Self harm and Suicide amongst Black and Minority Ethnic Women:

A Conference Report

Glasgow Violence Against Women Partnership

Raising Standards to Tackle Male Violence against Black and Minority Ethnic Women

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Conference Report:
Self Harm and Suicide amongst Black and Minority Ethnic Women

1. EXECUTIVE SUMMARY

1.1 Aim of the Conference

A recent study of young people of Asian origin in the UK found that the suicide rate of 16-24 year old women was three times that of 16-24 year old women of white British origin[1]. The aim of this conference was to give service providers and service users an opportunity to consider why black and minority ethnic women may turn to suicide or self harm in response to the gender and race discrimination they face. It aimed to raise awareness about the difficulties black and minority ethnic women have in disclosing their experiences of violence, and to explore ways in which services can improve how they respond to, protect and support women and children.

The conference was open to all those concerned with the well being of black and minority ethnic women. It was targeted at staff from a range of statutory and voluntary settings and disciplines, including health, social care, social work, education, police, community, faith organisations and childcare. In total, 160 people attended the conference. However the conference was significantly oversubscribed indicating the high level of interest in this issue.

1.2 The Key Findings of the Conference

The conference highlighted the importance of taking into account the specific issues that concern black and minority ethnic women who self harm or who are at risk of suicide. In particular, it emphasised that self harm and suicide among black and minority ethnic women must be viewed in the context of their experiences of racism, sexism, class inequality, patriarchy, gender based violence and immigration issues. While it recognised generational conflict in their communities as one possible cause of self harm and suicide among black and minority ethnic women, it warned against seeing this as the only reason or the main reason for it. Instead the conference suggested that a complex set of factors surrounds black and minority ethnic women who self harm or are at risk of suicide, including family honour, language barriers, gender discrimination at home and in wider society, low self esteem and racial discrimination by society.

1.3 The Main Recommendations of the Conference

While National Strategies for suicide prevention work tend to focus on men, this conference has emphasised that more work should be done to address the mental health issues of women and girls in all the different black and minority ethnic communities. In particular, it has emphasised a crucial need for the following:

- **Support services in Glasgow** tailored to suit the needs of black and minority ethnic women and girls vulnerable to self harm and suicide. These services should offer a women-only space which is culturally specific, gender sensitive, confidential and non-judgemental.
- **More research** into suicide and self harm amongst black and minority ethnic women and girls living in Scotland.
- **Awareness raising** through wide reaching, ongoing multi media education and prevention campaigns and programmes.
- **A platform** for the voices of women from *all* black and minority ethnic communities to be heard.
- **Work with black and minority ethnic community and faith leaders** to raise awareness about the issues faced by black and minority ethnic women and girls who are experiencing mental health difficulties.

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[1] Raleigh, V.S. & Balarajan, R. 1992, 'Suicide and Self-Burning among Indians and West Indians in England and Wales', *British Journal of Psychiatry*, 129, 365-368.

- **Information leaflets on support services translated into all the community languages** and made available in public places such as doctors' surgeries, community centres and websites.
- **Early intervention work in schools** to allow for the early detection of emotional and mental distress in children. Workshops for young women to increase self-esteem, confidence and well being and to raise awareness of mental health issues and the support available.
- **Training for frontline workers** to enable them to detect the early signs of mental and emotional distress and signpost black and minority ethnic women and girls to available support services. Also, all mainstream training on mental health should include issues affecting BME women.
- **Clinical and therapeutic supervision for staff** providing support for women who experience mental health difficulties.
- **Service provision regularly monitored and evaluated** in a transparent way that involves input from service users. There should be more effective data collection systems in place in relation to self harm and suicide. Analysis of data should be used to develop interventions and monitor progress.
- **At a strategic level, policies should be guided and services shaped by the experiences of service users** who self harm or are at risk of suicidal behaviour. Policy makers should carry out consultations with service providers, including those giving specialist support to black and minority ethnic women.
- **The integration of issues regarding gender based violence and race** into service planning and multi agency planning processes.

The conference highlighted the need for the above recommendations to be addressed within the context of current and emerging developments in policy and legislation, including:
- The Race Relations Amendment Act
- The impending duty on public authorities to promote gender equality
- The Government's Choose Life Initiative
- The National Strategy for Addressing Violence Against Women
- The agenda for modernising mental health
- The Health and Community Care Partnerships, including the Mental Health Partnership and Children's Services
- The Scottish Executive Violence Against Women Strategy and local multi agency partnership work on violence against women

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2. BACKGROUND

2.1 About the Glasgow Violence Against Women Partnership
The Glasgow Violence Against Women Partnership (GVAWP) was established in 2000 to bring together a range of public and voluntary sector agencies to improve service responses to gender-based violence in Glasgow. This conference was organised by the GVAWP as part of a range of actions aimed at raising standards in services for women from black and minority ethnic communities who experience gender-based violence.

The Partnership recognises that strategic action to tackle inequalities needs to be integrated into the planning and delivery of gender-based violence services at every level. At the same time it recognises that:

- Many women and children who experience gender-based violence also face multiple discriminations due to a range of issues, including ethnicity, poverty, age, language, disability, sexuality and limited literacy skills.

- Women and children who experience multiple discriminations are more vulnerable to gender-based violence and face additional barriers to accessing services.
- While there is no evidence to suggest that there is higher rate of gender-based violence within black and minority ethnic communities, there are however specific cultural issues facing black and minority ethnic women which can limit their access to support and protection should they experience violence.
- Among black and minority ethnic communities, other family members connected to a woman through marriage may be involved in, or may participate in the abuse of the woman. In certain cases, abuse is perpetrated by other family members without the knowledge of the partner.

In response to these concerns the Partnership established a Black and Minority Ethnic Issues Planning Group. This group aims to develop improved and consistent service responses to women from black and minority ethnic communities who have experienced violence either in their country of origin or in Glasgow. In pursuit of this goal, the group identifies key gaps and issues within service provision and then promotes action within and across services to address these issues.

The group also links with other work led by the GVAWP to address issues for women who face multiple discriminations, including those from asylum and refugee communities, women with restricted immigration status, deaf and hard of hearing women and other groups.

2.2 Definition of Gender-Based Violence
The GVAWP understands gender-based violence to be a consequence of the social inequalities which exist between men and women. It recognises that gender-based violence can take many forms, including rape, sexual assault, child sexual abuse, prostitution, domestic abuse (including physical, emotional, psychological, financial and sexual abuse), self harm, trafficking and other forms of commercial exploitation of women and children. The GVAWP acknowledges the links between these different forms of violence as well as the importance of understanding links between violence against women and child protection. Furthermore, the Partnership recognises that gender-based violence is a human rights issue.

2.3 Background to the Conference
This conference was part of wider action on the part of the GVAWP aimed at raising standards in service responses to women from black and minority ethnic communities. It built on previous work carried out in Glasgow a few years ago by the BME Sub Group of Glasgow Healthy Cities Partnership's Women's Health Working Group and the Community Safety Partnership, which raised awareness of the issues faced by black and minority ethnic women who experienced gender-based violence and of the barriers they encountered in accessing support services.

The work from these initiatives highlighted how racism, sexism and cultural issues combine to make it extremely difficult for many women from black and minority ethnic communities to talk about the abuse they experience or to access services.

There is now a growing body of research which is helping to put these issues into the public domain. Women from black and minority ethnic communities across the UK are beginning to speak more openly about their situations and the social, physical and mental health impact that their experiences of gender-based violence have on them.

Recent research by Dr Aisha Gill from Surrey Roehampton University highlights the fact that:
'Although the incidence of suicide around the world is approximately three times higher for men than for women there is mounting evidence that in the Indian sub-continent at least, suicide is much more common among young women than men, a situation that is replicated in

Asian communities in the UK. Suicide risk patterns among people from different ethnic groups, cultures and religious traditions can differ to what is common from the white UK population. Yet there are few theories to explain why young Asian women are experiencing suicide at such a high rate.'

The conference was a chance for service providers and service users to explore why women from black and minority ethnic communities may turn to suicide or self harm in response to their experiences of gender- based violence. It provided an opportunity to raise awareness about the difficulties black and minority ethnic women have in disclosing experiences of violence, and to look at how services can improve how they respond to, protect and support women and children following disclosure. These issues were explored in the context of current and emerging developments in policy and legislation, including:

- The Race Relations Amendment Act
- The impending duty on public authorities to promote gender equality
- The Government's Choose Life Initiative
- The National Strategy for Addressing Violence Against Women
- The agenda for modernising mental health
- The Health and Community Care Partnerships, including the Mental Health Partnership and Children's Services
- The Scottish Executive Violence Against Women Strategy and local multi agency partnership work on violence against women

Much of the research and action to improve practice in this area is being led by agencies in England, although Hemat Gryffe Women's Aid in Glasgow has raised the need for research into self harm and suicide in the past. Most of the research that is emerging about black and minority ethnic women in the UK has a focus on the experiences of South Asian women and the conference reflected this. However, as the conference acknowledged, black and minority ethnic women are not a homogenous group – each individual woman's experience is specific to her, and women from different cultures may experience both different and similar constraints. Glasgow is home to women from many different black and minority ethnic backgrounds, including Chinese, African, Eastern European, Asian, Arab and Gypsy-travellers, both from settled and asylum seeking and refugee communities. The conference recognised the need for work to take place to address the needs of *all* the different black and minority ethnic communities and to provide a better platform for their voices to be heard.

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3. AIMS OF CONFERENCE

The purpose of this conference was to explore ways in which policy makers and service providers can best ensure that the mental health needs of black and minority ethnic women are met, with a specific focus on self harm and suicide. The conference set out the following aims:

- To provide an overview of some of the current local and national strategies on mental health, self harm and suicide.
- To present national and local research findings.
- To provide participants with an opportunity to explore ways in which strategies can be embedded into service provision for black and minority ethnic women.
- To provide participants with an understanding of what constitutes self harm and explore the factors which cause it.
- To introduce models of good practice and provide participants with an opportunity to explore ways in which these models can be adapted for local need.

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4. FORMAT OF THE CONFERENCE

After a welcome and opening address by the GVAWP, the following presentations were given:

- *'National Overview of the Scottish Executive's Choose Life Strategy and Race Equality'*, Caroline Farquhar, Head of Implementation for Choose Life, Scottish Executive

- *'An Exploration of the Relationship between Self Harm, Suicide, Race and Gender'*, Khurshid Usmani, Senior Educational Psychologist, GCC Psychological Services

- *'Honour Abuse – the Victims Story'* Deborah Bacon and Anna Hardy, Karma Nirvana Refuge

- *'Research Findings on the Self-esteem of Young Asian Women in Glasgow',* Anita Shelton, Community Regeneration Officer, Glasgow Anti Racist Alliance

- *'Strategic and Local Initiatives undertaken to Tackle Self Harm amongst Young South Asian Women'***,** Kamna Muralidharan, Research and Information Officer, Newham Asian Women's Project

Following these presentations, a question and answer session was held to give participants an opportunity to respond to the speakers. During the afternoon, three workshops were organised and participants were given the opportunity to attend two of them. The workshops aimed to allow as much time as possible for discussion and sharing of good practice.

- **Workshop A led by Newham Asian Women's Project**
  A presentation of a model of good practice as developed by Newham Asian Women's Project in London. This workshop provided an opportunity to explore ways in which models from elsewhere can be adapted to suit local need.

- **Workshop B led by Glasgow Association for Mental Health/ GVAWP**
  What interventions on a strategic and policy level are required to improve services to and responses for black and minority ethnic women who self harm. This workshop provided an opportunity to explore with colleagues ways in which changes need to happen at a strategic level.

- **Workshop C led by Karma Nirvana Project**
  An exploration of shame, izzat and entrapment and the effects of these on the mental health of black and minority ethnic women.

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5. SUMMARY OF PRESENTATIONS AT CONFERENCE

Please note that any views and opinions expressed in the following summaries of the presentations are those of the presenters and not necessarily of the GVAWP. Similarly, the recommendations which follow each presentation are those of the presenter.

'National Overview of the Scottish Executive's Choose Life Strategy and Race Equality', **Caroline Farquhar, Scottish Executive**
- **About Choose Life:** the Scottish Executive's Choose Life strategy is a 10 year plan aimed at reducing suicides in Scotland by 20% by 2013. The strategy is the product of

over two years' work which drew on the experiences and expertise of a broad range of partners, including family members of people who had attempted or had died from suicide, suicide survivors, health and social care workers, teachers, voluntary and community agencies.

- **The Main Aims of Choose Life:**
  - Promoting greater public awareness and eliminating stigma and discrimination
  - Improving the mental health and well being of people in Scotland
  - Encouraging people to seek help early
  - Responding to immediate crisis
  - Providing hope and support for recovery to people affected by suicidal behaviour
  - Providing support to those who are affected by a completed suicide
- **The Strategic Approach for Preventing Suicide:** The following quote from the Minister for Health and Community Care sheds light on the strategic approach of Choose Life: *'If we tackle suicide as a one issue policy we will fail. Our collective attempts to prevent suicide and reduce the suicide rate are directed at the heart of our Scottish Executive policies – be they social justice, economic regeneration, education, health, local government, communities, policies for children, for better public services or for improved mental health care'.*
- **Why have a National Suicide Prevention Strategy?**
  - More than 2 people per day die from suicide in Scotland
  - Suicide is one of the main causes of death in young people under 24 years of age
  - Suicide affects all ages, genders and cultures
  - You are more than twice as likely to die by suicide if you live in an area of high social or economic deprivation in Scotland
  - Every life lost to suicide is a tragedy – irrespective of age
  - Most suicidal individuals don't want to die, they just want to end the pain they are experiencing
- **Suicide among Black and Minority Ethnic Communities in Scotland**
  - To date, little research has been done into suicide among black and minority ethnic people in Scotland
  - According to Mind the National Association for Mental Health, women of Asian origin age 16-24 are 3 times more likely to die from suicide. By contrast, young Asian men in the same age group are less likely to die from suicide than their white counterparts
  - A UK Study by Mind found that young black women appeared particularly vulnerable to suicide

Recommendations:
- The Scottish Executive are keen to build capacity in communities on research into well being – Choose Life wish to encourage organisations with a strong gender and ethnic focus to conduct primary research on how these issues impact on suicide.
- Grants for research funding up to £15K are available from the Scottish Executive, contact Angela.hallam@scotland.gsi.gov.uk or tel 0131 244 2813 – Current round of applications closing date September.

'An Exploration of the Relationship between Self Harm, Suicide, Race and Gender', Khurshid Usmani, GCC Psychological Services

- **What is Self Harm?** Self harm involves causing injuries or pain to your own body as a way of dealing with emotional pain. There are many different forms of self harm. Some examples are as follows: Cutting or burning oneself; hitting oneself against objects, taking a drug overdose, pulling one's hair or picking one's skin.

- **Is Self Harm an Attempt to commit Suicide?** Rather than being a way of dying, self harm is a way of trying to carry on with life despite one's painful feelings. The injuries people inflict on themselves are rarely life-threatening.
- **Why do People Self Harm?** Self harm is a coping strategy for dealing with painful emotions such as self loathing, anxiety, anger, sadness, loneliness, fear of rejection, grief, guilt and emptiness. Self harm may serve a number of purposes at the same time. It may be a way of getting the pain out, of being distracted from it, of communicating feelings to somebody else, and of finding comfort. It can also be a means of self punishment or an attempt to gain some control over one's life.
- **Self harm among Black and Minority Ethnic Women:** For black and minority ethnic women self harm is often a response to their experiences of gender discrimination, racism, social exclusion and negative social value. It is a way of coping with the sense of powerlessness and helplessness they feel.
- **Racism:**
  - When asked in a national survey over 33% of whites in the UK admitted that they would actively discriminate against black and minority ethnic people.
  - In the UK 300,000 racist incidences are reported every year.
  - Micro-aggression (everyday minor incidences and slights) have been found to be closely associated with a decline in mental health, the most common difficulties being anxiety related disorders and depression.
- **Language barriers:** Feeling isolated because of language barriers can be a major factor affecting black and minority ethnic women's mental health. Women may have little or no social networks and may rely heavily on their family. In cultures where there is a stigma for those suffering from mental health issues, language barriers can inhibit women from accessing support where they can talk openly about their problems.
- **Role as Carers:** Women are often the main carers for their families, putting their own needs last. This can undermine their sense of worth, their opinions and strengths. A woman who experiences domestic abuse may come to feel that she is an unimportant, silent witness to the abuses she has to endure. She may lose her sense of identity, power and rights. She may blame herself for the abuse, turning her anger inwards. For a woman in this situation self harm can be a way of expressing her pain and punishing herself.
- **Relationship between Suicide, Self Harm and Gender:** Studies have revealed that women are seven times more likely to self harm than men and 2.5 times more likely to suffer from depression. However men are three times more likely to commit suicide.
- **Relationship between Suicide, Self Harm and Race:** A recent study in Newham (Newham Inner City Multifund, 1998) reported that Asian women aged 15-24 years old have a suicide rate two to three times the national average and at 25-34 years a rate of double the national average. Moreover they are roughly twice as likely to self harm as white women.
- **Mental Health and Domestic Abuse:** A study by the Greater London Domestic Violence project revealed that 70% of women in domestic violence refuges have mental health problems. Around 25-30% of the women who participated in the study had used self harm as a way of coping with the violence. Over 10% had attempted suicide and over 60% suffered from depression.

'Honour Abuse – the Victims Story', Deborah Bacon and Anna Hardy, Karma Nirvana Refuge

- **Izzat:** In cultures derived from Pakistan and the Indian Subcontinent, the term used to depict family honour is *izzat*. South Asian Women involved in research carried out by Karma Nirvana defined izzat as a complex set of rules that an individual follows in order to protect the family honour and keep his/her position in the community.

Culturally, it tends to be the daughter's duty to carry the family honour. "[izzat] has more impact on the woman's life than the man's. It affects how she dresses, behaves inside and outside the house, who she can talk to, marry and have as friends" (Karma Nirvana Focus Group).

- **Some Statistics about Honour killings:**
    o At least 12 honour killings occur every year
    o The Foreign and Commonwealth Office deals with roughly 200 cases of suspected forced marriages every year. 15% of these cases involve minors
    o In a study of the take up of services by Asian women, half the women who had experienced violence waited five years before they sought help
- **Link between Domestic Abuse and Honour:** Karma Nirvana recognises that for most Asian women experiences of domestic abuse from their partner and from their wider family are rooted in honour based crime.
- **Some questions we should ask ourselves:**
    o How does izzat impact on a woman?
    o How should service providers respond?
    o Why is izzat so powerful and persuasive?
    o Why is izzat more important than a person's human rights?
- **The Impact of Honour on Women's Mental Health:** Although izzat can bring a sense of identity and culture, it can also be detrimental to a woman's mental health. It can make a woman feel controlled by the threat of damaging her family's respectability and social standing within the community if she transgresses from what is viewed as 'acceptable' behaviour. This can place enormous pressure on her and can lead to a sense that she is being policed, trapped and isolated. It can also impact on her self-esteem, so that she feels she is not an individual in her own right and has lost her sense of self. In some cases izzat can even lead to post traumatic stress with symptoms such as flashbacks, nightmares and hyper vigilance.
- **Real Experiences of Honour:** Karma Nirvana recently held three focus groups with South Asian women living in Derby to explore the impact of izzat on mental health and service use (Group One was made up of women aged 16-25 years, Group Two 26-40 years, Group Three 41-57 years). The groups gave the following feedback:
    o When asked the question 'If you had to choose between izzat and your daughter, which would you choose?', members of the two older generations said izzat every time.
    o Some women felt that to protect izzat it would be better to commit suicide rather than leave an abusive relationship.
    o Group one described izzat as being "almost like a veil… so it is impossible for people to talk about their feelings openly and honestly".
    o The groups felt that izzat is closely linked with obeying the cultural rules of family hierarchy, respecting the power differences between men and women and the power of in laws. It was felt that the sense of subordination this can lead to could contribute to mental health difficulties for women.
    o Many women in the focus groups felt that Asian women from their communities were unaware of what support services are available.
    o Women identified the fear of bringing shame and loss of honour to oneself and one's family as a key barrier to seeking help from a GP. They expressed fears about their confidentiality being breached in cases where the GP was of the same ethnicity, where their whole family was registered with the one practice or where the GP was a family friend or relative. Women also had reservations about going to see a European doctor, as they felt s/he would not understand their values or issues.
    o Another barrier to seeking help which the group identified arises in cases where women are unable to attend a surgery without a relative either because tradition forbids it or because they do not speak English. Being accompanied

by a relative inhibits the woman and is often used to control her from speaking out.

- **Karma Nirvana's Solutions to Mental Health Difficulties linked to Honour:**
  - Raising awareness of the issue and services available via public education programmes which reach out to Asian women and children and which challenge attitudes in the community
  - Establishing effective cross agency partnerships to assist with referrals
  - Providing information in many languages in public places – doctors' surgeries, libraries, community centres and websites
  - Understanding the complex legal system and how to support an Asian woman and her children
  - Offering a woman the choice of culturally specific refuge provision
  - Understanding and helping to overcome a woman's experience of post traumatic stress
  - Speaking her language
  - Respecting confidentiality
  - Taking a non judgemental approach
  - Avoiding assumptions or stereotyping

Recommendations

There is a need for a national strategy that recognises the experiences of Asian women through:

- Wide reaching, ongoing multi media education and prevention campaigns and programmes
- Adequate and appropriate/culturally sensitive provision of support services
- Training and understanding of specific Asian issues
- Appropriate protection through legislation, policy and good practice guidelines for the Police, Criminal Justice Services and others
- Multi agency partnerships, including international partnerships
- Listening to survivors and using their feedback to guide future policy

'Research Findings on the Self-Esteem of Young Asian Women in Glasgow', Anita Shelton, Glasgow Anti Racist Alliance (GARA)

The following information summarises the key findings of a study commissioned by the Glasgow Anti Racist Alliance into Young Black and Minority Ethnic Women and Self-Esteem. The study was conducted by Ghizala Avan and Neelam Bakshi.

- **Definition:** Self-esteem may be defined as follows: 'respect for or a favourable opinion of oneself' (Collins Softback English Dictionary 3rd edition, 1993); 'an evaluative attitude towards the self' (Rosenberg, Morris (1965) Society and the Adolescent Self-Image)
- **Factors affecting Black and Minority Ethnic Women's levels of Self-Esteem:**
  - Whether or not they feel rejected or accepted by society.
  - How their parents behave towards them – whether or not they face gender discrimination and/or intense pressure to be 'all-rounders' – i.e.: good daughters, good students, good potential daughters in law and wives, able to speak their own community languages fluently, understand and practise their religion.
  - Whether or not they can identify personal achievements and accomplishments (bearing in mind the impact of racism and sexism on the likelihood of their success: e.g.: high unemployment rates among black and minority ethnic people, the persistent low pay of women).
  - Whether or not they face cultural conflict about their roles as women as a result of pressure from elder generations to conform to traditional values.

- o Whether or not they can identify a positive role model of the same ethnicity as themselves.
  - o Whether or not they have 'white values' about what constitutes a positive body image.
  - o Whether or not they have supportive friends and are popular among their peers.
  - o Whether or not their genetic predisposition is to high or low self-esteem.
- **Gender Discrimination at Home:** In studies of how self-esteem is derived from social group membership, it was found that a significant number of women derived their self-esteem from membership to their gender group and that when the value of this group was reduced the women's self-esteem was negatively affected. In light of this, it would appear that young black and minority ethnic women are likely to have lower self-esteem as a result of the gender discrimination they face at home.
- **Racism in Society:** The black and minority ethnic women who participated in GARA's research felt that majority of Scottish communities did not value them because they were identifiable as 'different', as 'not being Scottish'. They felt that racist attitudes in society and discrimination in the fields of housing, employment and education meant women in minority ethnic communities were less likely to achieve and accomplish, and that this had a detrimental effect on their self-esteem.
- **Mental Health:** Depression, self harm and suicide are closely associated with chronic low self-esteem. A recent review of the benefits of positive self-esteem indicated that while positive self-esteem does not inoculate women from risk-taking behaviour, it does seem to provide some protection against developing mental health difficulties such as eating disorders and self harm tendencies.
- **Variability of Self-Esteem:** Focus groups held by GARA reported that self-esteem was not a fixed entity but rather something that could change over the course of women's lives. It was felt that steps to nurture positive self-esteem among black and minority ethnic women can and do make a difference.
- **Comparing Women and Men:** Past studies have shown that women generally have lower self-esteem than men. However the reliability of self-esteem measures (such as Coopersmith Self-Esteem Inventory, Piers-Harris Children's Self Concept Scale, Rosenberg Self-Esteem Scale) can be questioned with regard to gender and race. From a woman-centred perspective, it has been suggested that the scales are both gender and culturally biased, resulting in women being 'pathologised'.

Recommendations
- Black and minority ethnic women and girls should be encouraged and assisted to attribute the racism they experience to that of a social problem rather than any personal characteristic or short coming of their own 'fault'.
- Opportunities should be provided for young women to develop positive self-esteem through relevant courses/training, such as confidence building, assertiveness, language skills and stress management, in addition to educational qualifications to enable independent living.
- Black and minority ethnic women and girls should be offered confidential, culturally and gender- sensitive counselling which has an ethos of empowering women.
- Activities should be developed with the wider community to debate and promote the issue of low self-esteem among black and minority ethnic women and to explore what can be done to offer support.
- There should be activities with black and minority ethnic parents to develop their awareness of the key role they play in moulding their daughters' self-esteem and to address sexism/gender stereotypes within the home.
- Positive role models among black and minority ethnic women should be identified and promoted via the media, as well as in personal interactions—e.g.: employing counsellors who are of a similar age and community experience to their clients.

- Societal norms of physical attractiveness should be challenged to address the poor body image that many young black and minority ethnic women have.

'Strategic and Local Initiatives undertaken to Tackle Self Harm amongst Young South Asian Women', Kamna Muralidharan, Newham Asian Women's Project

- **Self Harm rates among Asian Women:** Newham Asian Women's Project (NAWP) commissioned research on the mental health needs of young Asian women in Newham, East London, due to the significantly high rates of self harm evident among women accessing their counselling service. The research found that young Asian women were two to three times more vulnerable to self harm and suicide than their non-Asian counterparts.
- **Key Findings**
  - We need to look beyond the idea that cultural conflict is the main reason for self harm and suicide among black and minority ethnic women. Not only does this explanation wrongly assume that cultures are fixed or static, but it also further stigmatises 'Asian' culture and promotes racist ideologies. If service providers assume that Asian culture is the problem then they will put young Asians off accessing their services until crisis stage. Self harm and suicide among black and minority ethnic women should be viewed in the context of their experiences of racism, sexism, class inequality, patriarchy, sexual abuse, violence and immigration.
  - Research by NAWP has highlighted the reasons why young Asian women often feel that self harm is a more accessible option for dealing with emotional distress. Self harm allows them to maintain the notion held by their community and culture that problems should stay within the family and that it is not acceptable to seek outside help. Since self harm can be carried out in private it allows young Asian women to find an outlet for painful emotions while at the same time maintaining the honour of their family within the community.
- **Work done by Newham Asian Women's Project:** In response to this research, NAWP launched Zindaagi Mental Health Project (*'zindaagi'* means life), which aims at promoting education, raising awareness, breaking down the taboos and stigma associated with self harming behaviour and developing and coordinating support services for young Asian women vulnerable to self harm and suicide.
  - **Outreach Counselling:** Young Asian women are offered access to support and information within a safe, confidential, non-judgmental women-only space that is culture and gender specific.
  - **Teens Youth Group:** A weekly support group for Young Asian women aims to support their physical, mental, emotional and social development. Interactive workshops are carried out which are based on increasing self-esteem, confidence and well being.
  - **Early intervention in Schools:** Informal lunchtime drop-in sessions in schools allow for the early detection of emotional and mental distress in children. One strategy used involves offering young women 'masked counselling' – workshops on themes like racism, sexism, identity, relationships, family conflict, etc.
  - **Breaking Stigma and Taboo about Self Harm:** The project also works with community and faith leaders to raise awareness of the issues facing young Asian women experiencing mental health difficulties and to signpost people to available support services. The project seeks to tackle stigma and marginalization and promote a more positive understanding of young Asian women's experiences.

- o **Training for Frontline Professionals:** to enable them to detect the early signs of mental and emotional distress and also to signpost them to available support services.
  - o **Strategic Initiatives:** When undertaking strategic initiatives, NAWP pushes for mental health issues to be viewed in terms of social conditions rather than as an individual pathology.
- **The Strengths of the Zindaagi Mental Health Project**
  - o **Providing a women-only space:** this not only means that young women feel comfortable to talk about their difficulties but also that the project has the support of many parents and carers who may otherwise be reluctant to let their daughters access any support outside of the home. Doing door to door drop offs after the group sessions has also helped set the minds of the parents at ease.
  - o **Accessibility:** Providing workshops in schools has allowed young Asian women who are not allowed out very much to access support easily.
  - o **Willingness to adapt strategies so as to suit needs:** For example, since schools are increasingly reluctant to allow agencies to provide in-school services that target specific groups, NAWP works not just with young Asian women but with all young women. This has helped increase understanding and awareness and has promoted peer support.

Recommendations:
- To tackle the root causes of self harm and suicide among black and minority ethnic women we need to address social problems such as institutional racism, sexism, class inequality and gender based violence.
- There is a pressing need to develop support services in Scotland for black and minority ethnic women and girls who are vulnerable to self harm and suicide. These services should offer a confidential, non-judgemental women-only space that is gender sensitive and culturally specific.
- Early intervention in schools and work with community and faith leaders is also needed to raise awareness about the issues faced by black and minority ethnic women and girls who are experiencing mental health difficulties.
- The needs of staff providing support for women experiencing mental health difficulties must not be overlooked. Staff should have access to clinical and therapeutic supervision.
- At a strategic level, policies should be informed by what is happening at the practical level, taking on board what service providers such as South Asian women's refuges have learnt through their work.
- Regular consultations should be held with service users to ensure that services are needs led.

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6. WORKSHOPS

A total of 6 workshops were held to give participants an opportunity to explore key issues raised in the presentations within the context of Scotland/Glasgow and their own services. The workshop presentations and recommendations from participants are summarised below.

Workshop A by Newham Asian Women's Project
Aim: A presentation of a model of good practice as developed by Newham Asian Women's Project in London. This workshop provided an opportunity to explore ways in which models from elsewhere can be adapted to suit local need. Three case studies were considered before good practice guidelines were explored.

Three Case Studies

1. **Case Study A**
   Your service user is Mary; a white woman aged 46 years old. She has two children; one aged 20 and the other 14. The 20 year old is currently at university and the 14 year old is at school. Mary has been married for 26 years. Throughout that time, she has not been in any employment; her husband on the other hand spends much of his time at work. Mary does not like being at home and feels very isolated. She no longer engages in household chores and spends most of her day watching television; she does not feel close to her husband or her children. Mary has been self harming since the age of 29. She says that it helps her release and makes her feel she is doing something.

   What are the main issues impacting on Mary?
   - Long standing mental health issues such as low self worth have gone undetected
   - Isolation and lack of attention/communication from her husband and children
   - Unemployed and home bound – lack of social interaction

   What services/interventions can your group identify to support Mary?
   - Support and outreach work by voluntary agencies
   - Couple/family counselling
   - Medical intervention – GP services
   - Befriending groups

   Are there any gaps in service provision?
   - Lack of support network
   - Lack of access to information on services
   - Lack of community
   - Self harm and distress gong undetected

2. **Case Study B**
   Your service user is Rudy; a young black woman aged 15 years old. 9 months ago Rudy and her family moved to a rural town where she is one of only two black girls at her school. Rudy is finding it hard to settle into the new area and to make friends. The young women in Rudy's class have tried to make her feel welcome and invite her out at the weekend. However Rudy often makes excuses not to go out as she feels like 'the odd one out'. Rudy is feeling increasingly low and self conscious about the colour of her skin. A few weeks ago she saw an advert in a magazine for skin bleaching creams and ordered some. She has begun using the cream daily on her skin in the hope that her skin will lighten in colour.

   What are the main issues impacting on Rudy?
   - Issues with her identity and self image
   - Feeling different, not wanting to stand out
   - Low self-esteem
   - Lack of a peer group with whom she has a shared understanding
   - Loneliness

   What services/interventions can your group identify to support Rudy?
   - Guidance from her school teacher
   - Making her aware of black role models
   - Support from the church and other community groups
   - Advice from the internet and telephone helplines
   - Youth groups

   Are there any gaps in service provision?

- Lack of support network in rural areas

3. **Case Study C**
Your service user is Reena; an Asian woman aged 29 years old. She is a successful property developer with a PhD. Reena has one brother and two sisters who are all married. Reena's relationship with her parents has deteriorated dramatically over the last five years because she is not yet married and lives alone.
Her parents frequently tell her that they feel ashamed that she is 29 years old and still not married. Living in a tight knit Asian community, they feel that Reena's non conforming behaviour is jeopardising their name and honour. Reena feels that no matter what she has achieved she is never quite good enough for her parents. She feels increasingly ostracised from both her family and community. Four years ago Reena began hitting herself. Ever since then she has been doing this daily to punish herself.

What are the main issues impacting on Reena?
- Low self-esteem - a lack of appreciation for her achievements
- Cultural conflict
- Pressure to conform
- Feeling trapped, isolated

What services/interventions can your group identify to support Reena?
- Support groups
- Counselling
- Stress centre
- Information available on the internet
- GP Services

Are there any gaps in service provision?
- Lack of appropriate services
- Lack of awareness of services
- Long waiting times for services
- Lack of training for workers

Good Practice Guidelines:
- Provide effective and equal level of service to all service users, acknowledging their rights regardless of their cultural background, ethnicity, gender, age, sexual orientation or impairment
- Policies, procedures and guidelines must be clear and devised in consultation between service users and providers, allowing staff to feel confident to respond appropriately to the client
- The service should be adaptable and recognise clients' individual needs, their unique experience and situation
- Frontline staff should be given adequate training and opportunity for continuous professional development
- Staff must be supported in dealing with their own emotional thoughts and feelings that may arise when working with clients in emotional distress
- Staff must have a clear understanding about the confidentiality policy of their service – e.g.: where child protection concerns arise. This policy should be explained clearly to the client
- Service provision should be regularly monitored and evaluated, including service user views and suggestions for improving the service
- Resources on mental health issues should be available and regularly updated for service users and providers

Workshop B by Glasgow Association for Mental Health and GVAWP

Aim: This workshop looked at the interventions on a strategic and policy level that are required to improve service responses to black and minority ethnic women who self harm. It provided an opportunity to explore with colleagues ways in which changes need to happen at a strategic level.

What is required?
- Training with frontline staff at all levels to increase cultural, gender and race awareness and to enable workers to identify signs of mental health difficulties among black and minority ethnic women
- Campaigns and work with the media to raise public awareness of the issues facing black and minority ethnic women and to challenge the stigma associated with self harm
- Community involvement/consultation in community languages
- More research into the issues facing black and minority ethnic women who self harm
- Early intervention – e.g.: drop-in centres, youth clubs, workshops with BME women to build confidence and learn techniques for dealing with stress

Recommendations for Strategic and Policy Level Interventions:
- More recognition of the problem of self harm among black and minority ethnic communities
- Mainstreaming of the issue within other policies and strategies
- Effective community engagement and involvement in policies and service planning
- Strategic guidelines for collaborative/partnership work
- Better communication between statutory and voluntary organisations
- Evaluation of current service provision and response, including identification of the need for discrete service working with black and minority ethnic women
- Equality of service should include/recognise that the needs of black and minority ethnic women are different
- More resources are needed to work with women who self harm – the government should provide funding for support services
- The effectiveness of services should be monitored in a transparent, meaningful way that involves service users. There should be more effective data collection systems in place in relation to self harm and suicide. Analysis of data should be used to develop interventions and monitor progress.
- Appropriate research into self harm among black and minority ethnic women should inform policies
- Services should provide a women friendly environment - with crèches, interpreters, etc
- Fairer asylum policy – Home Office process needs to be quicker and more efficient

Workshop C by Karma Nirvana Project

Aim: An exploration of shame, izzat, entrapment and the effects of these on the mental health of black and minority ethnic women.

Izzat explored:
- Threat of disownment
- Experiences get hidden away – self harm as a hidden coping mechanism
- Lack of support from outside of the family
- Izzat used as an excuse for abuse from the husband and the extended family
- Domestic violence normalised in some cultures

- Feeling of isolation
- Lack of communication in family
- Certain women particularly vulnerable to exploitation – e.g. those with insecure immigration status (e.g. affected by the 2 year rule)
- Male dominated culture

A Wish List:
- The confidence to challenge attitudes
- BME issues included in all mainstream training on mental health difficulties
- Relevant and up to date training on izzat and mental health difficulties, undertaken by all mainstream service providers workers
- Mainstream services which are fully accessible to black and minority ethnic women
- Good understanding among all parents of children's needs
- Multi agency partnerships between voluntary and public sector
- Readily available advice on how workers should proceed in delicate situations
- Literature about mental health difficulties available in all the different community languages
- National information sharing – government funded web-based information
- Increase ability of service providers to recognise the symptoms of depression and assess what support is needed
- Include information about gender-based violence on school curriculum
- Informal counselling made available in schools
- No more blame on women
- A more equal balance of power between men and women
- Support for people who have attempted suicide

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7. THE KEY RECOMMENDATIONS OF THE CONFERENCE

While National Strategies for suicide prevention work tend to focus on men, this conference has emphasised that more work should be done to address the mental health issues of women and girls in all the different black and minority ethnic communities. In particular, it has emphasised a crucial need for the following:
- **Support services in Glasgow** tailored to suit the needs of black and minority ethnic women and girls vulnerable to self harm and suicide. These services should offer a women-only space which is culturally specific, gender sensitive, confidential and non-judgemental.
- **More research** into suicide and self harm amongst black and minority ethnic women and girls living in Scotland.
- **Awareness raising** through wide reaching, ongoing multi media education and prevention campaigns and programmes.
- **A platform** for the voices of women from *all* black and minority ethnic communities to be heard.
- **Work with black and minority ethnic community and faith leaders** to raise awareness about the issues faced by black and minority ethnic women and girls who are experiencing mental health difficulties.
- **Information leaflets on support services translated into all the community languages** and made available in public places such as doctors' surgeries, community centres and websites.
- **Early intervention work in schools** to allow for the early detection of emotional and mental distress in children. Workshops for young women to increase self-esteem, confidence and well being and to raise awareness of mental health issues and the support available.

- **Training for frontline workers** to enable them to detect the early signs of mental and emotional distress and signpost black and minority ethnic women and girls to available support services. Also, all mainstream training on mental health should include issues affecting BME women.
- **Clinical and therapeutic supervision for staff** providing support for women who experience mental health difficulties.
- **Service provision regularly monitored and evaluated** in a transparent way that involves input from service users. There should be more effective data collection systems in place in relation to self harm and suicide. Analysis of data should be used to develop interventions and monitor progress.
- **At a strategic level, policies should be guided and services shaped by the experiences of service users** who self harm or are at risk of suicidal behaviour. Policy makers should carry out consultations with service providers, including those giving specialist support to black and minority ethnic women.
- **The integration of issues regarding gender based violence and race** into service planning and multi agency planning processes.

The conference highlighted the need for the above recommendations to be addressed within the context of current and emerging developments in policy and legislation, including:
- The Race Relations Amendment Act
- The impending duty on public authorities to promote gender equality
- The Government's Choose Life Initiative
- The National Strategy for Addressing Violence Against Women
- The agenda for modernising mental health
- The Health and Community Care Partnerships, including the Mental Health Partnership and Children's Services
- The Scottish Executive Violence Against Women Strategy and local multi agency partnership work on violence against women

8. CONCLUSION

This report has emphasised the need for self harm and suicide among black and minority ethnic women to be understood within the context of their experiences of racism, gender discrimination, class inequality, patriarchy, sexual abuse, violence and immigration issues. It has identified a number of key factors that act as barriers to black and minority ethnic women seeking help for their experiences of gender-based violence, including language difficulties, low self esteem and the fear of bringing shame or a loss of honour to one's family.

While National Strategies for suicide prevention work tend to focus on men, this report has highlighted the need for more work to be done to address mental health difficulties among black and minority ethnic women and girls. In particular, it has emphasised the importance of having support services in Glasgow for black and minority ethnic women and girls vulnerable to self harm and suicide that can offer confidential, non-judgemental, women-only spaces that are both gender sensitive and culturally specific. Moreover, it has highlighted the value of early intervention in schools and of work with community and faith leaders to raise awareness about the issues faced by black and minority ethnic women and girls who are experiencing mental health difficulties.

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9. EVALUATION

Question	Answers given by Participants on Evaluation Forms
1. What did you hope to get from today's event?	Training to tackle the situation which BME women seeking support are facing. Appropriate and up to date information on standards and best practice. Information, networking, ideas, energy. Learn ways and means to help young people we are working with on self harm issues. To find out more about self-harming, prevention and causes. Greater understanding about honour/izzat. A broader understanding of the issues involved. A strategic overview of how to enable implementation of policies on reducing suicide and self harm. An awareness of the new strategies and issues related to suicide and self harm in BME women. To liaise with different services and agencies. Awareness of BME issues and to develop my knowledge and skills. To gain an insight, to make my understanding clearer, raise awareness to help my client group. Help in recognising BME women at risk. More information, research figures, networking. Greater understanding of issues and ways of supporting women. To raise my awareness of what is going on both in Glasgow and outside of Scotland regarding self harm and suicide prevention work.
2. How useful did you find the presentations?	**a) Scottish Executive Choose Life Strategy: (Caroline Farquahar)** 10 excellent. 17 Good 2 Fair **b) The Relationship between Self harm, Suicide, Race and Gender: (Khurshid Usmani)** 1 Excellent 11 Good 16 Fair **c) Honour Abuse (Deborah Bacon and Anna Hardy)** 23 Excellent 6 Good **d) Self-Esteem of Young Asian Women (Anita Shelton)** 9 Excellent 14 Good 5 Fair **e) Strategic and Local Initiatives to tackle Self harm: (Kamna Muralidharan)** 10 Excellent 12 Good 6 Fair

	f) Workshops in Session 1 • Workshop A by Newham Asian Women's Project 10 Good. 2 Fair • Workshop B by Glasgow Association for Mental Health 6 Good. 2 Fair • Workshop C by Karma Nirvana Project 4 Excellent. 3 Good **Additional Comments Made re Workshops in Session 1:** Lost sight of issues (B). Very good discussions (C). Too much talk about strategies not enough about issues (C). Fantastic, great to speak and discuss many of the issues raised in practice from the event. Great to learn about new initiatives and strategies. Very useful (C). Groups were very large (B). Would have liked to hear more about actual practice and experience of group to inform model practice guidelines (A). Would've been useful if case studies had been backed up by handouts i.e. practical guidelines etc. (A). Similar ideas on what priorities for policy should be (B). **g) Workshops in Session 2** • Workshop A by Newham Asian Women's Project 4 Good • Workshop B by Glasgow Association for Mental Health 1 Excellent. 14 Good. 3 Fair • Workshop C by Karma Nirvana Project 3 Excellent. 3 Good. **Additional Comments re Workshops in Session 2** Thank you Glasgow for raising standards (B). Interesting concepts (B). Fully informative and extremely interesting, could have stayed in this group much longer (C). Came up with good ideas about taking things forward, e.g. training, encouraging male involvement (B). Again, great to discuss the key issues (B). Good concepts (B). Relevant case studies and guidelines (A).
3. Do you have any comments about what you found helpful/useful about the day?	Awareness/Need for training. Overall it was good to learn about the real issues involving male violence against women. Reinforced my personal views. Did not learn anything new, sadly! It was good. Was able to do some networking as well. Meeting people working in different settings. It was a fantastic conference and I thoroughly enjoyed it. Would have liked Karma Nirvana to have more time. Networking/ Awareness raising. All relevant and useful. That there is funding available to carry out research work on mental health issues. The different range of presentations.

4. Do you have any comments on how the day could have been improved?	The day was a good beginning. Actual comments from agencies involved with topic and how they manage situation. Second presentation was practical and useful. Leaflets on what organisations in Glasgow deal with self harm. Often when issues were raised, e.g. lack of training, some corporate Glasgow face said 'oh but we are doing that already'. It obviously isn't reaching the front line. Longer with the Karma Nirvana Worker Rooms not suitable for workshops - very difficult to concentrate. Better representation from other minority communities including Chinese and African. Less statistics and more stories! Copies of PowerPoint presentations in pack. Relevant literature/reference list. All evaluated and implemented. Some more practical examples.
5. Do you have any other comments or suggestions for further action in the area of self harm among black and minority ethnic women?	More of these awareness days please. It should be a point of ongoing training process. More media cover, self harm awareness at local levels, e.g. shops, schools. More research which will end up becoming good practice. Increase accessibility of services through training, awareness raising. Challenge the underlying cause of poverty and cultural oppression. Should be integrated with other work e.g. Choose Life and National Resource Centre for Ethnic Minority Health Develop more partnerships and links to different professionals to advocate a holistic approach from cradle to grave. Guidance on better intervention strategies in terms of prevention and action. Ensure that needs of refugee and asylum seeking communities are included. Awareness raising for local ground level staff. Consultation with black and minority ethnic communities, including young women experiencing and/or fleeing domestic abuse.

Appendix 1: Organisations which participated in the Conference

Amina - The Muslim Women's Resource Centre

Asylum Seeker Health Support Team

Base75/Breakthrough for Women

Castlemilk Law Centre

City of Edinburgh Council

Communities United

Deaf Connections

Doorway

East Renfrewshire Community Addictions Team

Elpis Trust - Core Service and Outreach Service

Epilepsy Connections

Ethnic Minorities Law Centre

Ethnic Minority Enterprise Centre

Gartnavel Royal Hospital

Glasgow City Council

Glasgow Healthy City Partnership

Glasgow Housing Association

Glasgow Primary Care Division

Glasgow Primary Care NHS Trust

Gorbals Healthy Living Network

Govanhill Housing Association

Govanhill Women's Project

GSLHCC/South East CHSP

Hamilton & Clydesdale Women's Aid

Hamish Allan Centre

Health in Mind

Hemet Gryffe Women's Aid

Homelessness Partnership

Legal Services Agency

Liaison Psychiatry

Lothian & Borders Police

Maryhill Community Health Project

Meridian

National Asylum Support Service

National Resource Centre for Ethnic Minority Health

NB Consultancy

NHS Greater Glasgow

Primary care Division NHSGG

Rape Crisis

Red Road Women's Centre

RESPONSE

Routes Out Intervention Team

S.A.M.H.

Scottish Domestic Abuse Helpline

Scottish Refugee Council

Shawlands Academy

Starting Well

Stirling Council

Strathclyde Police

The Scottish Parliament

The Well Asian Information and Advice Centre

Women's Support Project

Young Women's Project

References

- *'Young Black and Ethnic Minority Women and Self-esteem: A Report to the Glasgow Anti Racist Alliance'*, Ghizala Avan and Neelam Bakshi, 2004

- *'Honour Abuse – the Victims Story'* Deborah Bacon, Karma Nirvana, 2005

- *'Women and Self Injury'*, Bristol Crisis Service for Women

- *'Women from Black and Ethnic Minority Groups and Self Injury'*, Bristol Crisis Service for Women

- *'A Focus Group Exploration of the Impact of Izzat, Shame, Subordination and Entrapment on Mental Health and Service Use in South Asian women living in Derby',* by Paul Gilbert & Jean Gilbert (Mental Health Research Unit, Kingsway Hospital, Derby) and Jasvinder Sanghera (Karm Nirvana, Asian Women's Health Project, Derby). Published in Mental Health, Religion and Culture, Volume 7, Number 2, June 2004, 109-130, BrunnerRoutledge Press, 2004.

- *'Understanding Self Harm',* Mind – the National Association for Mental Health, http://www.mind.org.uk/Information/Booklets/Understanding/Understanding+self harm.htm

- *'Strategic and Local Initiatives undertaken to Tackle Self Harm amongst Young South Asian Women'*, Kamna Muralidharan, Newham Asian Women's Project, 2005

- *'An Exploration of the Relationship between Self Harm, Suicide, Race and Gender'*, Khurshid Usmani, GCC Psychological Services, 2005

- *'Information on Self Injury for Young People',* www.youngminds.org.uk