Evidence Submission
APPG Inquiry into Domestic Abuse and Mental Health
Response by the Latin American Women's Rights Service (LAWRS)

September 2021

About Latin American Women's Rights Service (LAWRS)

LAWRS is a by-and-for, feminist and human rights organisation focused on addressing the practical and strategic needs of Latin American migrant women displaced by poverty and violence. LAWRS' mission is to provide Latin American migrant women with tools to assert our rights and pursue personal empowerment and social change. We directly support more than 5,000 women annually through culturally and linguistically specialist advice, information, counselling and psychotherapy, advocacy, development programmes, and workshops. LAWRS is based in London but supports Latin American women all around the UK.

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Introduction

It is well documented that domestic abuse negatively impacts the mental health of victims and survivors: those experiencing abuse are three times more likely to develop mental health issues[1]. In addition, women with poor mental health are more vulnerable to experiencing domestic abuse[2]. In the case of marginalised women, these effects are worsened by structural inequalities and the failure to respond to the particular mental health needs of these groups of victims.

For migrant women, their experiences of mental health issues and access to support are often shaped by racism, discriminatory treatment and the hostile immigration environment policies. Our evidence shows that abused migrant women accessing our services, particularly those with mental ill-health, usually experience abuse from both perpetrators and institutions, including mental health care providers.

Migrant women, gender-based violence and mental health issues

As stated by the UK government's *Mental health: migrant health guide*, migrants are more likely to suffer from mental health issues due to exposure to immigration-related stressors such as limited English proficiency, precarious immigration status, isolation and lack of support networks[3]. For migrant women, this vulnerability ramps up due to being exposed to intersecting oppressions shaped by their gender, class, race, uncertain legal status and former experiences of gender-based violence, which in many cases triggered their migration journey.

Once in the UK, immigration status becomes a risk factor for women victims of domestic abuse, resulting in a deterioration of their mental health. As addressed by the *Domestic Abuse Act Draft Statutory Guidance Framework*, perpetrators use immigration law to isolate, control and coerce migrant women, threatening them with detention, deportation and separation from their children[4]. These threats negatively impact the wellbeing of already vulnerable women who are often excluded from support networks and state provisions. For example, women with insecure status are prevented from accessing

[1] Mental Health Foundation, *Mental health statistics: domestic violence*. Available at: https://www.mentalhealth.org.uk/statistics/mental-health-statistics-domestic-violence.
[2] Mahase, E. (2019), *Women who experience domestic abuse are three times as likely to develop mental illness.* Available at: https://www.bmj.com/content/365/bmj.l4126
[3] Mental health: migrant health guide (2017-2021). Available at: https://www.gov.uk/guidance/mental-health-migrant-health-guide
[4] Domestic Abuse Act Draft Statutory Guidance Framework (2021). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1007814/draft-da-statutory-guidance-2021-final.pdf p. 26

public funds, which exacerbate the multiple and intersecting barriers they encounter in accessing life-saving support, including access to mental health services.

Barriers to accessing mental health support

For migrant victims of domestic abuse, access to mental health support cannot be delinked from the general fear of accessing public services resulting from the hostile environment. It has been widely documented that hostile policies, such as introducing healthcare charging regulations and data-sharing schemes between public services and the Home Office, deter victims from seeking healthcare, including mental health services, due to distrust and fears around immigration control[5]. In practice, we know that hospitals, NHS trusts and GPs often check patients' status before providing services. As revealed by the Bureau of Investigative Journalism in a recent investigation in the UK, less than a quarter of GP surgeries would register new patients without certain documents, including proof of legal immigration status.[6]

Our frontline evidence also shows that language barriers, worsened by the lack of interpreter provision, are cited by many of our service users amongst the main obstacles to accessing healthcare. The impact of this was further demonstrated by the Covid-19 pandemic, when our service saw an increase in self-referrals of survivors of domestic abuse who were suddenly denied NHS services or were indirectly discharged from the medical system due to a reduction in translation services. This included women at high risk (including attempted suicides and suicidal ideation), women with long term conditions, and those requiring medication. Equally, in many cases healthcare professionals failed to assess and identify women's mental health issues as signs of being subjected to domestic abuse. Therefore, they also failed to refer them to agencies where they could have access to advocacy support.

To summarise, there is a general perception of discrimination felt by the women who access our service. Perpetrators often tell women that no support is available for them owing to their legal status. These threats are confirmed when women are turned away or forced to leave their clinical treatment due to the prioritisation of immigration control and the lack of suitable provisions to ensure equal access to care.[7]

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[5] Medact (2020), *Challenging healthcare charging in the NHS.* Available at: https://www.medact.org/wp-content/uploads/2020/10/Patients-Not-Passports-Challenging-healthcare-charging-in-the-NHS-October-2020-Update.pdf

[6] The Bureau of Investigative Journalism (2021), *Most GP surgeries refuse to register undocumented migrants despite NHS policy.* Available at: https://www.thebureauinvestigates.com/stories/2021-07-15/most-gp-surgeries-refuse-to-register-undocumented-migrants

[7] Such as the provision of interpreters and registering with GPs irrespective of their immigration status.

Impact of Covid-19

The threat to life and the economic impact on women with insecure immigration status brought by the Covid-19 pandemic, coupled with social distancing measures, played an essential role in triggering mental health problems that were latent before[8]. In the case of victims of domestic abuse, this vulnerability increased as cases, and the intensity and frequency of domestic abuse surged as a result of lockdowns. For women subjected to the No Recourse to Public Funds (NRPF) rule, the situation was and continues to be even more desperate, as they are often denied support to flee abusive relationships and be safe.

Over the first months of lockdown, our service noticed a reduction in the number of interpreters available in GP surgeries, hampering the possibility of our service users to access support in these critical times. In several cases, the condition of women experiencing mental health issues worsened, with many displaying physical illness, as a result of the lack of preventative support. As it is known, delayed treatment harms a patient's physical, psychological, and social wellbeing.

Owing to the systematic exclusion from NHS and other mainstream services, our service saw a considerable increase in self-referrals and requests for crisis interventions that were not accompanied by sustainable funding to cope with the demand. Even without proper funding, LAWRS' counsellors and caseworkers often have to provide advocacy services, particularly concerning access to healthcare, to ensure sustainable recovery support. As a result, we experienced an increase in workload and pressure on staff, leading to burnouts and negatively impacting the wellbeing of counsellors and frontline workers.

LAWRS and 'by and for' mental health service provision

In this context, 'by and for' services often become the only option available to migrant women. Our services are both culturally specialised and trauma-informed, supporting survivors of domestic abuse to find safety and recovery. We provide specialist, holistic, wrap-around support for migrant women, including a thorough understanding of the effects of insecure immigration status on mental health and general access to support, particularly for survivors with NRPF.

[8] Migrant women, particularly those with insecure status, often work in precarious sectors such as cleaning, hospitality and domestic work. These sectors were hit the hardest by the pandemic, as working from home was not an option for them during lockdown, and furlough did not reach all of them.

As mentioned above, although the Government recognised immigration status as a risk factor in policy frameworks, the evidence shows that many migrant women continue to be unable to access support. Specialist 'by and for' services are the last line of support for survivors, who would otherwise fall through the gaps. Despite their crucial role, specialist 'by and for' services are among the most poorly funded mental health services for survivors of domestic abuse, resulting from the move from funding to commissioning.

This change in funding models has eroded the resilience of the specialist 'by and for' sector and affected their ability to provide holistic services tailored to respond to the needs of survivors. Instead, organisations are forced to meet targets based on standards that do not respond to our service users' needs[9]. For example, targets overlook the advocacy undertaken by counsellors to support women in overcoming structural barriers and ensure equality of access to publicly-funded mental health services .

Recommendations

Overall, women with insecure status and subjected to the NRPF condition face multiple overlapping barriers to accessing care and support. When seeking to access mental health support services, migrant victims and survivors are blocked from doing so because of language barriers, the lack of knowledge of their rights and entitlements and barriers to access health care services linked to their immigration status such as charging regulations and data-sharing arrangements. In light of these barriers, we have three main recommendations.

Firstly, we join specialist healthcare campaigning organisations in calling for a firewall between access to medical services and any form of immigration control and the lift of charging regulations that prevent victims from accessing mental health support[10]. It's is critical that healthcare professionals are trained to provide services without discrimination and regardless of immigration status and language needs.

Secondly, specialist 'by and for' charities need ring-fenced, flexible, multi year funding to support the provision of sustainable mental health services and retain the knowledge and experience that we have developed over the years.

Finally, there is a need to ensure access, representation and participation of specialist 'by and for' charities in policy and decision-making spaces at all levels, in order to ensure that policy, practice and funding respond to the particular needs of migrant,

[9] For instance by limiting the number of counselling sessions that women can access without the consideration of specific needs of different groups of survivors/victims.
[10] Quote medact

Black and minoritised women, and to ensure policy interventions are tailored to overcome the barriers that marginalised victims and survivors face on their pathway to safety and access to mental health services.

Annex 1
Case study

Case Study 1
Provided by LAWRS

M is a married 40-year-old Latin American woman, who has lived in England for 10 years with her husband and children. She suffers bouts of depression, suicidal ideations, and has lost all sense of motivation. Her husband regularly pressures her into having sex with him and has control of both of their finances. M works long hours as a cleaner and has full responsibility for all domestic duties at home.

It took numerous appointments with her GP before she was diagnosed with depression, due to the language barrier. A receptionist in the practice spoke Spanish and would unhelpfully translate for her without her consent, misrepresenting her situation. She was unable to communicate this to her GP until several months later when the receptionist had left.

Her GP diagnosed her with depression, and prescribed antidepressants for a couple of years. After increasing her dosage on a couple of occasions, M stopped taking them as they did not ease her symptoms. She felt exhausted from trying to make herself understood and began to accept she could not change her circumstances.

A friend recommended LAWRS to her. She spent three months on the waiting list, and M was looking forward to beginning her sessions. Unfortunately, she wasn't able to begin counselling until another three months had passed, as her husband took out a loan which she needed to work extra hours to pay off. In order to find a safe space for counselling, which she is currently receiving over the phone, she has to hide in an unused room.