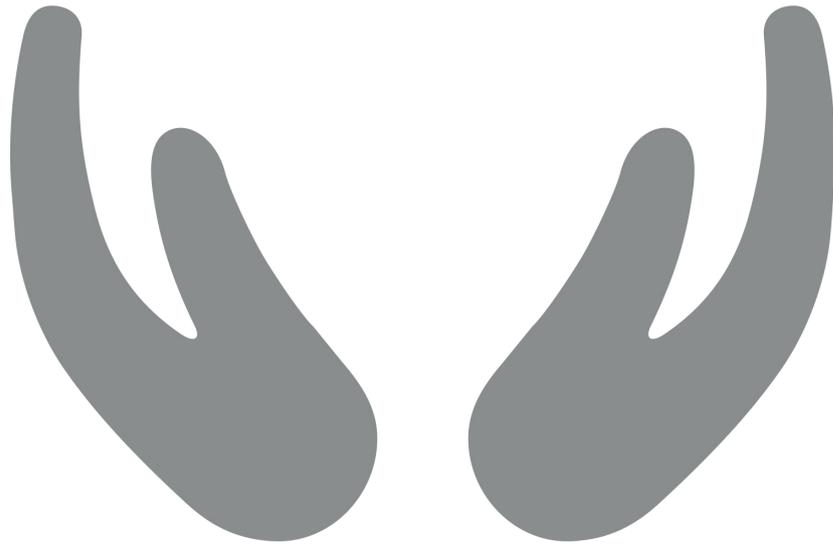




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# An interim evaluation of the Sahara Project

Dr Michaela Rogers  
May 2017

# Acknowledgements

Gratitude is extended to the women who took part in this evaluation. Thanks is also given to the staff of the Sahara Project who offered their unyielding help to me in completion of this study and who shared their experiences of working with BAMER women and children. I would also like to thank the practitioners and service providers who shared their views and experiences of working in partnership with Manchester Women's Aid to support the thousands of women who have been helped to life free from violence and abuse.



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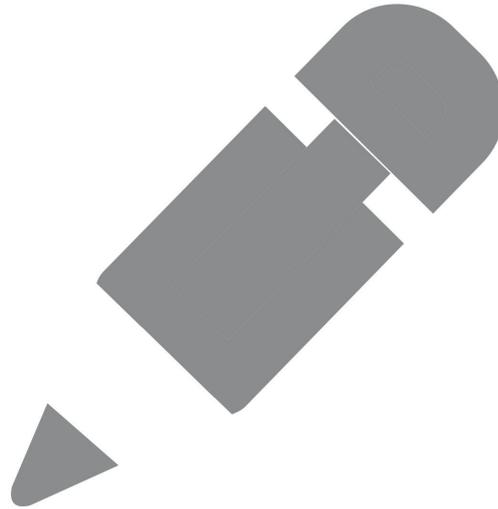


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# 1. Introduction



## 1.1 Background

It is widely acknowledged that domestic violence and abuse (DVA) is an entrenched and pernicious social problem and in 2013 the World Health Organisation (WHO) designated DVA as a 'global health problem of epidemic proportions' (2013: online). For many years, statistical information has supported this claim as in the UK 1 in 4 women will experience DVA at some point during their lifetime and two women are murdered each week by a current or former partner (Walby and Allen, 2004; Guy, Feinstein and Griffiths, 2014). In 2013, Central Government reviewed its definition of DVA to reflect the ways in which it presented in a wide variety of forms (ranging from physical and sexual violence to emotional and mental maltreatment), often presenting in a pattern of behaviours causing significant and long-lasting impacts (HM Government, 2013). More recently, the *coercive* and *controlling* nature of DVA has been recognised in legislative change (HM Government, 2016) which emphasises non-violent forms of abuse. The 2013 definition also specifically integrates forms of DVA that are more often found within Black, Asian, Minority Ethnic and Refugee (BAMER) communities, such as forced marriage and 'honour'-based violence.

Last year Central Government reviewed its strategy to address DVA, publishing an updated *Ending Violence against Women and Girls Strategy 2016–2020* (Home Office, 2016). This strategy advocates that in order to tackle DVA the problem itself needs to be considered to be 'everyone's responsibility' with prevention, early help and increased reporting identified as key target areas (Home Office, 2016: 11). In recognition for the extra demands that this places on services, the document also states that additional funding will be provided to support 'women from BME backgrounds, and innovative services for the most vulnerable with complex needs' (Home Office, 2016: 11). There is, however, no mandate on local governments to spend their income on DVA services and there continues to be considerable competition in the third sector meaning that funding is often inadequate, piecemeal and short-term (Rogers, 2016a). This is particularly the case for BAMER women as despite services being described as 'lifelines' they are often patchy and lack sustainability for this group of hard-to-reach victims/survivors (Manjoo, 2015).

In relation to rates of DVA experienced by BAMER women specifically, it is difficult to ascertain figures as many crimes are hidden and go unreported. Statistics collated by Women's Aid Federation England (WAFE) give some illustration. For example,

the 2015 WAFE Annual Survey highlighted that of the total number of women accessing community-based services 67.21% were 'White British', the next two biggest categories were 'White Other' at 4.92% and 'Asian/Asian British Pakistani' at 4.01% (with 24.4% in total representing BAMER women) (WAFE, 2015). The issues for BAMER women, however, are often multiple and complex, impacted by legislative frameworks around immigration and restricted access to public funding, in addition to cultural and religious beliefs and norms based on patriarchal notions, as well as more fundamental issues around English language and lack of education. 'Honour'-based violence and forced marriage pose problems in terms of identification and these have become potent issues in debates on multiculturalism, citizenship, community cohesion and identity (Gill, 2013). Forced marriage, in particular, is complex as it is less well understood and often contested but, importantly, it brings attention to whether consent to marriage is 'free', 'full' and 'informed' and this way it illuminates forms of forced marriage such as marriage as slavery, child marriage, marriage of convenience, marriage to acquire nationality and undesirable marriage (United Nations, 2012).

Overall, the intersecting issues for BAMER women can serve to create barriers that are difficult to overcome and can lead to experiences of marginalisation and oppression. This can affect women from a diversity of backgrounds including South Asian, Black African, Arab and Gypsy Roma and Traveller (GRT) communities. Moreover, victims/survivors of DVA rarely experience this from a single perspective but in relation to multiple forms of oppression and inequality including gender, ethnicity, class and age.

## 1.2 The Sahara Project

In 2014 Manchester Women's Aid established the Sahara Project with monies awarded by Big Lottery funding. The Project will run for 3 years from 1 November 2014 to 1 November 2017. The Sahara Project supports women and children from BAMER communities to feel safe and have a greater understanding of domestic violence and abuse (DVA) through the provision of a number of interventions (groupwork, 1:1 casework, drop-in's). The aim is to assist women to move towards independent lives free from the risk of abuse and to be less isolated, have increased self-confidence and be able to make informed choices about their future.

The project offers 1:1 casework through an outreach service and at a weekly drop-in service users are able to access free legal, housing and welfare benefits advice. The drop-in includes a food bank, supported by several local supermarkets, and enables women to cook together and socialise (a creche is provided). Several group programmes are available to women at different points in their recovery journey including: the Recovery Tool Kit; the Freedom Programme; You and Me, Mum; Living Life to the Full; and Moving On. Group programmes are underpinned by theoretical models such as Cognitive Behavioural Therapy (CBT). Groupwork is delivered in the community in a number of venues and creche provision enables women with pre-school children to benefit. Groupwork is time limited but different groups run concurrently. This offers a significant number and range of options for women to access. Women are also encouraged to join an Independent Women's Forum (IWF) and a volunteering co-ordinator facilitates the move for some service users to volunteer for MWA in a range of possibilities.

Data collected by the Sahara Project clearly illustrates how they have surpassed the quantitative outputs identified in the funding application as over the course of the first two years:

- 409 BAMER women accessed 1:1 casework;
- 200 safety plans were completed;
- 238 RIC assessments (Safe Lives Risk Indicator checklists) were undertaken;
- 526 women and children accessed groupwork;
- 15 BAMER women (service users) have been recruited as volunteers.

The University of Salford has been commissioned by Manchester Women's Aid to conduct an interim evaluation following the first two years of the Sahara Project from 1 November 2014 to 1 November 2016. This will provide Manchester Women's Aid with the opportunity to evaluate and plan for service provision beyond the end point of the three-year funding. This evaluation will also enable Manchester Women's Aid (MWA) to demonstrate accountability to the Big Lottery providing an evidence-base to be used in future tendering processes. The following questions were addressed by the evaluation:

- To what extent has the Sahara Project met its intended outcomes?
- How effective is the current model (consisting of casework and groupwork) in terms of outcomes from the perspective of stakeholders including: service users; and service providers who refer to the Sahara Project?
- What would have happened were service users not able to access the service? Would there have been implications, such as cost or limited alternative service provision?
- What impact has the service had on the lives of BME women and children living with or fleeing DVA in the city of Manchester?

The BAMER category captures a wide range of backgrounds and ethnicities and in addition to the evaluation of existing service provision, MWA has a particular interest in gaining better insight into those groups of women and children from the BAMER umbrella for whom there are more barriers to accessing their services. As a result, a targeted consultation exercise supplemented this evaluation with feedback gained from members of a group identified as harder-to-reach than others in the BAMER category; the Gypsy Roma Traveller (GRT) community.

# 2. Methodology



## 2.1 Methods

MWA provided a range of data sources in order to enable the researcher to use descriptive statistics to understand 1) demographic information about the women who access the service, 2) the pathways to referral and 3) the length of time in services. However, mostly the evaluation relied upon qualitative methods as MWA already collects quantitative data. Fieldwork took place in Manchester during April and May 2017. One-to-one interviews were deemed to be the most suitable research method to inform a qualitatively grounded evaluation with the benefit that this enabled flexibility and focused on people's actual experiences as well as their beliefs and perspectives (King and Horrocks, 2010). When conducting sensitive research, one-to-one interviewing facilitates confidentiality and enables the researcher to manage boundaries, emotions and risk (Dickson-Swift et al., 2008; Dempsey, 2016). This research method also yields rich and meaningful data, whilst allowing participants to feel safe and empowered which is critical in terms of complementing the ethos of the commissioning agency, MWA.

All participants were recruited using a purposive, non-random sampling strategy with three participant groups: service users; internal stakeholders (MWA employees); and external stakeholders (service providers). The Sahara Project Co-ordinator and other staff members acted as *gatekeepers* enabling the recruitment process (Clark, 2011). A mix of telephone and face-to-face interviews were undertaken for convenience and to enable a timely evaluation; participants were given the option. Face-to-face interviews were held at the Pankhurst Centre, the head office of MWA, which offered a neutral safe space for service users.

All interviews were audio recorded. All recordings were analysed using thematic coding and these shape the findings and discussion section of this report (see section 3). Verbatim quotes from the participants have been presented to support the findings and key themes generated through the interviews. This adds rigour and integrity to the discussion and conclusions made.

A total of 24 people contributed during the data collection phase: 13 service users (these are not given an identifier to maintain anonymity but pseudonyms have been used where appropriate); 3 Sahara Project staff (identified as SS); and 8 external stakeholders (identified as SP1-8). A breakdown of the background of service users is indicated below in table 1 and a breakdown of the project staff and service providers is given in Appendix 1. In terms of external stakeholders, a number of different practice areas were represented (advice, healthcare, social care, homelessness services).

## 2.2 Ethics

The researcher has experience of research and consultation on ethically sensitive topics (Rogers, 2016b, 2017) and integrates the ethical guidelines laid down by the British Sociological Association, the Social Research Association and the Health and Care Professions Council. In addition, the researcher worked in the DVA sector for many years in Manchester and is a qualified social worker. As such, she is adept at negotiating issues of anonymity, confidentiality, informed consent and ethical principles such as doing no harm. The study was subject to the procedures required by the Ethics Approval Committee of the School of Nursing, Midwifery, Social Work and Social Science at the University of Salford.

Table 1 - Service user backgrounds

	<b>Age</b>	<b>Ethnic background</b>	<b>Dependents</b>	<b>Employed</b>	<b>Housing</b>
SU1	23	Bangladeshi	1	No	Private rented
SU2	52	Pakistani	0	No	Temporarily living with family
SU3	34	British Pakistani	5	Part-time employment	Private rented
SU4	35	Indian	1	No	Private rented
SU5	19	Arab	0	No	Private rented
SU6	37	Pakistani	3	No	Private rented
SU7	36	Pakistani	1	No	Temporary local authority accommodation
SU8	42	British Pakistani	4	Part-time employment	Private rented
SU9	43	Arab	2	No	Local authority accommodation
SU10	26	British Pakistani	0	Part-time employment	Temporarily living with parents
SU11	40	Pakistani	2	No	Housing Association property
SU12	33	Pakistani	1	No	Private rented
SU13	33	Black British Caribbean	3	Part-time employment	Local authority accommodation

# 3. Findings and discussion



This section is organised in accordance with the main themes that emerged from the data collection process. These themes are: BAMER women's experiences and needs; barriers to services; enablers to seeking help and moving forward; strength-building and empowerment; volunteering and employability; and gaps. Key recommendations for MWA follow the concluding section. First, however, some demographic information is presented to help contextualise the service user group of the Sahara Project.

## 3.1 Demographic information

The data held about the backgrounds of service users of the Sahara Project was mostly available although some details were not recorded or were unknown. Collating data on service users' home address by postcode, it was clear that there are five 'hotspots' in Manchester (see Appendix 2 – hotspots have a total of 25 or more service users resident in that area). These hotspots include:

1. Ardwick and Longsight;
2. Harpurhey and Blackley;
3. Crumpsall and Cheetham;
4. Levenshulme and Burnage;
5. Miles Platting, Newton Heath and Moston.

When taking the demographics of each of these wards into account (using data available from the Office for National Statistics (ONS)), it appears that there is some variance in relation to ethnicity in terms of the 'hotspots' and ward populations; some with sizeable non-white communities. It is of note that for the top 'hotspot' there is a large proportion of the population that are from non-white ethnic groups (Ardwick 56.5%, and Longsight 72.8%) and this is also the case for the third 'hotspot' (Crumpsall 46.7% and Cheetham 62.8%) It is clear that many of the referrals to the Sahara Project result from locales that have a high proportion of non-white populations. (see Appendix 3). This raises implications for future work in relation to the continuation and development of service provision (detailed in 'Recommendations' below).

Table 2 - Ward population by ethnic group (source: Office of National Statistics, 2012)

Ward	% of population that is non-white ethnic group
Ardwick	56.5
Burnage	33.8
Cheetham	62.8
Crumpsall	46.7
Harpurhey	28.9
Blackley	15.4
Levenshulme	41.1
Longsight	72.8
Miles Platting and Newton Heath	19.2
Moston	13.6

Data collected from referral information illustrated how the majority of women (31.9%) accessing the Sahara Project identified as 'Asian or Asian British – Pakistani' or 'Pakistani', with 12.8% women identifying as African and 9% as 'White other'. The remaining population is diverse but the percentage figures are small and it is not possible to draw conclusions. However, what this data shows is that BAMER women from a considerably wide range of communities, backgrounds and cultures are supported by the Sahara Project (see Appendix 3).

## 5.1 BAMER women's experiences and needs

Every woman who participated in the evaluation had experienced domestic abuse in multiple forms including physical violence, sexual abuse, emotional/mental abuse and financial abuse. The narratives describe violence and maltreatment as congruent with Stark's (2007) model of coercive control which is underpinned by the desire to exploit and oppress women, and it is as much an individual, personal problem as it is a structural one that is built upon gender inequality (examples will follow). Many women described how their husbands became abusive following their wedding:

*'From the start, there was an issue with the dowry and there was emotional abuse and very bad sexual harassment. Slowly, slowly it got worse with mental abuse and financial abuse, all together... (Depicting abuse coupled with isolation) there were language issues and I didn't get the accents and so I was scared to go outside and meet people.'*

*'I was with him for 8 months after we married. Before we married I told him I live in England, I dress how I dress. I work. As soon as we got home from the honeymoon he said I had to cover my arms, I had to cook for his dad. He made me quit my job... He was abusive. It got worse to him being physically abusive. It was from him, his mum and his dad. It got really bad and I called the police.'*

The latter quote is from a British Pakistani woman, Marukh, who described how after marriage she was expected to comply with certain 'cultural and religious ways' but as a woman who had grown up in the UK, influenced by Western culture, prior to marriage she had made it clear that she was not willing to take a more traditional role grounded in domestic life. For Marukh, abuse was regular and escalating; it was used in attempts to coerce her into submission and compliance. After a vicious assault, she telephoned the police and eventually left. Abuse was not confined to the marital home but continued after Marukh had left the marriage. She feared reprisals from her husband and his family as they *'were threatening me if I didn't drop the charges'*. In addition, Marukh described how her former neighbour was physically attacked by her husband's family who mistook him for her own brother who had formerly lived in the next-door house. Marukh subsequently contacted the police again:

*'I phoned the police and said I was scared and they said you should have known this would happen.'*

Unfortunately, Marukh was not the only service user who had a poor response from service providers. Marukh's experience also highlights how marriage can be a trigger for the onset of abuse. Other women illustrated a different trigger: coming to England from their home which was particularly difficult for women who now found themselves apart from family and friends.

*'Abuse started when I came to England... [There was] physical abuse. I didn't go out. I was locked inside. No money.'*

Being kept within the family home and not allowed to go out was a common theme as highlighted by a Sahara Project staff member:

*'I had one woman who wasn't allowed out; only to the mosque and to the school each day. She wasn't allowed to buy food. She couldn't go to parents' evenings because she didn't speak English. So, she wasn't involved with anything other than looking after the house; doing chores and house duties...I was showing her how to get the bus, and she didn't even know which side of the street to get the bus from because after all this time in this country the only trip she was allowed to do was to the school or mosque on the same side of the road'. (SS)*

Another service user, Yasmin, described coming to the UK to live with her husband and his children after marrying and from the start being treated like a 'slave'. Yasmin described a form of forced marriage - slavery (United Nations, 2012) –with expectations that she would cook and clean for all the family. She slept downstairs alone in a room off the kitchen and she was excluded from all aspects of family life. Yasmin experienced physical and mental abuse, as well as financial and material control as she was not allowed to manage or have any money (other than small amounts provided by her husband to buy food). She had no access to any documentation or her passport. Reflecting on the ways in which her husband's children treated her, Yasmin said:

*'His children said 'our father never told us he was getting married. And then he brought you here'...They didn't talk to me... I had to cook for them and sit in the kitchen whilst they sat and ate as a family together... They wouldn't let me go out, or go out with them. They'd go out and say 'don't take her' to their dad.'*

In this scenario, the children of Yasmin's husband were adults, but where there were younger children born within marriages, the children were often used more strategically to reinforce the abuse and enabled perpetrators to wield further power

and control over the victims/survivors. This was not an isolated theme within the narratives. Here is one example of how one woman, Shameen, left her husband taking her youngest child to live in a refuge (her older boys stayed with her husband). She then attempted to see her children:

*'I said I want to see the boys. He said 'no. Not allowed'. He put cameras in the house. Recording the children saying you can talk to your mum but I'll know. My son text messaged me and said 'mum, we can't talk because [dad] is recording. We are scared'... (Reflecting on subsequent access with her children) then he put USB recorders in the children's clothes (without their knowledge) when I did see them...'*

Demonstrating the cultural nuances that can be experienced by BAMER women, Shameen's circumstances changed when her ex-husband remarried but he continued to control Shameen's life.

*'He found someone on the internet. He married again. She's a girl, not a woman. She's a 16-year old girl. He's 45... It was a shock for me. He didn't care about the children. And he said 'if you want to live with me, you can look after the children. You can look after the house. You can look after my wife... He had two houses, in his name...he'd stolen my passport and my bank cards...'*

Another service user, Jan, described how on a trip to her home country her husband's father also physically abused her and described experiencing sexual harassment from him for the whole stay. Both Jan and Yasmin highlight how extended families contribute to abuse. Effectively, what the findings illuminate is forms of physical, sexual, emotional abuse, mental cruelty and financial controls that were used in combination to undermine, effectively control and isolate women. As noted above, these narratives provide examples of coercive control; a powerful form of maltreatment which is built upon gender inequality which serves to oppress women in their personal lives (Stark, 2007). What makes coercive control even more powerful and oppressive for some of the women in the sample (and the majority of women who access services from the Sahara Project) is that many live without any independence; they lack access to their own money; their passport and other documentation has been withheld; they are not allowed to make decisions or leave the house. One service provider illustrated the impact of this:

*'[Working with victims/survivors] I have noticed that amongst South Asian, Pakistani communities, the men are very controlling about financial matters. Women have had no control. White British women are more financially independent and knowledgeable... [some] men have total control over finances, housing, tenancies. Sometimes if the woman has left, [the man] sublets the property to her. [In this way] they maintain total control... they don't pay child maintenance... it's another way to control women even when they've left'. (SP3)*

Sahara Project staff also noted the specific needs of South Asian women in relation to marital rights and child support as one member said:

*'They're told and they believe that children will get taken off them. And the problem is that the majority of perpetrators are either taxi drivers or work in take-aways and don't declare their money. So, to get a penny out of them is literally impossible. So, say for example, the woman is British. The man is from Pakistan, Bangladesh, wherever. He's got barriers when coming to this country because of his skills, his education. He'll go into employment that, like taxi driving, is self-employed. It's what they're declaring. She'll have a good job. She's the one who'll get the mortgage. But then he'll have marital rights on that property, but we'll never get a penny out of him because he's never declared anything... either way for women there are barriers. (SS)*

## 5.2 Barriers to help-seeking and accessing services

For BAMER women who speak little or no English, who have insecure immigration status or for those who do not have access to public funds, the above abuses impact heavily. In these circumstances their abusers exploit these factors to exert further control and maltreatment, and a Sahara staff member summarised this as for BAMER women their needs can be more complex due to 'culture, religion and, finally, immigration' (SS). One service provider, who had worked in the City of Manchester for over forty years in a healthcare role, summarised these factors in relation to help-seeking:

*'There are enormous barriers for anyone to get professional help and leave. For BAMER women there are additional barriers: language barriers; cultural barriers and access barriers. (SP5)*

Before women accessed support from Manchester Women's Aid, a fundamental challenge presented in many of the participants' lives. Women described the ways in which they did not recognise their experiences as abuse. One participant said:

*'It was physical at first, then more emotional and it was financial abuse, although I didn't recognise it at the time'.*

This is congruent with other research as one study highlighted how 52% victims/survivors did not recognise their experiences as violence until they accessed specialist services (Imkaan, 2013). Many of MWA service users depicted the lack of recognition as a barrier to services pointing out the length of time they spent in the abusive relationships (this varied considerably from 8 months to 19 years). Exploring this barrier with participants, it was clear that traditional, patriarchal gender norms – which promote the notion that a woman should remain in the home and be immersed in domestic life, and that the man is the head of the household – were strongly embedded in the communities in which these women lived. This implicated the ways in which culture and religion created challenges for victims/survivors in terms of speaking out and seeking help. A member of the Sahara Project team explained:

*[For example] recently I worked with a Black woman who went through the church leader who convinced her to go back to [her partner] as he'd changed. Same with South Asian communities, it can take me a lot longer to convince them that what they are doing (that is, leaving an abusive relationship) is not religiously incorrect... you're not doing anything wrong. But they've been taught that marriage is for life, and irrespective of anything else a woman should sacrifice everything for the sake of their children'. (SS)*

As such, in some communities, gender inequality clearly continues to oppress women by underpinning messages and expectations about domestic servitude, which in turn reinforces gender inequality; expectations were frequently enforced by both their abuser and extended families. These expectations also impacted on women's beliefs and norms as depicted by one service provider:

*'The main barriers that I experience is how women, regardless of first or second generation, perceive themselves in their family and their roles and duties within their family. It has a knock-on effect of then how they see themselves and their opportunities as part of a wider social community in the UK... For example, we are getting more women from Central and Eastern Africa. There is a conflict between Western society and cultural expectations for them up to that point they see the UK as a place of opportunity for their children, but not for themselves'. (SP1)*

One service user, Rabiya, a British Pakistani, demonstrated agency and resisted the expectations associated with this claim but then depicted how these were embedded in her wider family's culture. She explained how when she left her husband, she sought support from her parents; Rabiya had always been very close to them, especially her father. However, Rabiya disclosed the following:

*'My father had been giving information to my husband, but we didn't know that... Letters between them... Some of the things that he said, you don't expect a father to say that. It wasn't very nice. It took a lot out of me, because my dad was my everything. I basically worshipped the ground he walked on.'*

Rabiya's father felt that she had brought shame to the family as she was in the wrong by leaving her husband. His view was that Rabiya should return to the marital home as marriage is for life. Other participants described the way in which the notion that marriage is for life served as a barrier to leaving, to seeking help and made them feel bound to their abusing husband and that they should comply with the expectations placed upon them. Many participants spoke of the pressures exerted by their immediate and extended families, but also in terms of the reactions and expectations of their communities. Rabiya explained further:

*'It's the community thing. It makes a lot of them (DVA victims/survivors) go quiet... and so not many come forward... it's about breaking that... honour and all that kind of stuff.'*

'Honour'-based violence (HBV) comprises violence and abuse perpetrated against women within the patriarchal structures of the family, community and society and the justification for such violence is to protect the 'honour' of that family and/or community (Gill et al., 2012). It is closely linked to forced marriage and 'honour' killings (Brandon and Hafez, 2008). Within this world view, 'honour' is defined as a value-system with associated norms and traditions and in this way, it can be used to justify violence, abuse and homicide. It is, therefore, a powerful mechanism which controls women as Rabiya suggests. It is also one that is common for BAMER women:

*'Time and time again the problem is 'honour'-based violence, and it's something I faced from my own family and I was born and grew up in this country...and when I was in this job working in a refuge... So, for BAMER women, when she does decide to leave, she might not have any family. She'll have to leave all her connections; like most women in that situation. But their additional needs arise as they'll be ostracised from their community. And are they ever going to truly be left alone because of the risk of being coerced back because of the shame on the family... [and if you have left] and who is going to want you now. You're used.'* (SS)

The project worker gave an example:

*'I've got this service user, born in this country, who was married to a man from Pakistan for 13 years. She stayed because she had a child with additional needs. She left when a social worker intervened and said that what she was putting her children through wasn't good so she then left and moved back in with her family. When she appointed a solicitor, he was a community member, who then went and relayed information back to the husband who was the alleged perpetrator. It put her at further risk. The Imam who she was trying to use to dissolve her Islamic marriage said to her 'Well, God is going to punish you', using the religion... and then she had the guilt and the thoughts 'is God really going to punish me'... She was from a tight-knit community, and then her family tried to coerce her to go back.'* (SS)

There is, however, a growing evidence base to suggest that HBV is not always tied to any specific culture, religion or class (Gill et al., 2012). Therefore, in order to understand HBV, it is crucial to look beyond culture or religion and, instead, attempt to understand the meaning and construction of 'honour' in particular situations and within different communities (Gill et al., 2012). This is a claim that is pertinent to this study as it is expressed that HBV is insidious, and not only found in South Asian communities but in African, Arab and GRT communities too.

However, the barriers to help-seeking are not only tied to the culture of the communities that women are from. Structural conditions such as immigration status, no recourse to public funds and more personal factors, such as a lack of English language or no/little education, served to reinforce the ways in which women were abused, acting as barriers to accessing services to enable women to flee from their abuser and to stay safe. A Sahara Project staff member noted issues such as immigration status and lack of English language are exploited in ways to control, manipulate and create fear:

*'They are told your children will be taken off you. You'll be sent back to the home country. Many women have been here for 10 or 15 years, but they haven't got indefinite leave to stay. They're still on their spousal visa because the man won't apply for it to keep that power and control over the woman... if they do get sent home, there's no life for them. There is 'honour'-based violence, the shame. They're [ostracised] from their communities. To get them from a spousal visa to an indefinite leave to remain, they can't access benefits or present as homeless – they have no recourse to public funds'. (SS)*

In effect the worker was not portraying BAMER women's needs as greater, or their experiences more harmful, than for victims/survivors who identify as White British; she was attempting to describe the complexity of BAMER women's circumstances and the ways in which structural, systemic and personal factors intertwine serving as a barrier to women moving on to live free from violence, or resulting in a delay to seeking help, or meaning that women returned to live with the abuser.

Moreover, many women are unaware of their rights or of the support that is available and for some with no recourse to public funds there are little available resources, such as refuge space or other safe housing options. One woman depicted this lack of knowledge when discussing the removal of one of her children by social services. She explained:

*'The social worker said you didn't protect your son. But [the perpetrator] forced his way in. I didn't know I could phone the police'.*

The majority of women in this evaluation explained how they were unaware of MWA, the type of support it offered, or that they would be eligible for any type of service.

*'[Reflecting on MWA] I didn't know what it was'.*

*'I felt scared... I didn't have any hope that anyone could help me. It was just like a miracle having help from Women's Aid... I'm lucky'.*

### 5.3 Enablers to seeking help and moving forward

Service users and service providers depicted the philosophy of the Sahara Project, which is built on an empowerment model, as underpinning the service that is offered. For example, one service provider emphasised this when reflecting on BAMER women who experience DVA:

*'Over the last fifteen years, [MWA] has embed in their work the understanding, [empathy] and respect for those cultures and backgrounds... but also in how these can significantly impact on those women's abilities to engage and benefit from services, but also in terms of how these women see themselves in those relationships... It is the non-judgemental approach and respect that help all women whatever their background.' (SP1)*

SP1 was referring to the ways in which Sahara Project staff understand how BAMER women can see DVA as part of married/domestic life, as something which they have to accept and tolerate for the sake of their children, the family and community. One member of the Sahara Project team described the service as *'a stepping stone'* elaborating how:

*'Women might come to drop-in. They might come for groupwork. They will form some kind of links with women in similar situations which I know sounds like some kind of cliché, but it really does make a difference... if they have no family and they went to someone in their community, they might say 'well, why don't you go back to your husband?' They come here and they won't be judged'. (SS)*

In this way, the Sahara Project enables women to connect with other parts of the service as well as with other service users and, as such, the project meets a variety of needs (practical, social, legal, and so on). Service user participants offered practical examples of how BAMER women were assisted to leave abusive relationships and, importantly, not return. Many service users depicted this in relation to the support to achieve immigration status and in their desire for stability and security as women independent from their abusing husbands:

*'I'm lucky. I have got status [to remain in this country] now. I didn't before. My case was with the Home Office and it was very complicated. I had fear from my family and my husband's family... but now I'm safe and have status...I got legal advice [through the Sahara Project]. This was very important to me. I had no money. I got legal aid. This was a big advantage for me'.*

Many other participants described the way in which the Sahara Project enabled victims/survivors to access advice, guidance and support that they might not ordinarily be able to access, or that they might not be aware of its existence:

*'I did not know about my rights. Women's Aid... gave me a clear view [as] I didn't know what you could get'.*

*'I had never dealt with solicitors or the police. I was very scared. I didn't know what to say or what questions to ask. So, (Sahara Project worker) came with me. She was really, really good'.*

Moreover, accessing this advice at the drop-in, which offers a safe and accessible environment, was noted as being vital. One participant summed this up:

*'The Sahara Project is well used. The women get a lot of support... without [the Sahara Project] women would not know how to get advice [as] some of the women are quite naïve in terms of their rights and what help is available. For example, [our organisation] they think it is just for the street homeless but we offer benefits advice, housing support, debt advice... (Reflecting on the ability to access support for BAMER women) So it's quite hard to get help these days, a lot is just telephone advice. We have an open-door policy. We're the only agency in Manchester who does...but it's hard to come to our office [in the city centre] as quite often there are homeless people there, they could be on drugs. It's intimidating, especially if you've got children. It's not easy turning up to a place like that'. (SP3)*

In this quote, the service provider is emphasising how vital community-based activities like the drop-in are for women who are considered to be hard-to-reach in terms of offering a safe, accessible space. Another service provider described the value of the groups (drop-ins and groupwork programmes) contextualising this in terms of the demographic diversity in Manchester:

*'There's more Arabic speaking people in the last decade, and Manchester is very cosmopolitan... I think the work [of the Sahara Project] in terms of groups is really important ... in terms of the social aspect... enabling people to meet others from similar backgrounds. (SP5)*

There were many suggestions in terms of how the Sahara Project could conduct more awareness-raising to women in hard-to-teaching communities as DVA continues to be 'very hush hush'. One participant suggested using Asian radio and television channels to educate South Asian communities about DVA. Another suggested doing

more work with community leaders and community groups, going into mosques and community centres. This is work already undertaken by Sahara Project staff who felt that to-date this work was having a positive effect. They also felt that pathways to accessing the project's services were often through word-of-mouth. Service user, Kat, elaborated:

*'I didn't know about Women's Aid. It was another service user, X, who told me and I went to the Pankhurst Centre but I didn't know it was Women's Aid...'*

#### 5.4 Sahara project interventions: strengths-building and empowerment

Service users depicted the ways in which they had built inner strength and courage to leave and maintain a life free from abuse due to the services that they had received from the Sahara Project. Interventions included 1:1 casework (via outreach support), groupwork or the drop-in (most service users benefit from a combination of these different interventions).

All individual support (through casework) was reported as being positively received offering empathy and emotional support, confidence-building and motivation, life skills ('some women have never registered at a doctor's and don't know what to say if someone asks about DVA'), practical assistance, signposting and advocacy:

*'X, my outreach worker, was very, very good; signposting me here and there, and telling me what I could access. All that really helped. I feel more empowered... I feel a lot more independent. Before there was a lot of fear and a lot of that has subsided now. [The fear was] about what could happen. A lot of that is down to X, my social worker and my friends. I feel a lot stronger'.*

This excerpt shows how input from the Sahara Project was critical in this particular woman's journey, but also the way in which women are supported best by a mix of expert support (Rabiya was supported by practitioners in law, social care and MWA). This is in line with current thought as it is argued that women are best supported by a multi-agency approach which offers a complement of individualised advice, support and representation (Rummary, 2013).

Not all the help that women received from other agencies was helpful as one participant described how she needed guidance from legal services (for a divorce and in relation to housing

and child contact) and was 'sent back and forth', she considered the housing department to be obstructive in moving as she wasn't homeless and her doctor did not provide evidence for a legal aid application when she requested it; none were 'very helpful'. However, on making contact with the Sahara Project, this woman was enabled to move forward. She noted how:

*'To be honest, I did it all myself but when [they weren't helpful] it set me back. I needed advice. The caseworker (from the Sahara Project) was very helpful. She contacted me all the time to make sure I was OK and if I needed anything. There was a Christmas hamper of food and presents. Helped with the stress of moving and my divorce. She went above and beyond what she could do... Women's Aid are a safety net. I've been empowered to do it'.*

In addition to casework, the drop-in was considered to be an excellent intervention offering numerous benefits including the ability for women to make connections with others and for their children to socialise with other children. The social and mental health benefit was described by most service users:

*'[I] come here very depressed and leave feeling better'.*

The drop-in offers free legal and housing advice clinics attended by a solicitor from a local solicitors' firm and a housing/benefits advisor from a third sector agency. Women reported on finding these clinics particularly informative and empowering in terms of gaining individualised legal knowledge and understanding in terms of rights and future options.

*'[Before getting legal advice] I didn't know anything. I didn't know what I was doing... I got some legal support... it was very helpful. It was something I needed to do, in terms of my divorce I got the advice I needed to go forth'.*

In terms of housing and benefits advice, this was also seen as something which was available to women in times of crisis or enabling them to plan for a safe future:

*'The advice helps women to plan to leave if they're still in a relationship... or its for women who've left domestic abuse in terms of housing advice, or benefits, or debt advice.' (SP3)*

In relation to housing, expert advice was of particular benefit as noted by others and particularly service providers who indicated that the housing market in the city and Greater Manchester was under intense pressure due to demand. A service provider put this into perspective

noting how there was an increasing waiting list for housing yet a decreasing number of available properties.

In relation to other interventions, some of the participants had attended groupwork and found it to be helpful in moving forward living without abuse. One woman reflected on her completion of the Moving On programme.

*'It helped me to open my eyes to a lot more than I realised. I thought I'd been there, seen it all, wore the T-shirt, kind of thing. But then some of the things that were discussed made me realise that this happened, and that happened, and that was abuse. All the forms of abuse that are out there, I recognise them now'.*

Another woman was mandated from social services to access support through the Sahara Project. She welcomed this and saw it as a way of getting her son returned to her from foster care (an achievement which she'd completed as he was due to be returned at the point of interview). She described the two-year period since her son had been taken into care:

*'Every week I've been coming here. MWA has helped me. I've completed everything. Every programme: Moving On; Living Life to the Full; Me and You, Mum; the Freedom Programme. Every day I'm sad. I miss my son. I love my son. Manchester Women's Aid has supported me. Every time I have contact with Women's Aid I feel confident. They have had confidence in me'.*

For this woman, the Sahara Project offered a critical space where she was not judged, but she was understood, supported and guided through a system (courts and the child protection system) which she did not understand. In this way, the project offered her an environment which empowered her to accept her situation and make changes in order to determine a different future; one which saw the return of her son.

The benefits of the groupwork programmes were evident for many participants with one woman commenting that:

*'Moving On was fab...but, you know, it shouldn't be for the victims. It should be for the judges and all the other professionals... because after living through an abusive relationship we know more than anybody else. But professionals, Cafcass and social workers, they need to come and do this course in order to do proper judgements'.*

This service user felt that this would enable the practise of a wider network of service providers to be more insightful and better informed when working with victims/survivors. This, in turn, would be more empowering for women as practitioners would be better informed by the experiences of DVA victims and the challenges of not just leaving, but of staying safe and building a future.

## 5.5 Community-building, peer support and volunteering

The drop-in had evolved into a social community, offering a sense of belonging for women who had been extremely isolated often living without the support network of family and friends, and/or who had lost family and community after leaving the marital home as one woman noted 'I was very isolated before' and others explained:

*'I left my husband. [I had] no family or friends. I moved to a community where I don't know people. I go to the drop-in most weeks'.*

*'I had no family. I come here. Everyone has a different story. Everyone supports each other'.*

This facility offers women the chance to meet others who are from similar backgrounds and who have shared experiences. For women with little or no English language it provides the opportunity to speak to other service users or staff who share a language. It enables women to see that they are not alone in their experiences, nor in making the break to live with safety and dignity; it is self-affirming. It offers women the chance to build relationships and feel part of a community. In this forum women regularly support one another, share knowledge and encourage each other to keep positive, sometimes in the face of extreme adversity (particularly for those women with no recourse to public funds) This reciprocity through relationship-building is very much aligned with an asset-based approach to community work (IDeA, 2010). A service provider described the range of outcomes that were achieved through the drop-in:

*'In terms of the social aspect... we see how it builds resilience, enables growth, physical health and well-being improves'. (SP5)*

For the most part, women in the service user group had not been in employment at the point at which they began to receive services from the Sahara Project. However, some had found work since leaving their abusive relationships. Others had found the confidence to volunteer and benefit from the volunteering opportunities created by MWA. One service user explained:

*'I have been volunteering for six months – IWF – I would like to work. [From this] I have done voluntary work for my daughter's school... [on volunteering for IWF] I love it. I have two benefits from it. One is to get used to the work environment and the second thing is to offer support to others. Even if they don't need it for them to know that someone is there. From what I experienced and how I suffered, I want to pay back. I want to help.'*

The ability to contribute to decision-making and shape the services that had helped them to flee from DVA clearly had a real benefit as women felt empowered, listened to but enabled to work collaboratively in a meaningful activity. Many women desired those opportunities:

*'I want to work. In my country, I got a law degree. I always worked, in advertising... I had a stable life in [country]. I had my job. I had money. I had my car... I like volunteering for the IWF and I hope to get work after doing some courses'.*

This service user viewed her contribution and involvement with the IWF as part of a structure and process that would help her return to the kind of life she had before leaving her home country for marriage. Another service user, Kat, emphasised the opportunities from volunteering with the project and the ways in which it has encouraged her and given her the strength to address some more fundamental issues that affect many women:

*'I speak about domestic violence a lot and so I was invited to join and I am so glad to have the opportunity and try my best to go once a week – to go to speak at the drop-in's basically. I am also working on different campaigns on my own.'*

Kat is an excellent role model and a survivor of DVA who continues to experience challenges, around child contact, in the court environment and who is now campaigning to improve the structures and processes for all women who experience domestic abuse who find themselves in similar situations to her own.

## 5.6 Gaps

As noted above, prior to receiving services to support them to leave abusive relationships, most of the service users in this study did not know that Manchester Women's Aid existed and when they did see adverts (for example, posters in doctor's surgeries) they still did not necessarily recognise their experiences as abusive or understand how Women's Aid could help them. One service user described how she took her youngest child (a baby at the time) to live in temporary accommodation in London (bed and breakfast accommodation which she described as 'awful and frightening') before returning to Manchester in an attempt to be reunited with her older children (aged 10 and 14 years old) who were living with their father, her estranged husband, and his 16-year-old new wife. She said:

*'If I had known about [the Sahara Project] I would not have gone to London. I would have stayed here.'*

Therefore, there is a clear implication for more awareness-raising as both service users and service providers indicated how the communities that are accessing services the most (reflected in this evaluation's sample as South Asian women) still would benefit from more prevention work whilst women from other BAMER communities would benefit immensely too. At the other end of the recovery journey, a gap was identified by a member of the Sahara Project team as the need for a dedicated resettlement worker supporting women who had been rehoused from a refuge, or moved to live independently. This was also touched on by a service user who felt that services in general were effective at the point of crisis but there could be a more cohesive approach at the 'moving on' stage.

*'If that work was picked up by a resettlement worker then we could pick up more women earlier and cater for more women. You know when they just have small things left, like schooling for the children. It's important but it's not that important as they're in a place of safety'. (SS)*

In terms of their reach, Sahara Project staff recognised that some groups were not as well catered for and children were identified as a group who could benefit from some form of outreach support, counselling or groupwork. In addition, it was recognised that some communities which are included under the BAMER umbrella are harder-to-reach than others. One staff member described this:

*'We've got EU citizens, so Polish speakers. So, we struggle with other languages... We're getting more Arabic speakers – Iranians, Lebanese, Syrians – Middle Eastern countries. We get a lot of South Asian ladies. They use the drop-in. The drop-in is very good for them. [The gaps] are Polish and Middle Eastern communities.'* (SS)

MWA makes use of Language Line to aid its communication and work with people from East European and Middle Eastern countries (such as Poland and Iran), the staff member was merely highlighting the wide range of language spoken across the city of Manchester and that it was not currently possible for Sahara Project staff to cover all the language needs of their service users. In terms of the benefit of drop-in's, the staff member also indicated that additional drop-in's, that are strategically located in communities, were recognised as a way to target harder-to-reach women.

In addition, MWA recognises that there are particular challenges to engaging and supporting Gypsy Roma and Traveller (GRT) women who are experiencing DVA. Therefore, this project included consultation with representatives from the GRT community who illustrated some of the longer-standing barriers which include issues similar to those described above in that the way of life for GRT communities is very much tied to traditional gender norms and values; for example, that marriage is for life. In addition, one contributor noted how:

*'Some of our ladies in the past have gone into refuges and been bullied'.*

It was acknowledged that any woman can be bullied in a refuge environment and that it is a difficult and stressful place to be for many, but it was suggested that there continues to be a significant amount of prejudice for GRT people and their way of life. However, this contributor also felt that there are continuing challenges around cultural sensitivity:

*'...they're not user-friendly for GRT women... Women's Aid, I don't think they're sensitive to cultural difference. [For example] there's a difference between women who live on sites, those who travel and those in settled communities'. (representative from the UK Gypsy Travellers Association)*

This participant was not speaking about Manchester Women's Aid (and had no experience of the agency), but she held a broad perspective in terms of non-GRT people and non-GRT agencies' understanding of GRT communities. The participant was trying to illuminate the vast array of difference within the GRT community in terms of experiences, needs and barriers to services by distinguishing between different ways of life and the lack of knowledge in general about the heterogeneity within the GRT umbrella. For example, the contributor pointed out that Irish travellers tend to be Roman Catholic who believe that marriage is for life and they are against divorce, whilst many Roma women lack of education and language skills. These were important points as this contributor also explained how 'lifestyle' is often used by professionals, in ways that she considered to be discriminatory and prejudiced, to criticise and demean GRT customs, traditions and/or life choices.

It was also explained how currently within the GRT community there is a spotlight on the ways in which children are being removed and freed for adoption through social work interventions, particularly in cases of DVA. This has created a deeply embedded fear, suspicion and distrust within the community for all service providers who are not GRT-specific. Clearly this creates a considerable challenge to the Sahara Project. Suggestions on how this can be approached included having someone from the GRT community work in partnership with the Sahara Project to help to break down the barriers to help-seeking by raising awareness and demonstrating that the service is open to all women (not just non-GRT women), and working with the community to emphasise that GRT women should not expect a discriminatory or oppressive response by MWA.

Speaking to service providers about the gaps in support and service provision in Manchester was illuminating as this elicited conversation about not only the gaps in current provision but in terms of highlighting the potential gap if MWA and the Sahara Project did not exist as one participant noted:

*'Without Women's Aid, women would not know where to get housing and benefits advice'. (SP3)*

*'MWA has a forty-year history in Manchester and no other provider does the work that they're doing... and to have a specialist team to provide language, cultural understanding and support for refugees with no access to money. It's really important.' (SP5)*

In addition, a service user stated:

*'If Women's Aid hadn't helped me. Nothing. My life would have stopped'.*

However, a representative from a service provider offered a different perspective other than those given previously as he suggested that the work of MWA for BAMER women was necessary and essential in terms of inequality at a more fundamental level as these women experience a double bind in relation to both gender equality and race equality. He said:

*'Equality for BAMER women. There's been slow progress for women on the ground... equality is comparable to that of White women 50 or 60 years ago'. (SP1)*

Thus, providing the argument for continued targeted work with BAMER women.

# 6. Conclusion



This evaluation has explored the experiences of and perspectives from service users, Sahara Project staff and external agencies who work alongside Manchester Women's Aid in Manchester. Overall, the findings clearly highlight the value of the services provided by the Sahara Project in terms of addressing DVA with hard-to-reach BAMER communities and with women for whom there are particular cultural, religious and knowledge barriers to accessing help and leaving abusive relationships. Moreover, for these women there are very specific and entrenched factors which impact on their experiences of DVA and these are grounded in traditional, patriarchal views about women and men and the roles that they take in the family and society at large.

The evaluation found that every service user spoke with high regard of the staff at the project, noting how they had helped in many ways with practical advice and help, safety planning, emotional support, in helping to build confidence and resilience, and also in relation to signposting or supporting women to access services from other agencies. Therefore, women depicted receiving an individualised service meeting their diverse needs and often addressing complex situations. Some women were without any recourse to public funds or had ever lived independently of their husbands

or wider families and the service users described the Sahara Project as a 'lifeline' (Manjoo, 2015). This is important as it is recognised by Central Government that the women supported by the Sahara Project are some of the most marginalised who experience a multiplicity of hardships:

*'We recognise that some sectors of society can experience multiple forms of discrimination and disadvantage or additional barriers to accessing support. These include women and girls from Black and Minority Ethnic (BME) communities [...]' (Home Office, 2016: 10)*

There is, however, only a finite source of funding for DVA services and the danger is that without continued funding the Sahara Project will be limited in terms of reaching the types and volume of women who have already benefit from the various interventions offered (casework, drop-ins, legal/advice clinic and groupwork). Equally significant is the problem of funding 'short-termism' which compromises the sustainability of the service and longer-term outcomes for BAMER women. This is not a problem unique to MWA, but it was one discussed by external stakeholders in recognition that if MWA did not exist there would be a significant and wide-reaching loss of services for the victims/survivors of DVA in the city of Manchester. Thus, there is a strong message for public sector commissioners to recognise the

funding problems and implications of the need for more consistent and longer term investment in domestic abuse services and for BAMER women, in particular.

In addition to exposing the positive work of the Sahara Project, the data collected for this evaluation has uncovered gaps yet to be bridged in terms of the project's current delivery plan; the implication being that more targeted work could benefit BAMER women in the identified 'hotspots' in Manchester. In addition, MWA acknowledges that there are some women – Eastern European, Arab and GRT women – who constitute the hardest groups to reach and therefore this evaluation offers some insight from experts by experience, women from GRT communities, to help shape services in the future. Another area for development was recognised as the assistance given to women to 'move on' and recover from trauma in the longer term and that was identified by both service users and external service providers; with the latter suggesting that MWA could provide training to share their expertise to enable more cohesive and informed multi-agency working. This is an important point as a number of women shared examples of poor practice amongst statutory agencies (police, health professionals, housing) which resulting in them feeling dismissed, or vulnerable in some way. In addition, one service provider noted how he had attended training by MWA and that the 'standout feature' was the 'understanding, empathy and respect' imbued throughout for women victims/survivors, whilst also commenting how other service providers can learn from this philosophy and approach.

In terms of the interventions offered by the Sahara project it was apparent that two in particular - the drop-ins and Independent Women's Forum (IWF) - were particularly critical in helping women to develop and increase their social capital; both collectively and individually. Each intervention acted as a mechanism to enable women to share skills and strengths, enhancing resilience, offering inclusion and friendship. As such, these structures had incorporated an asset-based approach from which women reported to benefit in numerous ways (IDeA, 2010). The drop-in session clearly imbued the principles of an asset-based model but the potential for the IWF is clear in terms of the general principles of this (of mutual support, coping, health and well-being improvement, and so on) (IDeA, 2010) but also in terms of the individual benefits of preparing women for independent futures and employment potential. It is the opportunities

offered by these structures that may enable women to benefit in the longer-term once living free from violence and abuse as they are empowered to become mutually supportive and independent.

Finally, of particular note were the discussions that illuminated the structural issue of gender inequality which was identified as something that MWA addresses by its adopted philosophy and code of ethics. For BAMER women it is the intersections of gender inequality and other forms of discrimination (racism, cultural and religious prejudice) that can exacerbate the problem of DVA (Sokoloff and Dupont, 2005). These social problems are not easy to tackle, and their existence serves to reinforce the need for services which address various forms of oppression and discrimination as people do not live 'single issues lives' (Lorde, 1984). Thus, the need for interventions that are accessible to all are vital, but also the breadth of interventions is important and the Sahara Project effectively resists the 'one size fits all' approach. Overall, this evaluation has provided evidence of the success of the Sahara Project, whilst providing indications for future planning.

# 7. Recommendations



As well as building on the work of the Sahara Project to-date, a number of key messages and recommendations for MWA follow from this internal evaluation:

- Targeted prevention and early help in key 'hotspots' including: for example, community-based drop-in's and awareness-raising activities.
- Prevention across the city targeting women and children from BAMER communities who are considered to be hard-to-reach and who do not easily access services including East European communities, GRT communities and Middle Eastern countries.
- Identify GRT community members (and those within other harder-to-reach groups) to work in partnership with to develop closer links and raise awareness within the community at large.
- Develop the Independent Women's Forum (IWF) to enable service users to shape the services provided by the Sahara Project and to encourage service users to be 'decision-makers'.
- Develop the volunteering opportunities and IWF within an asset-based approach.
- Offer activities that take a strengths-based approach and serve to enable women to build and/or share skills within the social community that has emerged from the Sahara Project.
- Develop training for partner agencies, including service users in the design and delivery, to help influence a more coherent and better informed multi-agency approach in relation to BAMER women's needs and, more specifically, which helps practitioners to understand the intersections of culture, religion and coercive control. This should include learning about different points in a woman's recovery journey; from crisis point through to resettlement.

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# Appendix 1: Interview participants

## Sahara Project Staff

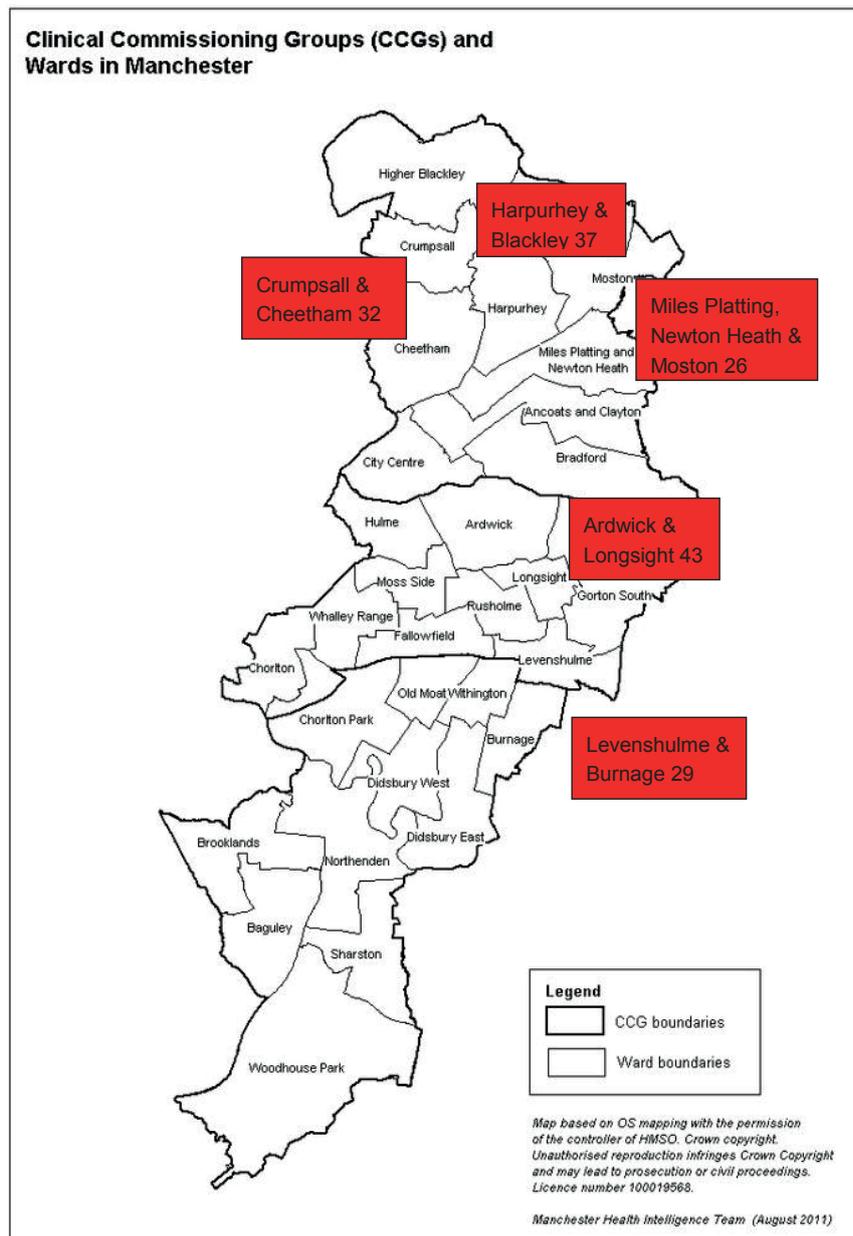
	Age	Ethnicity	Time in role
SS	38	British Pakistani	14 months (previously volunteered for 6 months)
SS	35	Pakistani	8 years (13 years with Women's Aid in total)
SS	42	Pakistani	2 months (previously volunteered for 10 months)

## External stakeholders: service providers

	Age	Ethnicity/gender	Sector
SP1	52	Black British male	Social care
SP2	48	White British woman	Healthcare & DVA
SP3	44	White British woman	Homelessness
SP4	Undisclosed	White British woman	Homelessness/advice
SP5	65	White British woman	Healthcare
SP6	39	White British woman	Homelessness
SP7	Undisclosed	Gypsy woman	GRT
SP8		Traveller woman	GRT

# Appendix 2: Referrals Hotspots

Postcode recording of service users' homes of referrals to Sahara Project – hotspots indicated by total of 25 or more service users in the locality



# Appendix 3: Ethnic breakdown of referral information

<b>Ethnicity</b>	<b>Self-identification (in numbers)</b>	<b>Self-identification (%)</b>
Asian or Asian British - Pakistani	92	31.9
African	37	12.8
White other	26	9
Black or Black British – African	16	5.5
Other	15	5.2
Mixed - White and black Caribbean	13	4.5
Asian or Asian British – Other	12	4.1
Mixed –other	10	3.5
Indian	8	2.8
Bangladeshi	6	2.1
Asian or Asian British – Indian	6	2.1
Irish	5	1.7
Arab	5	1.7
Black or Black British – Caribbean	5	1.7
Mixed – white and black African	5	1.7
Other Asian	5	1.7
Asian or Asian British – Bangladeshi	4	1.4
Black or Black British – Other	4	1.4
Chinese	3	1
Caribbean	2	0.7
Black other	2	0.7
White and Asian	1	0.4
British	1	0.4
Traveller	1	0.4
Black Caribbean	1	0.4
Mixed – White and Asian	1	0.4
White Irish	1	0.4
Gypsy Roma Traveller	1	0.4
<b>Total</b>	<b>288</b>	<b>100</b>



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