BME community, what changes would you like to see so that services can better meet their needs?

Savin: There are many different changes on different levels. First of all I think the issues around 'honour'-based violence, FGM, forced marriage as well as domestic violence should be entered into the curriculum of training, when training for professions such as social services or for a therapist. Throughout my training, when I did my training for therapy, I was never told how to work with survivors of domestic violence, for example. I don't think we have enough understanding and there isn't enough being given to this day to people whilst they are training, we cannot just wait until they are qualified to give them that training opportunity. This needs to be integrated within their curriculum. That's one thing.

I think there needs to be more training available and not generic training where we tell them "This is what 'honour'-based violence is, this is what domestic violence is" but training that is tailor-made to each professional's need that gives them a little bit more confidence in how to work with those issues so it's not enough for us to train somebody in, for example, social services what is 'honour'-based violence and then expect them to be able to identify and work with those issues immediately. There needs to be more practical and tailor made training to professional's needs.

I think there also needs to be something bigger in terms of helping vulnerable women because a lot of women at the moment have the issue of housing. There are a lot of financial difficulties. A lot of these women have never been in charge of their own finances and often the man, because there are multiple types of abuse that they can experience, sexual, psychological, physical, financial and the financial abuse is one where women often feel that they would not be able financially to manage once they leave or to be able to care for their children.

So, I do think it is important to offer more training but appropriate training at appropriate stages of the professional's training process and generally to have more awareness raising of the issues that BME women face.

Interviewer: Savin, thank you so much for taking the time to shine a spotlight on the experience and the additional barriers faced by BME women and women at risk of 'honour'-based violence and domestic abuse, and how this relates to their mental health problems. You've certainly done your part in raising that awareness so that you so much.

Savin: Thank you for having me.

Interviewer: Thank you for listening to Spotlights the podcast for the domestic abuse sector. For more information about IKWRO please visit ikwro.org.uk. That's i-k-w-r-o.org.uk. Make sure to check out the other podcasts, webinars and blogs in this and other Spotlights series including a specific spotlight on 'honour'- based violence all available at safelives.org.uk.