

# WWP EN

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## WWP EN Expert Paper: Working with(in) Migrant Populations



## Table of Contents

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Introduction.....	2
Part 1 .....	2
Background.....	2
Risks, vulnerabilities and service generated risks .....	3
Significant factors .....	3
Language .....	3
Lack of knowledge and understanding of Scottish police and child protection services and procedures .....	4
Benefits.....	4
Isolation .....	5
Alcohol.....	5
Differences in the law.....	6
Cultural differences/issues.....	6
Suggestions.....	7
Language .....	7
Lack of knowledge and understanding of Scottish police and child protection services and procedures .....	7
Alcohol.....	8
Part 2 .....	9
Specialist provision within Social Care settings .....	9
Practical issues of service delivery .....	10
Same language women’s support .....	11
Overall.....	12

## Introduction

In 2018, The European Network for Work with Perpetrators of Domestic Violence (WWP EN) started a project on Working with Migrant Populations. To start off the project, Anna Zobnina from the European Network for Migrant Women held an informative webinar (available [here](#) ). This gave WWP EN much to think about in terms of definitions of the term “migrant” and on issues around inclusion. The project was renamed “Working with(in) Migrant Populations” to reflect this.

This expert essay follows up on some of the issues with 2 views from different perpetrator programmes. Part 1 is called, “Respekt - an integrated domestic abuse intervention with the Polish migrant community in Edinburgh”, written by Asia Bartsch, Rory Macrae and Kasia Zalewska. Part 2 covers work done in a West London borough in England, U.K., and is titled, “Delivering same-language perpetrator programmes in the community: Practitioners’ Perspectives”, written by Viji Rajagopalan, Garima Jhamb, Bhupinder Virdee, Suzanne Dean and Liz Ostrowski.

### Part 1

#### ***Respekt - An integrated domestic abuse intervention with the Polish migrant community in Edinburgh***

*Asia Bartsch, Rory Macrae and Kasia Zalewska*

#### **Background**

Safer Families Edinburgh provides a voluntary service for domestically abusive men who wish to change their behaviour and a parallel support, advocacy and safety-planning service for their partners and/or ex-partners within the city of Edinburgh. Our service provision is informed and underpinned by a gender-based analysis of domestic abuse. Our referrals came primarily from children and families social work services but we also a mix of self-referrals and referrals from GPs, drug and alcohol and various community resources. Around 2011 we become increasingly aware that the numbers of Polish families experiencing domestic abuse, which were coming to light through criminal justice services and through child welfare concern forms and other referrals to Social Care Direct, was increasing. It was difficult to be exact about numbers because ethnic origin/nationality data was either not routinely gathered or based on categories that were not specific enough. However, on the basis of the strong anecdotal evidence we applied for and received funding from the Scottish Government’s Violence Against Women Fund to deliver a specific additional service for men and women from the Polish community - *Respekt*. We employed two Polish social workers - a men’s worker and a women’s worker - in August 2013. We started taking referrals from September 2013. 50 men have undertaken the programme and we have worked with 56 women.

Prior to employing the workers we started a period of consultation with various professionals and Polish community and family support agencies to identify issues and barriers they had experienced in attempting to meet the needs of Polish families affected by domestic abuse, and to help us shape and scope the project. This has continued since the service started. We decided to use broadly the same model of delivery as the mainstream

Safer Families service; that is a men's service delivering a behaviour change programme and a women's service providing support, advocacy and safety planning. Respekt also works in partnership with the Edinburgh Caledonian team which is the Court mandated service and the Respekt men's worker delivers the Caledonian programme to men who attend as a condition of a Community Payback order as well as to those who attend voluntarily. The Respekt women's worker initially also - because of the lack of similar services available elsewhere - offered the service to some women whose partners do not attend the programme, although this placed some stress on the project and was not sustainable. In addition to the core services, the project aims to increase knowledge and understanding among agencies about domestic abuse in the Polish community.

The project outcome targets as agreed with our funders are:

- 1) Practitioners in frontline agencies will have an increased understanding of the needs of Polish families experiencing domestic abuse.
- 2) Polish families and agencies will have an increased understanding of the child protection system, and the role of the statutory agencies e.g. courts, police, criminal justice etc.
- 3) Women who engage with the service will feel safer and have an increased understanding of their choices
- 4) Men who engage with the service will increase their accountability for their behaviour and their risk will reduce
- 5) The wellbeing of children of the men and women who engage with the service will be increased
- 6) Agencies concerned with meeting the needs of Polish families experiencing domestic abuse will benefit from the learning of the project

### Risks, vulnerabilities and service generated risks

Our model of service delivery in the Caledonian and Safer Families is based on the need to address three clusters of factors: men's risks; women and children's vulnerabilities; and service generated risks. The model assumes that combinations of these factors affect all families experiencing domestic abuse but I highlight below some particular factors affecting Polish families, which we have identified from the various consultations and from our experience in the project.

### Significant factors

#### Language

It is unsurprising that, for both families and the agencies they engage with, language is identified as a significant issue, representing both *vulnerability* and *service generated risk*. There are issues with using interpreters to do with legal language, interpreters censoring what clients say, drawing on their own experience, trying to protect the clients etc. There were also issues with Polish professionals being expected to interpret in meetings and children being used inappropriately as interpreters.

We have noted some cases where a woman's limited English has increased her dependence on her partner and made it more difficult for her to leave even if she wanted to. If – as is often the case – the man works and has better language skills and the woman is the main

child carer and has less English, the potential for the man to exploit this power imbalance in dealings with professionals is clear.

Other issues we have encountered in relation to language are to do with differences in how the respective languages work. For example, the Polish language tends to be more direct than English, which might result in Polish people being perceived as arrogant.

### **Lack of knowledge and understanding of Scottish police and child protection services and procedures**

Many *vulnerabilities* and *service generated risks* arise from the lack of knowledge among women and men about public services. Men (and women) have expressed surprise to us about the reaction from Police and other services and the fact that domestic abuse is treated as seriously as it is. Women also expressed surprise at how approachable and helpful the police were.

It has been suggested to us that this is understandable given the historic role of the police in Poland during wartime occupation, communism and martial law and a reluctance to see domestic abuse as a police issue. There have been several articles in Polish newspapers, which have explicitly discouraged women from reporting abuse because it might result in their children being taken away. This inaccurate reporting and the reluctance and fear it engenders could clearly be seen to increase risk to women and children.

Further risks arise from families' limited understanding of social work and child protection procedures. Polish families we encountered often thought that a social worker's role is to provide more practical and financial support rather than, for example, behaviour change work or motivational interviewing. In Poland such work would be more likely to undertaken by a psychologist. It is possible that the relatively lower status of social workers in Poland may lead some clients to underestimate social workers' power and hence the importance of co-operation and engagement.

### **Benefits**

The laws in relation to benefits entitlement are complex and changing and lead to *vulnerability* and *service generated risk* for many women experiencing domestic abuse, specifically migrants. Restrictions and confusion over entitlement also hinder women accessing refuge services and temporary accommodation, which makes leaving more stressful and difficult.

These changes and the confusion can add to pressure on women to stay in relationships and add a greater economic dependency between men and women, which can be exploited or used as part of the man's pattern of coercive control.

In dealing with the confusion that can arise from this complexity, some service users have approached some existing Polish advice organisations and found they have been charged for services which are readily accessible to any person in Citizen Advice Bureaux or other advice services.

## **Isolation**

Isolation in the home and from family, friends and wider society is a significant issue for many of the women we have worked with. It can be seen as increasing women's *vulnerability* to domestic abuse and can also be exploited or exacerbated by abusive men. Isolation can also be seen to increase the level of *risk*, which some men present to their families. While isolation can increase risk and vulnerability in all families experiencing domestic abuse, the effects can be even greater in migrant communities, including the Polish community.

We have found that many of the families we have worked with do not receive direct practical and emotional help from any family in UK and many do not have any contact with their families in Poland. This lack of support can increase stress and means that some of the monitoring effect which can often help to keep families safe does not happen. As a result, some of the families who have come to Britain not just in hope of a better life generally but in the hope that pre-existing problems with violence, alcohol etc. would be improved, find the opposite to be true. The reality of living abroad, facing loneliness, is not easy. In our professionals' survey, 30% of the families dealt with had developed emotional and mental health issues.

We found that Polish children living with domestic abuse may also be isolated in a number of ways. They might feel that they cannot speak openly for example, because they may be scared that they will be taken away from their parents or sent back to Poland. Depending on their age and understanding of the English language, they might feel scared of the consequences of sharing information with professionals. The children might not have access to wider family support, when their grandparents and extended family are living in Poland.

## **Alcohol**

We know from a range of evidence, and from experience in the Caledonian and the mainstream Safer Families programme, that alcohol and domestic abuse are linked. For example, physical abuse tends to be more likely and more violent when the perpetrator has been drinking. Also, drinking increases the likelihood of faulty thinking especially in relation to insecurity and jealousy. These effects are no different in the Polish community.

People who are lonely and isolated in some of the ways identified above may be more likely to start abusing substances, including alcohol. Drinking can be a response to low self-esteem, and low self-esteem can come from the experience of failing to live up to expectations which people make of themselves or believe that others have of them. Some migrants come to Scotland with very high expectations of the life they will achieve and find the reality is different. Some of these expectations which men have may be linked to traditional ideas of masculinity. Heavy drinking may also be a part of this perception of how men should behave. We know that these same gendered expectations are also linked to domestic abuse.

Some of the younger men we have worked with have come here without family and have tended to live in close groups with other young Polish men, often sharing flats and getting into a lifestyle of partying and drinking. This insularity can be increased by language difficulties and by experiences of hostility and prejudice from the wider community.

### **Differences in the law**

There are significant legal differences, which act as barriers for women seeking help and which lead to *service generated risks*. For example, the law and regulations in relation to applying for and receiving a Polish passport for a child are very different from the UK. The normal expectation is that both parents need to be physically present at the Consulate to sign the application for the passport. This creates issues when dealing with domestic abuse cases especially when bail conditions are in place.

Three other legal differences are worth highlighting because they have been raised by men in the Respekt men's group and potentially have links to men's self-justifying anger and controlling behaviour. The first is that abortion remains illegal in Poland and the notion of a woman's right to choose is alien; the second is that divorce laws are different in that fault needs to be established before divorce can be granted. Men have also pointed out that racist, sexist and homophobic language is more tolerated.

### **Cultural differences/issues**

Clearly, care needs to be taken when making any observations or generalisations about the culture of a particular country, especially if in relation to how it might affect an issue such as domestic abuse. However, cultural assumptions or norms are always relevant when trying to understand domestic abuse. We also recognise that Polish culture is no more homogenous than Scottish culture. Differences in culture have been noted for example between migrants coming from cities and from small towns or villages, or between areas with very active church involvement and those where the influence of the church is reducing.

However, despite this caveat, we can draw on some observations from our own engagement with families. The first is that many of the men we have engaged with have cited cultural differences as part of their justification or excuses for their abusive behaviour, *"this would be normal in Poland... You don't understand..."* This form of justification is common in our experience from the mainstream projects as well; most men from within Scottish white culture will cite cultural differences and indeed, many Scottish men will cite class/underclass cultural differences.

The second is that there still exists a very powerful expectation on women to fit the stereotype of the 'strong woman,' or the 'Polish mother,' whose role is to look after her children and husband and preferably also to work. While this image of the Polish mother – a woman who can 'manage everything' - is a positive one, it brings with it very high expectations that women will manage issues 'for the sake of her family,' including domestic abuse. Similarly, there appear to be correspondingly fewer expectations of men as fathers, although there are high expectations of men as providers. Pride and honour are important for social perception. It is seen as embarrassing for men to admit a mistake or to not be able to provide and be strong.

It is important to mention that there is still a social stigma around mental health issues. Breakdowns, depressions or any kind of mental health issues are still seen by some, particularly from older generations as being "stupid" and people are very reluctant to engage with appropriate support. Again, this is changing amongst younger people who have

received mental health awareness education and who have been taught to speak up when they have got any concerns relating to mental health.

## Suggestions

### Language

- The single thing, which would most improve matters, would be where practicable, for agencies to employ more Polish, or Polish speaking, professionals.
- There is a need for more ESOL classes organised outside of the working. Encourage clients to enrol and attend.

There are a number of issues to highlight in relation to interpretation and translation services.

- If regularly using the translation service, consider offering an input or a written briefing on the dynamics of domestic abuse including risks, vulnerabilities and service generated risks and general social work policies - both in relation to Children and Families and Criminal Justice.
- Make time for an informal conversation about the dynamics of domestic abuse before the meeting, interview or home visit. Ensure her/his understanding of issues and that they are aware about vulnerabilities and risks.
- Be particularly clear about the sensitivities and potential service generated risks around confidentiality. In many areas, because of the nature of Polish communities the clients will have a fear that they may know or have come across the interpreter in a social setting.
- Evaluate clients' experience of the translation service and give feedback to the service.
- Whether you are using an interpreter or not be aware of the different conventions of spoken language, for example the directness referred to above. Be very careful about jargon and specialised language. Bear in mind that it might be extremely hard for the clients to express emotions in English.
- Don't use children as translators and if you have to use family or friends, explain very clearly about confidentiality and the risk that can arise from casual or inadvertent breaches of confidentiality.
- Whether using an interpreter or not make sure that client understands you by checking out with them their understanding of what you have said.

### Lack of knowledge and understanding of Scottish police and child protection services and procedures

- As suggested above, good partnership working with individual families will in itself increase those families' understanding. It is also important that professionals have an understanding of some of the differences in law, cultural expectations of public agencies and fears that we outlined above. It is important to adopt an approach, which does not assume a high level of understanding of rights and responsibilities and always take time to explain procedures.
- Make available leaflets in Polish regarding Child Protection Procedures, the Children's Hearings system etc. It would be good to have a leaflet (information) about the role of children and family and criminal justice social work in your local area.



- The Caledonian Women's Safety Booklet has been translated into Polish. It will shortly be available alongside the English version at:  
<http://www.edinburgh.gov.uk/safetybookletwomen>

### **Alcohol**

In providing services for those domestic abuse perpetrators and survivors who are abusing alcohol there are a number of points to make.

- A therapeutic trauma informed response is required. This needs Polish speaking counsellors; only people with very good English will be able to fully benefit from a therapeutic service provided in English.
- Stress relief skills and techniques need to be taught and counsellors need to understand some of the additional sources of stress faced by migrant communities.
- Counsellors need an understanding of the dynamics of domestic abuse including the role that gendered expectations play in this.
- Clear policies on information sharing need to be agreed, particularly in relation to child protection. There are particular issues around women's safety and the risk of inappropriately shared information.

## Part 2

### **- Delivering same-language perpetrator programmes in the community: Practitioners' Perspectives**

*Viji Rajagopalan, Garima Jhamb, Bhupinder Virdee, Suzanne Dean and Liz Ostrowski*

This paper describes the experience of a community perpetrator programme in delivering an Urdu/Hindi group to fathers in a West London borough. The service, which commenced in June 2017 is provided by the Domestic Violence Intervention Project (DVIP), a division of Richmond Fellowship, as part of a local authority contract. DVIP's perpetrator workers identified the need for a same-language group work programme for the area's South Asian community as early as 2014, when they noticed that men whose first language was not English were dropping out of waitlists and not engaging with the existing perpetrator group delivered in English. Although there was some provision to deliver the programme via one to one sessions with interpreters, this was limited by service capacity. On presenting a financial case to address this gap in provision to the local authority in early 2016, DVIP acquired further funding in September 2016 to recruit a part time Urdu/Hindi speaking perpetrator worker. The remit of this worker was to support social workers to engage men who were abusive towards their families and were willing to attend a group intervention.

Since June 2017 up until now, sixteen men from the Punjabi, Pakistani, Afghani and Bengali communities have accessed this 26 week Violence Prevention Programme. Participants have been referred by Children's Services and CAF/CASS, none self-referred. So far, 11 of these men have completed the programme and 5 continue to engage. This rate of completion has stood out for practitioners who work with perpetrators of domestic violence in groups. Attrition rates in the United States have averaged at 59 percent (Saunders & Chang, 2002), and at DVIP have ranged between 50 to 70 percent, depending on referral route. It is a well-known fact that completion of perpetrator programmes alone does not indicate a reduction in risk to partners and children. However, the fact that attrition for this language-specific group is currently zero is worth further exploration.

### **Specialist provision within Social Care settings**

As stated above, the delivery of this Urdu/Hindi group was supported by a part time worker co-located within social care settings in the local authority. This enabled social workers to refer a father to the programme for a suitability assessment directly. Often, the first obstacles were encountered at this stage. Did the father have any sense of the need for him to address his behaviour? Was the father motivated enough to the engage with the assessment? Were agreements made with the referring social worker followed through by him attending the assessment?

The Urdu speaking practitioner observed that whilst perpetrators did cooperate with social workers by attending three way meetings, they did limit their responses, in stark contrast to the conversation that would ensue after the social worker left the meeting. They then seemed more open to dialogue, sometimes inviting collusion from the worker (thus inadvertently inviting and enabling challenge). An example of this was when a 37-year-old Punjabi male questioned the worker, after the social worker had left them: "you tell me, in your married life have you never raised your voice or lost your temper? We are not like White people; we don't give up on our relationship just because we have had one fight."

Embedded in his statement is a stance that is often expressed by the men in the group: “our predicament is unique because we have not grown up here, we are only now aware that the attitudes that we came here with, our expectations of our partners, our ideas of family life need to be different. Coming to group means we get advice on issues that we are not able to talk about with our family and friends because when we do we feel judged and have seen our confidentiality being broken.” This sense of isolation is often expressed by the men “othering” themselves from “White people”. The group has provided a platform for men to hear about the universality of domestic violence, of the effect it has on their families, as well as throwing light on the barriers they have experienced in seeking help effectively.

### Practical issues of service delivery

Efforts at recruitment of a male Urdu speaking perpetrator worker have been unsuccessful to date, so a decision was made to run the group with two female facilitators. DVIP had its own treatment manager, a Senior Practitioner with Hindi/Punjabi as a second language. A decision was made to deliver the programme by orally translating the existing manual week by week. All translation had to be solely oral, as the group did not share a common written script. Urdu is written in the Arabic script, Hindi in Devanagari and Punjabi in Gurmukhi. As the group has progressed, the men have contributed to translating programme materials into Urdu, Hindi and Punjabi.

Initially, the group dynamic felt very much like new uncharted territory for the female co facilitators. How would the men respond to feelings of stigma related to perpetrating domestic violence? How would they respond to female challenge? The female facilitators self-identifying as Indian women with feminist values contributed to a feeling of unease about how they would be responded to in such a specific cultural context.

The treatment manager’s main focus has been on how the group work material is delivered (i.e. Have the learning messages in the module been presented clearly?), the skills of the facilitators (How have they responded to each individual and their varying learning styles?) and how do the facilitators navigate their interpersonal relationships in the group (What are they modelling?). Whilst viewing the session recordings it is difficult not to notice the group’s deference towards the facilitators. There have been several references to them as “Ji” (a way of conferring respect), or “Miss” (politeness), or “didi” (elder sister). There also appears to be less confrontational challenging of the facilitators than has been observed in English speaking groups. There have also been real examples of an investment in the group and its process. In one clip, in response to a facilitator’s stated intention of beginning a guided meditation, a group member offers to get the stop watch. Here we can see this man taking seriously his responsibility to the collective. There may be something of a shared sense of self that eases cohesion in the group. Although the participants originate from different cultures and classes, they share common references like the language of deference stated earlier. The material is Eurocentric and thus needs some serious on-the-spot translation, not only of language but also of concepts. The facilitators have invited the participants to help them translate the material in real time. This seems to help create an alliance. The participant’s knowledge is valued and used.

There has been a collective reluctance to use the “check-in” round at the start of each session to disclose incidents of recent violence and abuse. When challenged about this, the response from the participants veers between “we feel we can’t use the behaviours we used

to and so are not” and “life has been uneventful, nothing has happened to stress me out”. Disclosures are mostly elicited through the session’s content, alongside participants reflecting on the learning messages and applying them to their behaviour in the relationship. So incidents of recent abuse and control are still being acknowledged during the main session discussions but the check-in as a space to hold themselves accountable for the preceding week’s behaviour is not used in the way that men attending the English speaking groups have been observed to do. There appears to be a collective decision amongst participants to avoid applying the closed question: “Have you been violent and abusive in the last week?” The reasons for this can only be surmised: is this collective non-disclosure during the check-in a form of disguised compliance, i.e. “we will comply to a certain extent, but not admit to anything we don’t have to”? Or do men simply prefer not to provide a response to such a direct question, as they seem willing to make disclosures relevant to the session’s focus?

There have been some concrete examples of men making changes based on an understanding of how their behaviour has impacted on their families. One client’s gambling addiction contributed to financial hardship for his family and ongoing conflict with his wife, which he then chose to escalate into severe violence. By the end of the programme he chose to bar himself from gambling outlets in the local area. He also began to take part in cooking for his family, something he initially thought was his wife’s sole responsibility. Another man was choosing to delay/block his wife’s attempts to seek a divorce. A couple of weeks after attending the session on “letting go” he came to the realisation that it was wrong of him to stand in her way, despite religious beliefs that upheld the sanctity of marriage.

### Same language women’s support

The Women’s Support Service for the partners of the men in the Urdu group initially consisted only of one to one work via an interpreter. The Women’s Services Practitioner reported finding it difficult to establish an alliance in this way:

“It felt like the women were on the other side of a glass wall, and I couldn’t reach them because of the barriers we both experienced, a language barrier and a cultural barrier. I could sense their isolation and shame, their feeling that they did not have a voice to express their thoughts and feelings. The sense of taboo, of even admitting they were experiencing domestic abuse, knowing the truth of their situation, was palpable. I watched them in a trap, I observed the societal pressure of holding them accountable for their husband’s abuse by having to be the “good wife, mother”, assigning themselves the job of changing their husband’s behaviour.”

Fortuitously, DVIP was hosting an Urdu/Hindi speaking social work student at the time, who readily agreed to co-facilitate a women’s group as an interpreter, alongside the White Women’s Services Practitioner. The pre-planned group structure had to be modified to respond to the women’s expressed needs, namely:

- Information on how to “change” their husbands
- Information on how to stop his abuse
- Information on how she could turn him into a good husband

So, by the time the women attended the group, they were already focussed on holding themselves responsible for the abuse they had experienced. Co-facilitators responded to this with the resounding message “you alone cannot your change your husband’s behaviour”. For some women this was a deflating and confusing message. Explorations included: what was the impact on her of constantly managing his behaviour, i.e. by getting dinner ready on time, toeing the line as he drew it. It was a painful process for women to acknowledge that no matter what they did, he was in control and held the power in their relationship.

A focus group was recently held with some of the women whose partners were on the Urdu group. One woman, whose partner did one to one work instead of the group said she really regretted him not being able to benefit from a group. Having heard the experiences of the women whose partners attended the Urdu group, she is sure he would have learnt more in a group and that the dynamic of having an interpreter present made it harder for him to learn, in her opinion. She said his behaviour improved whilst he was on the one to one programme but he reverted back to abuse soon after programme ended. Another woman whose partner is still on the group reported there had been a big difference in her partner. They had separated for a while after he was violent to her but he has changed now and is back at home, helping out more with things around the house, spending better quality time with their daughter. They are now expecting another baby. She also talked of him respecting her during this pregnancy, which is an improvement from her last pregnancy when he blamed her for producing a girl not a boy. She reported that he had told her he knows that it was wrong of him and that he doesn’t care about the sex of this baby.

The format of delivering a same language service for women alongside a White practitioner worked well in this setting, probably partly in response to the practitioner’s awareness of the barriers present in working through interpreters. Women who attended reported that they hugely benefitted from the space.

### Overall...

DVIP’s experience of delivering the Urdu/Hindi perpetrators’ group has been a process of learning and exploration, and continues to be. So far, it has proven to be a cost-effective option to promptly reach men who are willing to engage in domestic violence perpetrator programmes, who would otherwise be waiting for several weeks for a one to one service via an interpreter. The experience of delivering this in West London has indicated that a same language support service for women is also crucial in expanding women’s agency in surviving domestic abuse. Further exploration is necessary to investigate the group’s high levels of completion and the intervention’s responsiveness to the needs of this specific cohort.

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